

By Senator Trumbull

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30 requiring a licensed facility to provide a copy of its
31 most recent inspection report to certain parties upon
32 request; authorizing licensed facilities to charge for
33 such copies; creating s. 396.208, F.S.; providing that
34 specified provisions govern the design, construction,
35 erection, alteration, modification, repair, and
36 demolition of licensed facilities; requiring the
37 agency to review facility plans and survey the
38 construction of licensed facilities; requiring
39 licensed facilities to submit plans and specifications
40 to the agency for review; requiring the agency to make
41 or cause to be made certain inspections or
42 investigations as it deems necessary; authorizing the
43 agency to adopt certain rules; requiring the agency to
44 approve or disapprove facility plans and
45 specifications within a specified timeframe; providing
46 an extension under certain circumstances; deeming a
47 facility plan or specification approved if the agency
48 fails to act within the specified timeframe; requiring
49 the agency to set forth in writing its reasons for any
50 disapprovals; authorizing the agency to charge and
51 collect specified fees and costs; creating s. 396.209,
52 F.S.; prohibiting any person from paying or receiving
53 a commission, bonus, kickback, or rebate or engaging
54 in any split-fee arrangement for referring a patient
55 to a licensed facility; requiring agency enforcement;
56 providing administrative penalties; creating s.
57 396.211, F.S.; prohibiting a licensed facility from
58 denying, for a specified reason, the applications of

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59 certain licensed health care practitioners for staff
60 membership and clinical privileges; requiring a
61 licensed facility to establish rules and procedures
62 for consideration of such applications; providing for
63 the termination of clinical privileges for physician
64 assistants under certain circumstances; authorizing
65 certain advanced practice registered nurses to
66 administer anesthesia subject to certain conditions;
67 requiring the presence of a circulating nurse in the
68 operating room for the duration of surgical
69 procedures; requiring a licensed facility to make
70 available specified membership or privileges to
71 certain physicians under certain circumstances;
72 providing construction; requiring the governing board
73 of a licensed facility to set standards and procedures
74 to be applied in considering and acting upon
75 applications; requiring that such standards and
76 procedures be made available for public inspection;
77 requiring a licensed facility to provide in writing,
78 upon request of an applicant, the reasons for denial
79 of staff membership or clinical privileges within a
80 specified timeframe; requiring that a denial be
81 submitted in writing to the applicant's respective
82 regulatory board; providing immunity from monetary
83 liability to certain persons and entities; providing
84 that investigations, proceedings, and records produced
85 or acquired by the governing board or its agent are
86 not subject to discovery or introduction into evidence
87 in certain proceedings under certain circumstances;

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88 prohibiting persons in attendance at such meetings
89 from testifying in civil actions about the evidence
90 presented or deliberations during such meetings;
91 providing construction; providing for the award of
92 specified fees and costs; requiring applicants who
93 bring an action against certain persons or entities to
94 post a bond or other security in a certain amount, as
95 set by the court; creating s. 396.212, F.S.; providing
96 legislative intent; requiring licensed facilities to
97 provide for peer review of certain physicians and
98 develop procedures to conduct such reviews; specifying
99 requirements for such procedures; requiring that,
100 under certain circumstances, a peer review panel
101 investigate and determine whether grounds for
102 discipline exist with respect to certain staff members
103 or physicians; requiring the governing board to take
104 specified actions if certain determinations are made;
105 providing grounds for such governing board actions;
106 requiring licensed facilities to report disciplinary
107 action to the Department of Health's Division of
108 Medical Quality Assurance within a specified
109 timeframe; providing requirements for the report;
110 requiring the division to review each report and make
111 certain determinations; providing that such reports
112 are exempt from public records requirements; providing
113 immunity from monetary liability to certain persons
114 and entities; providing construction; providing
115 administrative penalties; providing that certain
116 proceedings and records of peer review panels,

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117 committees, and governing boards or agents thereof are
118 exempt from public records requirements and are not
119 subject to discovery or introduction into evidence in
120 certain proceedings; prohibiting persons in attendance
121 at certain meetings from testifying or being required
122 to testify in certain civil or administrative actions;
123 providing construction; providing for the award of
124 specified fees and costs; requiring persons who bring
125 an action against certain persons or entities to post
126 a bond or other security in a certain amount, as set
127 by the court; creating s. 396.213, F.S.; requiring
128 licensed facilities to establish an internal risk
129 management program; specifying requirements for such
130 program; providing that the governing board of the
131 licensed facility is responsible for the program;
132 requiring licensed facilities to hire a risk manager;
133 specifying requirements for such risk manager;
134 encouraging licensed facilities to implement certain
135 innovative approaches; requiring licensed facilities
136 to annually report specified information to the Agency
137 for Health Care Administration and the Department of
138 Health; requiring the agency and the department to
139 include certain statistical information in their
140 respective annual reports; requiring the agency to
141 adopt rules governing the establishment of internal
142 risk management programs; specifying requirements for
143 such programs defining the term "adverse incident" for
144 certain purposes; requiring licensed facilities to
145 report specified information annually to the agency;

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146 requiring the agency to review the reported
147 information and make certain determinations; providing
148 that the reported information is exempt from public
149 records requirements and is not discoverable or
150 admissible in civil or administrative actions, with
151 exceptions; requiring licensed facilities to report
152 certain adverse incidents to the agency within a
153 specified timeframe; providing requirements for such
154 reports; authorizing the agency to grant extensions of
155 the reporting requirement under certain circumstances
156 and subject to certain conditions; providing that such
157 reports are exempt from public records requirements
158 and are not discoverable or admissible in civil and
159 administrative actions, with exceptions; authorizing
160 the agency to investigate reported adverse incidents
161 and prescribe measures in response to such incidents;
162 requiring the agency to review adverse incidents and
163 make certain determinations; requiring the agency to
164 publish certain reports and summaries within certain
165 timeframes on its website; prohibiting certain
166 information from being included in such reports and
167 summaries; providing a purpose; specifying certain
168 investigative and reporting requirements for internal
169 risk managers relating to the investigation and
170 reporting of allegations of sexual misconduct or
171 sexual abuse at licensed facilities; specifying
172 requirements for witnesses to such alleged misconduct
173 or abuse; defining the term "sexual abuse"; providing
174 criminal penalties for making a false allegation of

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175 sexual misconduct; requiring the agency to require a
176 written plan of correction from the licensed facility
177 for certain violations; requiring the agency to first
178 seek corrective action from a licensed facility for
179 certain nonwillful violations; providing
180 administrative penalties for a facility's failure to
181 timely correct the violation or for demonstrating a
182 pattern of such violations; requiring licensed
183 facilities to provide the agency with access to all
184 facility records needed for specified purposes;
185 providing that such records obtained by the agency are
186 exempt from public records requirements and are not
187 discoverable or admissible in civil and administrative
188 actions, with exceptions; providing an exemption from
189 public meeting and records requirements for certain
190 meetings of the committees and governing board of a
191 licensed facility; requiring the agency to review the
192 internal risk management program of each licensed
193 facility as part of its licensure review process;
194 providing risk managers with immunity from monetary
195 and civil liability in certain proceedings under
196 certain circumstances; providing immunity from civil
197 liability to risk managers and licensed facilities in
198 certain actions, with an exception; requiring the
199 agency to report certain investigative results to the
200 applicable regulatory board; prohibiting coercion,
201 intimidation, or preclusion of a risk manager;
202 providing for civil penalties; creating s. 396.214,
203 F.S.; requiring licensed facilities to comply with

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204 specified requirements for the transportation of
205 biomedical waste; creating s. 396.215, F.S.; requiring
206 licensed facilities to adopt a patient safety plan,
207 appoint a patient safety officer and a patient safety
208 committee for specified purposes, and conduct a
209 patient safety culture survey at least biennially;
210 specifying requirements for such survey; authorizing
211 facilities to contract for administration of the
212 survey; requiring that survey data be submitted to the
213 agency in a certain format; authorizing licensed
214 facilities to develop an internal action plan for a
215 certain purpose and submit the plan to the agency;
216 requiring licensed facilities to develop and implement
217 policies and procedures for the rendering of certain
218 medical care; specifying requirements for the policies
219 and procedures; requiring licensed facilities to train
220 all nonphysician personnel on the policies and
221 procedures at least annually; defining the term
222 "nonphysician personnel"; creating s. 396.216, F.S.;
223 requiring licensed facilities to adopt specified
224 protocols for the treatment of victims of child abuse,
225 abandonment, or neglect; creating s. 396.217, F.S.;
226 providing requirements for notifying a patient or a
227 patient's proxy about adverse incidents; providing
228 construction; creating s. 396.218, F.S.; requiring the
229 agency to adopt specified rules relating to minimum
230 standards for licensed facilities; providing
231 construction; providing that certain licensed
232 facilities are allowed a specified timeframe in which

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233 to comply with any newly adopted agency rules;
234 preempting the adoption of certain rules to the
235 Florida Building Commission and the State Fire
236 Marshal; requiring the agency to provide technical
237 assistance to the commission and the State Fire
238 Marshal in updating the construction standards
239 governing licensed facilities; creating s. 396.219,
240 F.S.; providing for criminal and administrative
241 penalties; requiring the agency to consider specified
242 factors in determining the amounts of administrative
243 fines levied; authorizing the agency to impose an
244 immediate moratorium on elective admissions to any
245 licensed facility under certain circumstances;
246 creating s. 396.221, F.S.; providing powers and duties
247 of the agency; creating s. 396.222, F.S.; requiring a
248 licensed facility to provide timely and accurate
249 financial information and quality of service measures
250 to certain individuals; requiring a licensed facility
251 to make available on its website certain information
252 on payments made to that facility for defined bundles
253 of services and procedures and other information for
254 consumers and patients; providing requirements for
255 such information; requiring that facility websites
256 provide specified information and notify and inform
257 patients or prospective patients of certain
258 information; defining the terms "shoppable health care
259 service" and "standard charge"; requiring a licensed
260 facility to provide a written or electronic good faith
261 estimate of certain charges to a patient or

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262 prospective patient within a certain timeframe;
263 specifying requirements for such estimates; requiring
264 a licensed facility to provide to a patient or a
265 prospective patient specified information regarding
266 the facility's financial assistance policy; providing
267 a civil penalty for failing to timely provide an
268 estimate of charges to a patient or prospective
269 patient and the insurer; requiring licensed facilities
270 to make certain health-related data available on its
271 website; requiring licensed facilities to take action
272 to notify the public of the availability of such
273 information; requiring licensed facilities to provide
274 an itemized statement or bill to a patient or his or
275 her survivor or legal guardian within a specified
276 timeframe upon request and after discharge; specifying
277 requirements for the statement or bill; requiring
278 licensed facilities to make available to a patient or
279 his or her survivor or legal guardian certain records
280 within a specified timeframe and in a specified
281 manner; authorizing licensed facilities to charge fees
282 in a specified amount for copies of such records;
283 requiring licensed facilities to establish certain
284 internal processes relating to itemized statements and
285 bills and grievances; requiring licensed facilities to
286 disclose certain information relating to the patient's
287 cost-sharing obligation; providing an administrative
288 penalty for failure to disclose such information;
289 creating s. 396.223, F.S.; defining the term
290 "extraordinary collection action"; prohibiting certain

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291 collection actions by a licensed facility; creating s.
292 396.224, F.S.; providing criminal penalties and
293 disciplinary action for the fraudulent alteration,
294 defacement, or falsification of medical records;
295 creating s. 396.225, F.S.; requiring a licensed
296 facility to furnish, in a timely manner, a true and
297 correct copy of all patient records to certain
298 persons; specifying authorized charges for copies of
299 such records; providing an exception; providing for
300 confidentiality of patient records; providing
301 exceptions; authorizing the department to examine
302 certain records for certain purposes; providing
303 criminal penalties for the unauthorized release of
304 information from such records by department agents;
305 providing content and use requirements and limitations
306 for confidential patient records released under the
307 exemptions; authorizing licensed facilities to
308 prescribe the content and custody of limited-access
309 records that the facility maintains on its employees;
310 specifying the types of records that may be limited in
311 this manner; providing requirements for the release of
312 such limited-access records; providing an exemption
313 from public records requirements for such records;
314 providing exemptions from public records requirements
315 for specified personal information relating to
316 employees of licensed facilities who provide direct
317 patient care or security services and their spouses
318 and children, and for specified personal information
319 relating to certain other employees of licensed

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320 facilities and their spouses and children upon their
321 request; providing exceptions to the exemptions;
322 amending ss. 39.304, 95.11, 222.26, 381.00316,
323 381.0035, 381.026, 381.028, 381.915, 383.145, 385.202,
324 385.211, 390.011, 390.025, 394.4787, 395.001, 395.002,
325 395.003, 395.1055, 395.10973, 395.3025, 395.607,
326 395.701, 400.518, 400.93, 400.9905, 400.9935, 401.272,
327 408.051, 408.07, 408.802, 408.820, 409.905, 409.906,
328 409.975, 456.013, 456.0135, 456.041, 456.053, 456.056,
329 456.0575, 456.072, 456.073, 458.3145, 458.320,
330 458.3265, 458.328, 458.347, 458.351, 459.0085,
331 459.0137, 459.0138, 459.015, 459.022, 459.026,
332 460.413, 460.4167, 461.013, 464.012, 465.0125,
333 465.016, 466.028, 468.505, 486.021, 499.003, 499.0295,
334 553.80, 627.351, 627.357, 627.6056, 627.6387,
335 627.6405, 627.64194, 627.6616, 627.6648, 627.736,
336 627.912, 641.31076, 765.101, 766.101, 766.1016,
337 766.106, 766.110, 766.1115, 766.118, 766.202, 766.316,
338 790.338, 812.014, 893.05, 893.13, 945.6041, 985.6441,
339 1001.42, and 1012.965, F.S.; conforming cross-
340 references and provisions to changes made by the act;
341 bifurcating fees applicable to ambulatory surgical
342 centers under ch. 395, F.S., and transferring them to
343 ch. 396, F.S.; authorizing the agency to maintain its
344 current fees for ambulatory surgical centers and adopt
345 certain rules; providing an effective date.
346

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

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349 Section 1. Chapter 396, Florida Statutes, consisting of ss.
350 396.201-396.225, Florida Statutes, is created and entitled
351 "Ambulatory Surgical Centers."

352 Section 2. Section 396.201, Florida Statutes, is created to
353 read:

354 396.201 Legislative intent.—It is the intent of the
355 Legislature to provide for the protection of public health and
356 safety in the establishment, construction, maintenance, and
357 operation of ambulatory surgical centers by providing for
358 licensure of the same and for the development, establishment,
359 and enforcement of minimum standards with respect thereto.

360 Section 3. Section 396.202, Florida Statutes, is created to
361 read:

362 396.202 Definitions.—As used in this chapter, the term:
363 (1) "Accrediting organization" means a national accrediting
364 organization approved by the Centers for Medicare and Medicaid
365 Services whose standards incorporate comparable licensure
366 regulations required by this state.

367 (2) "Agency" means the Agency for Health Care
368 Administration.

369 (3) "Ambulatory surgical center" means a facility, the
370 primary purpose of which is to provide elective surgical care,
371 in which the patient is admitted to and discharged from such
372 facility within 24 hours, and which is not part of a hospital.
373 The term does not include a facility existing for the primary
374 purpose of performing terminations of pregnancy, an office
375 maintained by a physician for the practice of medicine, or an
376 office maintained for the practice of dentistry, except that
377 that any such facility or office that is certified or seeks

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378 certification as a Medicare ambulatory surgical center must be
379 licensed as an ambulatory surgical center under this chapter.

380 (4) "Biomedical waste" has the same meaning as provided in
381 s. 381.0098(2).

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

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

387 (7) "Director" means any member of the official board of
388 directors as reported in the licensed facility owner's annual
389 corporate report to the Department of State or, if no such
390 report is made, any member of the operating board of directors.
391 The term does not include members of separate, restricted boards
392 who serve only in an advisory capacity to the operating board.

393 (8) "Emergency medical condition" means:

394 (a) A medical condition manifesting itself by acute
395 symptoms of sufficient severity, which may include severe pain,
396 such that the absence of immediate medical attention could
397 reasonably be expected to result in any of the following:

398 1. Serious jeopardy to patient health, including for a
399 pregnant woman or fetus.

400 2. Serious impairment to bodily functions.

401 3. Serious dysfunction of any bodily organ or part.

402 (b) With respect to a pregnant woman:

403 1. That there is inadequate time to effect safe transfer to
404 a hospital before delivery;

405 2. That a transfer may pose a threat to the health and
406 safety of the patient or fetus; or

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407 3. That there is evidence of the onset and persistence of
408 uterine contractions or a rupture of the membranes.

409 (9) "Governmental unit" means the state or any county,
410 municipality, or other political subdivision, or any department,
411 division, board, or other agency of any of the foregoing.

412 (10) "Hospital" has the same meaning as in s. 395.002.

413 (11) "Licensed facility" means an ambulatory surgical
414 center licensed under this chapter.

415 (12) "Lifesafety" means the control and prevention of fire
416 and other life-threatening conditions on a premises for the
417 purpose of preserving human life.

418 (13) "Medical staff" means physicians licensed under
419 chapter 458 or chapter 459 with privileges in a licensed
420 facility, as well as other licensed health care practitioners
421 with clinical privileges as approved by a licensed facility's
422 governing board.

423 (14) "Person" means any individual, partnership,
424 corporation, association, or governmental unit.

425 (15) "Premises" means those buildings, beds, and equipment
426 located at the address of the licensed facility, and all other
427 buildings, beds, and equipment for the provision of ambulatory
428 surgical care located in such reasonable proximity to the
429 address of the licensed facility as to appear to the public to
430 be under the dominion and control of the licensee.

431 (16) "Validation inspection" means an inspection of the
432 premises of a licensed facility by the agency to assess whether
433 a review by an accrediting organization has adequately evaluated
434 the licensed facility according to minimum state standards.

435 Section 4. Section 396.203, Florida Statutes, is created to

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436 read:

437 396.203 Licensure; denial, suspension, and revocation.-
438 (1) (a) The requirements of part II of chapter 408 apply to
439 the provision of services that require licensure pursuant to ss.
440 396.201-396.225 and part II of chapter 408 and to entities
441 licensed by or applying for such licensure from the Agency for
442 Health Care Administration pursuant to ss. 396.201-396.225. A
443 license issued by the agency is required in order to operate an
444 ambulatory surgical center in this state.

445 (b)1. It is unlawful for a person to use or advertise to
446 the public, in any way or by any medium whatsoever, any facility
447 as an "ambulatory surgical center" unless such facility has
448 first secured a license under this chapter.

449 2. This chapter does not apply to commercial business
450 establishments using the word "ambulatory surgical center" as a
451 part of a trade name if no treatment of human beings is
452 performed on the premises of such establishments.

453 (2) In addition to the requirements of s. 408.807, after a
454 change of ownership has been approved by the agency, the
455 transferee is liable for any liability due to the state,
456 regardless of when identified, resulting from changes to
457 allowable costs affecting provider reimbursement for Medicaid
458 participation and related administrative fines.

459 (3) An ambulatory surgical center must comply with ss.
460 627.64194 and 641.513 as a condition of licensure.

461 (4) In addition to the requirements of part II of chapter
462 408, whenever the agency finds that there has been a substantial
463 failure to comply with the requirements established under this
464 chapter or in rules, the agency is authorized to deny, modify,

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465 suspend, or revoke a license.466 Section 5. Section 396.204, Florida Statutes, is created to
467 read:468 396.204 Application for license; fees.—In accordance with
469 s. 408.805, an applicant or a licensee shall pay a fee for each
470 license application submitted under this chapter, part II of
471 chapter 408, and applicable rules. The amount of the fee is
472 established by rule. The license fee required of a facility
473 licensed under this chapter is established by rule, except that
474 the minimum license fee is \$1,500.475 Section 6. Section 396.205, Florida Statutes, is created to
476 read:477 396.205 Minimum standards for clinical laboratory test
478 results and diagnostic X-ray results; prerequisite for issuance
479 or renewal of license.—480 (1) As a requirement for issuance or renewal of its
481 license, each licensed facility shall require that all clinical
482 laboratory tests performed by or for the licensed facility be
483 performed by a clinical laboratory appropriately certified by
484 the Centers for Medicare and Medicaid Services under the federal
485 Clinical Laboratory Improvement Amendments and the federal rules
486 adopted thereunder.487 (2) Each licensed facility, as a requirement for issuance
488 or renewal of its license, shall establish minimum standards for
489 acceptance of results of diagnostic X rays performed by or for
490 the licensed facility. Such standards must require licensure or
491 registration of the source of ionizing radiation under chapter
492 404.493 (3) The results of clinical laboratory tests and diagnostic

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494 X rays performed before admission which meet the minimum
495 standards required by law must be accepted in lieu of routine
496 examinations required upon admission and in lieu of clinical
497 laboratory tests and diagnostic X rays which may be ordered by a
498 physician for patients of the licensed facility.

499 Section 7. Section 396.206, Florida Statutes, is created to
500 read:

501 396.206 Licensure inspection.—

502 (1) In addition to the requirement of s. 408.811, the
503 agency shall make or cause to be made such inspections and
504 investigations as it deems necessary, including, but not limited
505 to:

506 (a) Inspections directed by the Centers for Medicare and
507 Medicaid Services.

508 (b) Validation inspections.

509 (c) Lifesafety inspections.

510 (d) Licensure complaint investigations, including full
511 licensure investigations with a review of all licensure
512 standards as outlined in the administrative rules. Complaints
513 received by the agency from individuals, organizations, or other
514 sources are subject to review and investigation by the agency.

515 (2) The agency shall accept, in lieu of its own periodic
516 inspections for licensure, the survey or inspection of an
517 accrediting organization, provided that the accreditation of the
518 licensed facility is not provisional and provided that the
519 licensed facility authorizes release of, and the agency receives
520 the report of, the accrediting organization. The agency shall
521 develop and adopt by rule criteria for accepting survey reports
522 of accrediting organizations in lieu of conducting a state

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523 licensure inspection.

524 (3) In accordance with s. 408.805, an applicant or a
525 licensee must pay a fee for each license application submitted
526 under this chapter, part II of chapter 408, and applicable
527 rules. Each facility licensed under this chapter must pay to the
528 agency, at the time of inspection, the following fees:

529 (a) Inspection for licensure.—A fee of at least \$400 per
530 facility.

531 (b) Inspection for lifesafety only.—A fee of at least \$40
532 per facility.

533 (4) The agency shall coordinate all periodic inspections
534 for licensure made by the agency to ensure that the cost to the
535 facility of such inspections and the disruption of services by
536 such inspections are minimized.

537 Section 8. Section 396.207, Florida Statutes, is created to
538 read:

539 396.207 Inspection reports.—

540 (1) Each licensed facility shall maintain as public
541 information, available upon request, records of all inspection
542 reports pertaining to that facility. Copies of such reports must
543 be retained in its records for at least 5 years after the date
544 the reports are filed and issued.

545 (2) Any record, report, or document that is confidential
546 and exempt from s. 119.07(1) may not be distributed or made
547 available for purposes of compliance with this section unless or
548 until such confidential status expires.

549 (3) A licensed facility shall, upon the request of any
550 person who has completed a written application with intent to be
551 admitted to such facility, any person who is a patient of such

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552 facility, or any relative, spouse, guardian, or surrogate of any
553 such person, furnish to the requester a copy of the last
554 inspection report filed with or issued by the agency pertaining
555 to the licensed facility, as provided in subsection (1),
556 provided that the person requesting such report agrees to pay a
557 reasonable charge to cover copying costs, not to exceed \$1 per
558 page.

559 Section 9. Section 396.208, Florida Statutes, is created to
560 read:

561 396.208 Construction inspections; plan submission and
562 approval; fees.—

563 (1) (a) The design, construction, erection, alteration,
564 modification, repair, and demolition of all licensed health care
565 facilities are governed by the Florida Building Code and the
566 Florida Fire Prevention Code under ss. 553.73 and 633.202.

567 (b) In addition to the requirements of ss. 553.79 and
568 553.80, the agency shall review facility plans and survey the
569 construction of any facility licensed under this chapter. All
570 licensed facilities shall submit plans and specifications to the
571 agency for review under this section. The agency shall make, or
572 cause to be made, such construction inspections and
573 investigations as it deems necessary. The agency may prescribe
574 by rule that any licensee or applicant desiring to make
575 specified types of alterations or additions to its facilities or
576 to construct new facilities shall, before commencing such
577 alteration, addition, or new construction, submit plans and
578 specifications therefor to the agency for preliminary inspection
579 and approval or recommendation with respect to compliance with
580 applicable provisions of the Florida Building Code or agency

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581 rules and standards.582 (c) The agency shall approve or disapprove the plans and
583 specifications within 60 days after receipt of the fee for
584 review of plans as required in subsection (2). The agency may be
585 granted one 15-day extension for the review period if the
586 director of the agency approves the extension. If the agency
587 fails to act within the specified timeframe, it is deemed to
588 have approved the plans and specifications. When the agency
589 disapproves plans and specifications, it must set forth in
590 writing the reasons for its disapproval. Conferences and
591 consultations may be provided as necessary.592 (2) The agency may charge an initial fee of \$2,000 for
593 review of plans and construction on all projects, which is
594 nonrefundable. The agency may also collect a fee, not to exceed
595 1 percent of the estimated construction cost or the actual cost
596 of review, whichever is less, for the portion of the review
597 which encompasses initial review through the initial revised
598 construction document review. The agency is further authorized
599 to collect its actual costs on all subsequent portions of the
600 review and construction inspections. The initial fee payment
601 must accompany the initial submission of plans and
602 specifications. Any subsequent payment that is due is payable
603 upon receipt of the invoice from the agency.604 Section 10. Section 396.209, Florida Statutes, is created
605 to read:606 396.209 Rebates prohibited; penalties.—607 (1) It is unlawful for any person to pay or receive any
608 commission, bonus, kickback, or rebate or engage in any split-
609 fee arrangement, in any form whatsoever, with any physician,

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610 surgeon, organization, or person, either directly or indirectly,
611 for patients referred to a licensed facility.

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

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

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

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

620 396.211 Staff membership and clinical privileges.—

621 (1) A licensed facility, in considering and acting upon an
622 application for staff membership or clinical privileges, may not
623 deny the application of a qualified doctor of medicine licensed
624 under chapter 458, a doctor of osteopathic medicine licensed
625 under chapter 459, a doctor of dentistry licensed under chapter
626 466, or a doctor of podiatric medicine licensed under chapter
627 461 for such staff membership or clinical privileges within the
628 scope of his or her respective licensure solely because the
629 applicant is licensed under any of such chapters.

630 (2) (a) Each licensed facility shall establish rules and
631 procedures for consideration of an application for clinical
632 privileges submitted by a physician assistant licensed pursuant
633 to s. 458.347 or s. 459.022. Clinical privileges granted to a
634 physician assistant pursuant to this subsection automatically
635 terminate upon termination of staff membership of the physician
636 assistant's supervising physician.

637 (b) An advanced practice registered nurse who is certified
638 as a registered nurse anesthetist licensed under part I of

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639 chapter 464 may administer anesthesia under the onsite medical
640 direction of a professional licensed under chapter 458, chapter
641 459, or chapter 466, and in accordance with an established
642 protocol approved by the medical staff. The medical direction
643 must specifically address the needs of the individual patient.

644 (c) A circulating nurse must be present in the operating
645 room for the duration of a surgical procedure.

646 (3) When a licensed facility requires, as a precondition to
647 obtaining staff membership or clinical privileges, the
648 completion of, eligibility in, or graduation from any program or
649 society established by or relating to the American Medical
650 Association or the Liaison Committee on Medical Education, the
651 licensed facility must also make available such membership or
652 privileges to physicians who have attained completion of,
653 eligibility in, or graduation from any equivalent program
654 established by or relating to the American Osteopathic
655 Association.

656 (4) This section does not restrict in any way the authority
657 of the medical staff of a licensed facility to review for
658 approval or disapproval all applications for appointment and
659 reappointment to all categories of staff and to make
660 recommendations on each applicant to the governing board of the
661 facility, including the delineation of privileges to be granted
662 in each case. In making such recommendations and in the
663 delineation of privileges, each applicant must be considered
664 individually pursuant to criteria for a doctor licensed under
665 chapter 458, chapter 459, chapter 461, or chapter 466; or for an
666 advanced practice registered nurse licensed under part I of
667 chapter 464, as applicable. The applicant's eligibility for

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668 staff membership or clinical privileges must be determined by
669 the applicant's background, experience, health, training, and
670 demonstrated competency; the applicant's adherence to applicable
671 professional ethics; the applicant's reputation; and the
672 applicant's ability to work with others, and by such other
673 elements as determined by the governing board consistent with
674 this chapter.

675 (5) The governing board of each licensed facility shall set
676 standards and procedures to be applied by the licensed facility
677 and its medical staff in considering and acting upon
678 applications for staff membership or clinical privileges. Such
679 standards and procedures must be made available for public
680 inspection.

681 (6) Upon the written request of the applicant, any licensed
682 facility that has denied staff membership or clinical privileges
683 to an applicant specified in subsection (1) or subsection (2)
684 must, within 30 days after such request, provide the applicant
685 with the reasons for such denial in writing. A denial of staff
686 membership or clinical privileges to any applicant must be
687 submitted, in writing, to the applicant's respective regulatory
688 board.

689 (7) There is no monetary liability on the part of, and no
690 cause of action for injunctive relief or damages may arise
691 against, any licensed facility, its governing board or governing
692 board members, medical staff, or disciplinary board or against
693 its agents, investigators, witnesses, or employees, or against
694 any other person, for any action arising out of or related to
695 carrying out this section, absent intentional fraud.

696 (8) The investigations, proceedings, and records of the

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697 board, or its agent with whom there is a specific written
698 contract for the purposes of this section, as described in this
699 section are not subject to discovery or introduction into
700 evidence in any civil action against a provider of professional
701 health services arising out of matters that are the subject of
702 evaluation and review by such board, and any person who was in
703 attendance at a meeting of such board or its agent is not
704 permitted or required to testify in any such civil action as to
705 any evidence or other matters produced or presented during the
706 proceedings of such board or its agent or as to any findings,
707 recommendations, evaluations, opinions, or other actions of such
708 board or its agent or any members thereof. However, information,
709 documents, or records otherwise available from original sources
710 are not to be construed as immune from discovery or use in any
711 such civil action merely because they were presented during
712 proceedings of such board; nor may any person who testifies
713 before such board or who is a member of such board be prevented
714 from testifying as to matters within his or her knowledge, but
715 such witness cannot be asked about his or her testimony before
716 such a board or opinions formed by him or her as a result of
717 such board hearings.

718 (9) (a) If the defendant prevails in an action brought by an
719 applicant against any person or entity that initiated,
720 participated in, was a witness in, or conducted any review as
721 authorized by this section, the court must award reasonable
722 attorney fees and costs to the defendant.

723 (b) As a condition of an applicant bringing any action
724 against any person or entity that initiated, participated in,
725 was a witness in, or conducted any review as authorized by this

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726 section and before any responsive pleading is due, the applicant
727 must post a bond or other security, as set by the court having
728 jurisdiction in the action, in an amount sufficient to pay the
729 costs and attorney fees.

730 Section 12. Section 396.212, Florida Statutes, is created
731 to read:

732 396.212 Licensed facilities; peer review; disciplinary
733 powers; agency or partnership with physicians.—

734 (1) It is the intent of the Legislature that good faith
735 participants in the process of investigating and disciplining
736 physicians pursuant to the state-mandated peer review process
737 shall, in addition to receiving immunity from retaliatory tort
738 suits pursuant to s. 456.073(12), be protected from federal
739 antitrust suits filed under the Sherman Antitrust Act, 15 U.S.C.
740 ss. 1 et seq. Such intent is within the public policy of the
741 state to secure the provision of quality medical services to the
742 public.

743 (2) Each licensed facility, as a condition of licensure,
744 shall provide for peer review of physicians who deliver health
745 care services at the facility. Each licensed facility shall
746 develop written, binding procedures by which such peer review
747 must be conducted. Such procedures must include all of the
748 following:

749 (a) A mechanism for choosing the membership of the body or
750 bodies that conduct peer review.

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

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

753 (d) A mechanism to identify and avoid conflicts of interest
754 on the part of the peer review panel members.

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755 (e) Recording of agendas and minutes that do not contain
756 confidential material, for review by the Division of Health
757 Quality Assurance of the agency.

758 (f) A review, at least annually, of the peer review
759 procedures by the governing board of the licensed facility.

760 (g) Focusing the peer review process on reviewing
761 professional practices at the facility to reduce morbidity and
762 mortality and to improve patient care.

763 (3) If reasonable belief exists that conduct by a staff
764 member or physician who delivers health care services at the
765 licensed facility may constitute one or more grounds for
766 discipline as provided in this subsection, a peer review panel
767 must investigate and determine whether grounds for discipline
768 exist with respect to such staff member or physician. The
769 governing board of a licensed facility, after considering the
770 recommendations of its peer review panel, shall suspend, deny,
771 revoke, or curtail the privileges, or reprimand, counsel, or
772 require education, of any such staff member or physician after a
773 final determination has been made that one or more of the
774 following grounds exist:

775 (a) Incompetence.

776 (b) Being found to be a habitual user of intoxicants or
777 drugs to the extent that the staff member or physician is deemed
778 dangerous to himself, herself, or others.

779 (c) Mental or physical impairment that may adversely affect
780 patient care.

781 (d) Being found liable by a court of competent jurisdiction
782 for medical negligence or malpractice involving negligent
783 conduct.

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784 (e) One or more settlements exceeding \$10,000 for medical
785 negligence or malpractice involving negligent conduct by the
786 staff member or physician.

787 (f) Medical negligence other than as specified in paragraph
788 (d) or paragraph (e).

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

792 (4) Pursuant to ss. 458.337 and 459.016, any disciplinary
793 action taken under subsection (3) must be reported in writing to
794 the Division of Medical Quality Assurance of the Department of
795 Health within 30 working days after its initial occurrence,
796 regardless of the pendency of appeals to the governing board of
797 the licensed facility. The report must identify the disciplined
798 practitioner, the action taken, and the reason for such action.
799 All final disciplinary actions taken under subsection (3), if
800 different from those reported to the agency within 30 days after
801 its initial occurrence, must be reported within 10 working days
802 to the Division of Medical Quality Assurance in writing and must
803 specify the disciplinary action taken and the specific grounds
804 therefor. The division shall review each report and determine
805 whether it potentially involved conduct by the licensee which is
806 subject to disciplinary action, in which case s. 456.073
807 applies. The reports are not subject to inspection under s.
808 119.07(1) even if the division's investigation results in a
809 finding of probable cause.

810 (5) There is no monetary liability on the part of, and no
811 cause of action for damages may rise against, any licensed
812 facility, its governing board or governing board members, peer

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813 review panel, medical staff, or disciplinary body, or its
814 agents, investigators, witnesses, or employees; a committee of a
815 licensed facility; or any other person for any action taken
816 without intentional fraud in carrying out this section.

817 (6) For a single incident or series of isolated incidents
818 that are nonwillful violations of the reporting requirements of
819 this section or part II of chapter 408, the agency shall first
820 seek to obtain corrective action by the licensed facility. If
821 correction is not demonstrated within the timeframe established
822 by the agency or if there is a pattern of nonwillful violations
823 of this section or part II of chapter 408, the agency may impose
824 an administrative fine, not to exceed \$5,000 for any violation
825 of the reporting requirements of this section or part II of
826 chapter 408. The administrative fine for repeated nonwillful
827 violations may not exceed \$10,000 for any violation. The
828 administrative fine for each intentional and willful violation
829 may not exceed \$25,000 per violation, per day. The fine for an
830 intentional and willful violation of this section or part II of
831 chapter 408 may not exceed \$250,000. In determining the amount
832 of fine to be levied, the agency shall be guided by s.
833 396.219(2)(b) .

834 (7) The proceedings and records of peer review panels,
835 committees, and governing boards or agents thereof which relate
836 solely to actions taken in carrying out this section are not
837 subject to inspection under s. 119.07(1); and meetings held
838 pursuant to achieving the objectives of such panels, committees,
839 and governing boards or agents thereof are not open to the
840 public under chapter 286.

841 (8) The investigations, proceedings, and records of the

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842 peer review panel, a committee of an ambulatory surgical center,
843 a disciplinary board, or a governing board, or agents thereof
844 with whom there is a specific written contract for that purpose,
845 as described in this section, are not subject to discovery or
846 introduction into evidence in any civil or administrative action
847 against a provider of professional health services arising out
848 of the matters that are the subject of evaluation and review by
849 such group or its agent, and a person who was in attendance at a
850 meeting of such group or its agent is not permitted and may not
851 be required to testify in any such civil or administrative
852 action as to any evidence or other matters produced or presented
853 during the proceedings of such group or its agent or as to any
854 findings, recommendations, evaluations, opinions, or other
855 actions of such group or its agent or any members thereof.
856 However, information, documents, or records otherwise available
857 from original sources are not to be construed as immune from
858 discovery or use in any such civil or administrative action
859 merely because such information, documents, or records were
860 presented during proceedings of such group, and any person who
861 testifies before such group or who is a member of such group may
862 not be prevented from testifying as to matters within his or her
863 knowledge, but such witness may not be asked about his or her
864 testimony before such a group or opinions formed by him or her
865 as a result of such group hearings.

866 (9) (a) If the defendant prevails in an action brought by a
867 staff member or physician who delivers health care services at
868 the licensed facility against any person or entity that
869 initiated, participated in, was a witness in, or conducted any
870 review as authorized by this section, the court must award

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871 reasonable attorney fees and costs to the defendant.

872 (b) As a condition of any staff member or physician
873 bringing any action against any person or entity that initiated,
874 participated in, was a witness in, or conducted any review as
875 authorized by this section and before any responsive pleading is
876 due, the staff member or physician must post a bond or other
877 security, as set by the court having jurisdiction in the action,
878 in an amount sufficient to pay the costs and attorney fees.

879 Section 13. Section 396.213, Florida Statutes, is created
880 to read:

881 396.213 Internal risk management program.—

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

885 (a) The investigation and analysis of the frequency and
886 causes of general categories and specific types of adverse
887 incidents to patients.

888 (b) The development of appropriate measures to minimize the
889 risk of adverse incidents to patients, including, but not
890 limited to:

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

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

895 b. At least 1 hour of such education and training annually
896 for all personnel of the licensed facility working in clinical
897 areas and providing patient care, except those persons licensed
898 as health care practitioners who are required to complete
899 continuing education coursework pursuant to chapter 456 or the

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900 practitioner's respective practice act.

901 2. A prohibition, except when emergency circumstances
902 require otherwise, against a staff member of the licensed
903 facility attending a patient in the recovery room, unless the
904 staff member is authorized to attend the patient in the recovery
905 room and is in the company of at least one other person.
906 However, a licensed facility is exempt from the two-person
907 requirement if it has:

908 a. Live visual observation;
909 b. Electronic observation; or
910 c. Any other reasonable measure taken to ensure patient
911 protection and privacy.

912 3. A prohibition against an unlicensed person assisting or
913 participating in any surgical procedure unless the licensed
914 facility has authorized the person to do so following a
915 competency assessment, and such assistance or participation is
916 done under the direct and immediate supervision of a licensed
917 physician and is not otherwise an activity that may be performed
918 only by a licensed health care practitioner.

919 4. Development, implementation, and ongoing evaluation of
920 procedures, protocols, and systems to accurately identify
921 patients, planned procedures, and the correct site of planned
922 procedures so as to minimize the performance of a surgical
923 procedure on the wrong patient, a wrong surgical procedure, a
924 wrong-site surgical procedure, or a surgical procedure otherwise
925 unrelated to the patient's diagnosis or medical condition.

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

928 (d) A system for informing a patient or an individual

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929 identified pursuant to s. 765.401(1) that the patient was the
930 subject of an adverse incident, as defined in subsection (5).
931 Such notice must be given by an appropriately trained person
932 designated by the licensed facility as soon as practicable to
933 allow the patient an opportunity to minimize damage or injury.

934 (e) The development and implementation of an incident
935 reporting system based upon the affirmative duty of all health
936 care providers and all agents and employees of the licensed
937 facility to report adverse incidents to the risk manager, or to
938 his or her designee, within 3 business days after the occurrence
939 of such incidents.

940 (2) The internal risk management program is the
941 responsibility of the governing board of the licensed facility.
942 Each licensed facility shall hire a risk manager who is
943 responsible for implementation and oversight of the facility's
944 internal risk management program and who demonstrates
945 competence, through education or experience, in all of the
946 following areas:

947 (a) Applicable standards of health care risk management.
948 (b) Applicable federal, state, and local health and safety
949 laws and rules.
950 (c) General risk management administration.
951 (d) Patient care.
952 (e) Medical care.
953 (f) Personal and social care.
954 (g) Accident prevention.
955 (h) Departmental organization and management.
956 (i) Community interrelationships.
957 (j) Medical terminology.

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958 (3) In addition to the programs mandated by this section,
959 other innovative approaches intended to reduce the frequency and
960 severity of medical malpractice and patient injury claims are
961 encouraged and their implementation and operation facilitated.
962 Such additional approaches may include extending internal risk
963 management programs to health care providers' offices and the
964 assuming of provider liability by a licensed facility for acts
965 or omissions occurring within the licensed facility. Each
966 licensed facility shall annually report to the agency and the
967 department the name and judgments entered against each health
968 care practitioner for which it assumes liability. The agency and
969 the department shall, in their respective annual reports,
970 include statistics that report the number of licensed facilities
971 that assume such liability and the number of health care
972 practitioners, by profession, for whom they assume liability.

973 (4) The agency shall adopt rules governing the
974 establishment of internal risk management programs to meet the
975 needs of individual licensed facilities. Each internal risk
976 management program shall include the use of incident reports to
977 be filed with a responsible individual who is competent in risk
978 management techniques, such as an insurance coordinator, in the
979 employ of each licensed facility or who is retained by the
980 licensed facility as a consultant. The individual responsible
981 for the risk management program shall have free access to all
982 medical records of the licensed facility. The incident reports
983 are part of the workpapers of the attorney defending the
984 licensed facility in litigation relating to the licensed
985 facility and are subject to discovery, but are not admissible as
986 evidence in court. A person filing an incident report is not

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987 subject to civil suit by virtue of such incident report. As a
988 part of each internal risk management program, the incident
989 reports must be used to develop categories of incidents which
990 identify problem areas. Once identified, procedures must be
991 adjusted to correct the problem areas.

992 (5) For purposes of reporting to the agency pursuant to
993 this section, the term "adverse incident" means an event over
994 which health care personnel could exercise control and which is
995 associated in whole or in part with medical intervention, rather
996 than the condition for which such intervention occurred, and
997 which:

998 (a) Results in one of the following outcomes:

999 1. Death;

1000 2. Brain or spinal damage;

1001 3. Permanent disfigurement;

1002 4. Fracture or dislocation of bones or joints;

1003 5. A resulting limitation of neurological, physical, or
1004 sensory function which continues after discharge from the
1005 licensed facility; or

1006 6. Any condition that required specialized medical
1007 attention or surgical intervention resulting from nonemergency
1008 medical intervention, other than an emergency medical condition,
1009 to which the patient has not given his or her informed consent;

1010 (b) Was the performance of a surgical procedure on the
1011 wrong patient, a wrong surgical procedure, a wrong-site surgical
1012 procedure, or a surgical procedure otherwise unrelated to the
1013 patient's diagnosis or medical condition;

1014 (c) Required the surgical repair of damage resulting to a
1015 patient from a planned surgical procedure, where the damage was

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1016 not a recognized specific risk, as disclosed to the patient and
1017 documented through the informed-consent process; or

1018 (d) Was a procedure to remove unplanned foreign objects
1019 remaining from a surgical procedure.

1020 (6) (a) Each licensed facility subject to this section shall
1021 submit an annual report to the agency summarizing the adverse
1022 incident reports that have been filed in the facility for that
1023 year. The report must include:

1024 1. The total number of adverse incidents.
1025 2. A listing, by category, of the types of operations,
1026 diagnostic or treatment procedures, or other actions causing the
1027 injuries, and the number of incidents occurring within each
1028 category.

1029 3. A listing, by category, of the types of injuries caused
1030 and the number of incidents occurring within each category.

1031 4. A code number using the health care professional's
1032 licensure number and a separate code number identifying all
1033 other individuals directly involved in adverse incidents to
1034 patients, the relationship of the individual to the licensed
1035 facility, and the number of incidents in which each individual
1036 has been directly involved. Each licensed facility shall
1037 maintain names of the health care professionals and individuals
1038 identified by code numbers for purposes of this section.

1039 5. A description of all malpractice claims filed against
1040 the licensed facility, including the total number of pending and
1041 closed claims and the nature of the incident which led to, the
1042 persons involved in, and the status and disposition of each
1043 claim. Each report must update status and disposition for all
1044 prior claims pending.

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1045 (b) The information reported to the agency pursuant to
1046 paragraph (a) which relates to persons licensed under chapter
1047 458, chapter 459, chapter 461, or chapter 466 must be reviewed
1048 by the agency. The agency shall determine whether any of the
1049 incidents potentially involved conduct by a health care
1050 professional who is subject to disciplinary action, in which
1051 case s. 456.073 applies.

1052 (c) The report submitted to the agency must also contain
1053 the name of the risk manager of the licensed facility, a copy of
1054 the policies and procedures governing the measures taken by the
1055 licensed facility and its risk manager to reduce the risk of
1056 injuries and adverse incidents, and the results of such
1057 measures. The annual report is confidential and is not available
1058 to the public pursuant to s. 119.07(1) or any other law
1059 providing access to public records. The annual report is not
1060 discoverable or admissible in any civil or administrative
1061 action, except in disciplinary proceedings by the agency or the
1062 appropriate regulatory board. The annual report is not available
1063 to the public as part of the record of investigation for and
1064 prosecution in disciplinary proceedings made available to the
1065 public by the agency or the appropriate regulatory board.
1066 However, the agency or the appropriate regulatory board shall
1067 make available, upon written request by a health care
1068 professional against whom probable cause has been found, any
1069 such records which form the basis of the determination of
1070 probable cause.

1071 (7) Any of the following adverse incidents, whether
1072 occurring in the licensed facility or arising from health care
1073 services administered before the patient's admission to the

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1074 licensed facility, must be reported by the licensed facility to
1075 the agency within 15 calendar days after its occurrence:

1076 (a) The death of a patient;
1077 (b) Brain or spinal damage to a patient;

1078 (c) The performance of a surgical procedure on the wrong
1079 patient;

1080 (d) The performance of a wrong-site surgical procedure;
1081 (e) The performance of a wrong surgical procedure;
1082 (f) The performance of a surgical procedure that is

1083 medically unnecessary or otherwise unrelated to the patient's
1084 diagnosis or medical condition;

1085 (g) The surgical repair of damage resulting to a patient
1086 from a planned surgical procedure, where the damage is not a
1087 recognized specific risk, as disclosed to the patient and
1088 documented through the informed-consent process; or

1089 (h) The performance of procedures to remove unplanned
1090 foreign objects remaining from a surgical procedure.

1091
1092 The agency may grant extensions to this reporting requirement
1093 for no more than 15 days upon justification submitted in writing
1094 to the agency by the licensed facility administrator. The agency
1095 may require an additional, final report. These reports are not
1096 available to the public pursuant to s. 119.07(1) or any other
1097 law providing access to public records, nor discoverable or
1098 admissible in any civil or administrative action, except in
1099 disciplinary proceedings by the agency or the appropriate
1100 regulatory board, nor available to the public as part of the
1101 record of investigation for and prosecution in disciplinary
1102 proceedings made available to the public by the agency or the

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1103 appropriate regulatory board. However, the agency or the
1104 appropriate regulatory board shall make available, upon written
1105 request by a health care professional against whom probable
1106 cause has been found, any such records that form the basis of
1107 the determination of probable cause. The agency may, as it deems
1108 appropriate, investigate any such incident and prescribe
1109 measures that must or may be taken in response to the incident.
1110 The agency shall review each incident and determine whether it
1111 potentially involved conduct by the health care professional,
1112 who would be subject to disciplinary action, in which case s.
1113 456.073 applies.

1114 (8) The agency shall publish on the agency's website, at
1115 least quarterly, a summary and trend analysis of adverse
1116 incident reports received pursuant to this section, which may
1117 not include information that would identify the patient, the
1118 reporting facility, or the health care practitioners involved.
1119 The agency shall publish on the agency's website an annual
1120 summary and trend analysis of all adverse incident reports and
1121 malpractice claims information provided by licensed facilities
1122 in their annual reports, which may not include information that
1123 would identify the patient, the reporting facility, or the
1124 practitioners involved. The purpose of the publication of the
1125 summary and trend analysis is to promote the rapid dissemination
1126 of information relating to adverse incidents and malpractice
1127 claims to assist licensed facilities in avoiding similar
1128 incidents and reduce morbidity and mortality.

1129 (9) The internal risk manager of each licensed facility
1130 shall:

1131 (a) Investigate every allegation of sexual misconduct which

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1132 is made against a member of the licensed facility's staff who
1133 has direct patient contact, when the allegation is that the
1134 sexual misconduct occurred at the facility or on the grounds of
1135 the facility.

1136 (b) Report every allegation of sexual misconduct to the
1137 administrator of the licensed facility.

1138 (c) Notify the family or guardian of the victim, if a
1139 minor, that an allegation of sexual misconduct has been made and
1140 that an investigation is being conducted.

1141 (d) Report to the department every allegation of sexual
1142 misconduct by a licensed health care practitioner which involves
1143 a patient.

1144 (10) Any witness who witnessed or who possesses actual
1145 knowledge of the act that is the basis of an allegation of
1146 sexual abuse shall:

1147 (a) Notify the local police; and

1148 (b) Notify the risk manager and the administrator.

1149

1150 For purposes of this subsection, the term "sexual abuse" means
1151 acts of a sexual nature committed for the sexual gratification
1152 of anyone upon or in the presence of a vulnerable adult as
1153 defined in s. 415.102, without the vulnerable adult's informed
1154 consent, or upon or in the presence of a minor. The term
1155 includes, but is not limited to, the acts defined in s.
1156 794.011(1)(j), fondling, exposure of a vulnerable adult's or
1157 minor's sexual organs, or the use of the vulnerable adult or
1158 minor to solicit for or engage in prostitution or sexual
1159 performance. The term does not include any act intended for a
1160 valid medical purpose or any act which may reasonably be

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1161 construed to be a normal caregiving action.

1162 (11) A person who, with malice or with intent to discredit
1163 or harm a licensed facility or any person, makes a false
1164 allegation of sexual misconduct against a member of a licensed
1165 facility's staff commits a misdemeanor of the second degree,
1166 punishable as provided in s. 775.082 or s. 775.083.

1167 (12) In addition to any penalty imposed pursuant to this
1168 section or part II of chapter 408, the agency shall require a
1169 written plan of correction from the licensed facility. For a
1170 single incident or series of isolated incidents that are
1171 nonwillful violations of the reporting requirements of this
1172 section or part II of chapter 408, the agency shall first seek
1173 to obtain corrective action by the licensed facility. If the
1174 correction is not demonstrated within the timeframe established
1175 by the agency or if there is a pattern of nonwillful violations
1176 of this section or part II of chapter 408, the agency may impose
1177 an administrative fine, not to exceed \$5,000 for any violation
1178 of the reporting requirements of this section or part II of
1179 chapter 408. The administrative fine for repeated nonwillful
1180 violations may not exceed \$10,000 for any violation. The
1181 administrative fine for each intentional and willful violation
1182 may not exceed \$25,000 per violation, per day. The fine for an
1183 intentional and willful violation of this section or part II of
1184 chapter 408 may not exceed \$250,000. In determining the amount
1185 of fine to be levied, the agency shall be guided by s.
1186 396.219(2)(b).

1187 (13) The agency shall be given access to all licensed
1188 facility records necessary to carry out this section. The
1189 records obtained by the agency under subsection (6), subsection

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1190 (7), or subsection (9) are not available to the public under s.
1191 119.07(1), nor discoverable or admissible in any civil or
1192 administrative action, except in disciplinary proceedings by the
1193 agency or the appropriate regulatory board, nor are records
1194 obtained pursuant to s. 456.071 available to the public as part
1195 of the record of investigation for and prosecution in
1196 disciplinary proceedings made available to the public by the
1197 agency or the appropriate regulatory board. However, the agency
1198 or the appropriate regulatory board shall make available, upon
1199 written request by a health care practitioner against whom
1200 probable cause has been found, any such records that form the
1201 basis of the determination of probable cause, except that, with
1202 respect to medical review committee records, s. 766.101
1203 controls.

1204 (14) The meetings of the committees and governing board of
1205 a licensed facility held solely for the purpose of achieving the
1206 objectives of risk management as provided by this section may
1207 not be open to the public under chapter 286. The records of such
1208 meetings are confidential and exempt from s. 119.07(1), except
1209 as provided in subsection (13).

1210 (15) The agency shall review, as part of its licensure
1211 review process, the internal risk management program at each
1212 licensed facility regulated by this section to determine whether
1213 the program meets standards established in statutes and rules,
1214 whether the program is being conducted in a manner designed to
1215 reduce adverse incidents, and whether the program is
1216 appropriately reporting incidents under this section.

1217 (16) There is no monetary liability on the part of, and no
1218 cause of action for damages may arise against, any risk manager

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1219 for the implementation and oversight of the internal risk
1220 management program in a facility licensed under this chapter as
1221 required by this section, for any act or proceeding undertaken
1222 or performed within the scope of the functions of such internal
1223 risk management program, if the risk manager acts without
1224 intentional fraud.

1225 (17) A privilege against civil liability is granted to any
1226 risk manager or licensed facility with regard to information
1227 furnished pursuant to this chapter, unless the risk manager or
1228 facility acted in bad faith or with malice in providing such
1229 information.

1230 (18) If the agency, through its receipt of any report
1231 required under this section or through any investigation, has a
1232 reasonable belief that conduct by a staff member or employee of
1233 a licensed facility is grounds for disciplinary action by the
1234 appropriate regulatory board, the agency must report this fact
1235 to such regulatory board.

1236 (19) It is unlawful for any person to coerce, intimidate,
1237 or preclude a risk manager from lawfully executing his or her
1238 reporting obligations pursuant to this chapter. Such unlawful
1239 action is subject to civil monetary penalties not to exceed
1240 \$10,000 per violation.

1241 Section 14. Section 396.214, Florida Statutes, is created
1242 to read:

1243 396.214 Identification, segregation, and separation of
1244 biomedical waste.—Each licensed facility shall comply with the
1245 requirements in s. 381.0098 relating to biomedical waste. Any
1246 transporter or potential transporter of such waste must be
1247 notified of the existence and locations of such waste.

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1248 Section 15. Section 396.215, Florida Statutes, is created
1249 to read:

1250 396.215 Patient safety.—

1251 (1) Each licensed facility shall adopt a patient safety
1252 plan. A plan adopted to implement the requirements of 42 C.F.R.
1253 s. 416.43 is deemed to comply with this requirement.

1254 (2) Each licensed facility shall appoint a patient safety
1255 officer and a patient safety committee, which must include at
1256 least one person who is neither employed by nor practicing at
1257 the facility, for the purpose of promoting the health and safety
1258 of patients, reviewing and evaluating the quality of patient
1259 safety measures used by the facility, and assisting in the
1260 implementation of the facility patient safety plan.

1261 (3) Each licensed facility shall, at least biennially,
1262 conduct a patient safety culture survey using the applicable
1263 Survey on Patient Safety Culture developed by the federal Agency
1264 for Healthcare Research and Quality. Each licensed facility
1265 shall conduct the survey anonymously to encourage completion of
1266 the survey by staff working in or employed by the facility. Each
1267 licensed facility may contract to administer the survey. Each
1268 licensed facility shall biennially submit the survey data to the
1269 agency in a format specified by rule, which must include the
1270 survey participation rate. Each licensed facility may develop an
1271 internal action plan between conducting surveys to identify
1272 measures to improve the survey and submit the plan to the
1273 agency.

1274 (4) Each licensed facility shall:

1275 (a) Develop and implement policies and procedures for the
1276 rendering of appropriate medical care for persons at risk of

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1277 forming venous thromboembolisms which reflect evidence-based
1278 best practices relating to, at a minimum:

1279 1. Assessing patients for risk of venous thromboembolism
1280 using a nationally recognized risk assessment tool.
1281 2. Treatment options for a patient diagnosed with venous
1282 thromboembolism.

1283 (b) Train all nonphysician personnel at least annually on
1284 the policies and procedures developed under this subsection. For
1285 purposes of this subsection, the term "nonphysician personnel"
1286 means all personnel of the licensed facility working in clinical
1287 areas and providing patient care, except those persons licensed
1288 as health care practitioners.

1289 Section 16. Section 396.216, Florida Statutes, is created
1290 to read:

1291 396.216 Cases of child abuse, abandonment, or neglect;
1292 duties.—Each licensed facility shall adopt protocols that, at a
1293 minimum, require the facility to:

1294 (1) Incorporate a facility policy that every staff member
1295 has an affirmative duty to report, pursuant to chapter 39, any
1296 actual or suspected case of child abuse, abandonment, or
1297 neglect; and

1298 (2) In any case involving suspected child abuse,
1299 abandonment, or neglect, designate, at the request of the
1300 Department of Children and Families, a staff physician to act as
1301 a liaison between the licensed facility and the Department of
1302 Children and Families office that is investigating the suspected
1303 abuse, abandonment, or neglect, and the Child Protection Team,
1304 as defined in s. 39.01, when the case is referred to such a
1305 team.

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1306 Section 17. Section 396.217, Florida Statutes, is created
1307 to read:

1308 396.217 Duty to notify patients.—An appropriately trained
1309 person designated by each licensed facility shall inform each
1310 patient, or an individual identified pursuant to s. 765.401(1),
1311 in person about adverse incidents that result in serious harm to
1312 the patient. Notifications of outcomes of care that result in
1313 harm to the patient under this section do not constitute an
1314 acknowledgment or admission of liability, and may not be
1315 introduced as evidence.

1316 Section 18. Section 396.218, Florida Statutes, is created
1317 to read:

1318 396.218 Rules and enforcement.—

1319 (1) The agency shall adopt rules pursuant to ss. 120.536(1)
1320 and 120.54 to implement this chapter, which must include
1321 reasonable and fair minimum standards for ensuring that:

1322 (a) Sufficient numbers and qualified types of personnel and
1323 occupational disciplines are on duty and available at all times
1324 to provide necessary and adequate patient care and safety.

1325 (b) Infection control, housekeeping, sanitary conditions,
1326 and medical record procedures that will adequately protect
1327 patient care and safety are established and implemented.

1328 (c) A comprehensive emergency management plan is prepared
1329 and updated annually. Standards for such plans must be included
1330 in the rules adopted by the agency after consulting with the
1331 Division of Emergency Management. At a minimum, the rules must
1332 provide for plan components that address emergency evacuation
1333 transportation; adequate sheltering arrangements; postdisaster
1334 activities, including emergency power, food, and water;

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1335 postdisaster transportation; supplies; staffing; emergency
1336 equipment; individual identification of residents and transfer
1337 of records; and responding to family inquiries. The
1338 comprehensive emergency management plan is subject to review and
1339 approval by the local emergency management agency. During its
1340 review, the local emergency management agency shall ensure that
1341 the following agencies, at a minimum, are given the opportunity
1342 to review the plan: the Agency for Health Care Administration,
1343 the Department of Elderly Affairs, the Department of Health, and
1344 the Division of Emergency Management. Also, appropriate
1345 volunteer organizations must be given the opportunity to review
1346 the plan. The local emergency management agency shall complete
1347 its review within 60 days and either approve the plan or advise
1348 the licensed facility of necessary revisions.

1349 (d) Licensed facilities are established, organized, and
1350 operated consistently with established standards and rules.

1351 (e) Licensed facility beds conform to minimum space,
1352 equipment, and furnishings standards as specified by the agency.

1353 (f) Each licensed facility has a quality improvement
1354 program designed to enhance quality of care and to emphasize
1355 quality patient outcomes, corrective action for problems,
1356 governing board review, and reporting to the agency of
1357 standardized data elements necessary to analyze quality of care
1358 outcomes. The agency shall use existing data, when available,
1359 and may not duplicate the efforts of other state agencies in
1360 order to obtain such data.

1361 (g) Licensed facilities make available on their websites,
1362 and in a hard copy format upon request, a description of and a
1363 link to the patient charge and performance outcome data

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1364 collected from licensed facilities pursuant to s. 408.061.

1365 (2) The agency shall adopt rules that establish minimum
1366 standards for pediatric patient care in ambulatory surgical
1367 centers to ensure the safe and effective delivery of surgical
1368 care to children. Such standards must include quality of care,
1369 nurse staffing, physician staffing, and equipment standards.
1370 Ambulatory surgical centers may not provide operative procedures
1371 to children under 18 years of age which require a length of stay
1372 past midnight unless such standards are established by rule.

1373 (3) Any rule adopted under this chapter by the agency may
1374 not deny a license to a facility required to be licensed under
1375 this chapter solely by reason of the school or system of
1376 practice employed or permitted to be employed by physicians
1377 therein, provided that such school or system of practice is
1378 recognized by the laws of this state. However, this subsection
1379 does not limit the powers of the agency to provide and require
1380 minimum standards for the maintenance and operation of, and for
1381 the treatment of patients in, those licensed facilities that
1382 receive federal aid, in order to meet minimum standards related
1383 to such matters in such licensed facilities which may now or
1384 hereafter be required by appropriate federal officers or
1385 agencies pursuant to federal law or rules adopted pursuant
1386 thereto.

1387 (4) Any licensed facility that is in operation at the time
1388 of adoption of any applicable rule under this chapter must be
1389 given a reasonable time, under the particular circumstances, but
1390 not to exceed 1 year after the date of such adoption, within
1391 which to comply with such rule.

1392 (5) The agency may not adopt any rule governing the design,

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1393 construction, erection, alteration, modification, repair, or
1394 demolition of any ambulatory surgical center. It is the intent
1395 of the Legislature to preempt that function to the Florida
1396 Building Commission and the State Fire Marshal through adoption
1397 and maintenance of the Florida Building Code and the Florida
1398 Fire Prevention Code. However, the agency shall provide
1399 technical assistance to the commission and the State Fire
1400 Marshal in updating the construction standards of the Florida
1401 Building Code and the Florida Fire Prevention Code which govern
1402 ambulatory surgical centers.

1403 Section 19. Section 396.219, Florida Statutes, is created
1404 to read:

1405 396.219 Criminal and administrative penalties; moratorium.—

1406 (1) In addition to the penalties provided in s. 408.812, a
1407 person establishing, conducting, managing, or operating any
1408 facility without a license under this chapter commits a
1409 misdemeanor and, upon conviction, shall be fined not more than
1410 \$500 for the first offense and not more than \$1,000 for each
1411 subsequent offense, and each day of continuing violation after
1412 conviction is considered a separate offense.

1413 (2) (a) The agency may impose an administrative fine, not to
1414 exceed \$1,000 per violation, per day, for the violation of any
1415 provision of this chapter, part II of chapter 408, or applicable
1416 rules. Each day of violation constitutes a separate violation
1417 and is subject to a separate fine.

1418 (b) In determining the amount of fine to be levied for a
1419 violation, as provided in paragraph (a), the following factors
1420 must be considered:

1421 1. The severity of the violation, including the probability

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1422 that death or serious harm to the health or safety of any person
1423 will result or has resulted, the severity of the actual or
1424 potential harm, and the extent to which the provisions of this
1425 chapter were violated.

1426 2. Actions taken by the licensee to correct the violations
1427 or to remedy complaints.

1428 3. Any previous violations of the licensee.

1429 (c) The agency may impose an administrative fine for the
1430 violation of s. 641.3154 or, if sufficient claims due a provider
1431 from a health maintenance organization do not exist to enable
1432 the take-back of an overpayment, as provided under s.
1433 641.3155(5), for the violation of s. 641.3155(5). The
1434 administrative fine for a violation cited in this paragraph
1435 shall be in the amounts specified in s. 641.52(5), and paragraph
1436 (a) does not apply.

1437 (3) In accordance with part II of chapter 408, the agency
1438 may impose an immediate moratorium on elective admissions to any
1439 licensed facility, building, or portion thereof, or service,
1440 when the agency determines that any condition in the licensed
1441 facility presents a threat to public health or safety.

1442 (4) The agency shall impose a fine of \$500 for each
1443 instance of the licensed facility's failure to provide the
1444 information required by rules adopted pursuant to s.
1445 396.218(1)(g).

1446 Section 20. Section 396.221, Florida Statutes, is created
1447 to read:

1448 396.221 Powers and duties of the agency.—The agency shall:

1449 (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to
1450 implement this chapter and part II of chapter 408 conferring

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1451 duties upon it.1452 (2) Enforce the special-occupancy provisions of the Florida
1453 Building Code which apply to ambulatory surgical centers in
1454 conducting any inspection authorized by this chapter and part II
1455 of chapter 408.1456 Section 21. Section 396.222, Florida Statutes, is created
1457 to read:1458 396.222 Price transparency; itemized patient statement or
1459 bill; patient admission status notification.—1460 (1) A facility licensed under this chapter shall provide
1461 timely and accurate financial information and quality of service
1462 measures to patients and prospective patients of the facility,
1463 or to patients' survivors or legal guardians, as appropriate.
1464 Such information must be provided in accordance with this
1465 section and rules adopted by the agency pursuant to this chapter
1466 and s. 408.05.1467 (a) Each licensed facility shall make available to the
1468 public on its website information on payments made to that
1469 facility for defined bundles of services and procedures. The
1470 payment data must be presented and searchable in accordance
1471 with, and through a hyperlink to, the system established by the
1472 agency and its vendor using the descriptive service bundles
1473 developed under s. 408.05(3)(c). At a minimum, the licensed
1474 facility shall provide the estimated average payment received
1475 from all payors, excluding Medicaid and Medicare, for the
1476 descriptive service bundles available at that facility and the
1477 estimated payment range for such bundles. Using plain language,
1478 comprehensible to an ordinary layperson, the licensed facility
1479 shall disclose that the information on average payments and the

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1480 payment ranges is an estimate of costs that may be incurred by
1481 the patient or prospective patient and that actual costs will be
1482 based on the services actually provided to the patient. The
1483 licensed facility's website must:

1484 1. Provide information to prospective patients on the
1485 licensed facility's financial assistance policy, including the
1486 application process, payment plans, and discounts, and the
1487 facility's charity care policy and collection procedures.

1488 2. If applicable, notify patients and prospective patients
1489 that services may be provided in the licensed facility by that
1490 facility as well as by other health care providers who may
1491 separately bill the patient and that such health care providers
1492 may or may not participate with the same health insurers or
1493 health maintenance organizations as the facility.

1494 3. Inform patients and prospective patients that they may
1495 request from the licensed facility and other health care
1496 providers a more personalized estimate of charges and other
1497 information, and inform patients that they should contact each
1498 health care practitioner who will provide services in the
1499 facility to determine the health insurers and health maintenance
1500 organizations with which the health care practitioner
1501 participates as a network provider or preferred provider.

1502 4. Provide the names, mailing addresses, and telephone
1503 numbers of the health care practitioners and medical practice
1504 groups with which it contracts to provide services in the
1505 licensed facility and instructions on how to contact the
1506 practitioners and groups to determine the health insurers and
1507 health maintenance organizations with which they participate as
1508 network providers or preferred providers.

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1509 (b) Each licensed facility shall post on its website a
1510 consumer-friendly list of standard charges for at least 300
1511 shoppable health care services, or an Internet-based price
1512 estimator tool that meets federal standards. If a licensed
1513 facility provides fewer than 300 distinct shoppable health care
1514 services, it must make available on its website the standard
1515 charges for each service it provides. As used in this paragraph,
1516 the term:

1517 1. "Shoppable health care service" means a service that can
1518 be scheduled by a health care consumer in advance. The term
1519 includes, but is not limited to, the services described in s.
1520 627.6387(2)(e) and any services defined in regulations or
1521 guidance issued by the United States Department of Health and
1522 Human Services.

1523 2. "Standard charge" has the same meaning as that term is
1524 defined in regulations or guidance issued by the United States
1525 Department of Health and Human Services for purposes of
1526 ambulatory surgical center price transparency.

1527 (c)1. Before providing any nonemergency medical service,
1528 each licensed facility shall provide in writing or by electronic
1529 means a good faith estimate of reasonably anticipated charges
1530 for the treatment of a patient's or prospective patient's
1531 specific condition. The licensed facility is not required to
1532 adjust the estimate for any potential insurance coverage. The
1533 licensed facility must provide the estimate to the patient's
1534 health insurer, as defined in s. 627.446(1), and the patient at
1535 least 3 business days before the date such service is to be
1536 provided, but no later than 1 business day after the date such
1537 service is scheduled or, in the case of a service scheduled at

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1538 least 10 business days in advance, no later than 3 business days
1539 after the date the service is scheduled. The licensed facility
1540 shall provide the estimate to the patient no later than 3
1541 business days after the date the patient requests an estimate.
1542 The estimate may be based on the descriptive service bundles
1543 developed by the agency under s. 408.05(3)(c) unless the patient
1544 or prospective patient requests a more personalized and specific
1545 estimate that accounts for the specific condition and
1546 characteristics of the patient or prospective patient. The
1547 licensed facility shall inform the patient or prospective
1548 patient that he or she may contact his or her health insurer for
1549 additional information concerning cost-sharing responsibilities.

1550 2. In the estimate, the licensed facility shall provide to
1551 the patient or prospective patient information on the facility's
1552 financial assistance policy, including the application process,
1553 payment plans, and discounts and the facility's charity care
1554 policy and collection procedures.

1555 3. The estimate must clearly identify any facility fee and,
1556 if applicable, include a statement notifying the patient or
1557 prospective patient that a facility fee is included in the
1558 estimate, the purpose of the fee, and that the patient may pay
1559 less for the procedure or service at another facility or in
1560 another health care setting.

1561 4. The licensed facility shall notify the patient or
1562 prospective patient of any revision to the estimate.

1563 5. In the estimate, the licensed facility shall notify the
1564 patient or prospective patient that services may be provided by
1565 the facility as well as by other health care providers that may
1566 separately bill the patient, if applicable.

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1567 6. Failure to timely provide the estimate pursuant to this
1568 paragraph shall result in a daily fine of \$1,000 until the
1569 estimate is provided to the patient or prospective patient and
1570 the health insurer. The total fine per patient estimate may not
1571 exceed \$10,000.

1572 (d) Each licensed facility shall make available on its
1573 website a hyperlink to the health-related data, including
1574 quality measures and statistics that are disseminated by the
1575 agency pursuant to s. 408.05. The licensed facility shall also
1576 take action to notify the public that such information is
1577 electronically available and provide a hyperlink to the agency's
1578 website.

1579 (e)1. Upon request, and after the patient's discharge or
1580 release from a licensed facility, the facility shall provide to
1581 the patient or to the patient's survivor or legal guardian, as
1582 applicable, an itemized statement or a bill detailing in plain
1583 language, comprehensible to an ordinary layperson, the specific
1584 nature of charges or expenses incurred by the patient. The
1585 initial statement or bill must be provided within 7 days after
1586 the patient's discharge or release or after a request for such
1587 statement or bill, whichever is later. The initial statement or
1588 bill must contain a statement of specific services received and
1589 expenses incurred by date and provider for such services,
1590 enumerating in detail as prescribed by the agency the
1591 constituent components of the services received within each
1592 department of the licensed facility and including unit price
1593 data on rates charged by the licensed facility. The statement or
1594 bill must also clearly identify any facility fee and explain the
1595 purpose of the fee. The statement or bill must identify each

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1596 item as paid, pending payment by a third party, or pending
1597 payment by the patient, and must include the amount due, if
1598 applicable. If an amount is due from the patient, a due date
1599 must be included. The initial statement or bill must direct the
1600 patient or the patient's survivor or legal guardian, as
1601 applicable, to contact the patient's insurer or health
1602 maintenance organization regarding the patient's cost-sharing
1603 responsibilities.

1604 2. Any subsequent statement or bill provided to a patient
1605 or to the patient's survivor or legal guardian, as applicable,
1606 relating to the episode of care must include all of the
1607 information required by subparagraph 1., with any revision
1608 clearly delineated.

1609 3. Each statement or bill provided pursuant to this
1610 subsection:

1611 a. Must include notice of physicians and other health care
1612 providers who bill separately.

1613 b. May not include any generalized category of expenses
1614 such as "other" or "miscellaneous" or similar categories.

1615 (2) Each itemized statement or bill must prominently
1616 display the telephone number of the licensed facility's patient
1617 liaison who is responsible for expediting the resolution of any
1618 billing dispute between the patient, or the patient's survivor
1619 or legal guardian, and the billing department.

1620 (3) A licensed facility shall make available to a patient
1621 or his or her survivor or legal guardian all records necessary
1622 for verification of the accuracy of the patient's statement or
1623 bill within 10 business days after the request for such records.
1624 The records must be made available in the licensed facility's

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1625 offices and through electronic means that comply with the Health
1626 Insurance Portability and Accountability Act of 1996, 42 U.S.C.
1627 s. 1320d, as amended. Such records must be available before and
1628 after payment of the statement or bill. The licensed facility
1629 may not charge the patient or his or her survivor or legal
1630 guardian for making such verification records available;
1631 however, the facility may charge fees for providing copies of
1632 records as specified in s. 396.225(1).

1633 (4) Each licensed facility shall establish a method for
1634 reviewing and responding to questions from patients or their
1635 survivors or legal guardians concerning the patient's itemized
1636 statement or bill. Such response must be provided within 7
1637 business days after the date a question is received. If the
1638 patient is not satisfied with the response, the facility must
1639 provide the patient or his or her survivor or legal guardian
1640 with the contact information of the agency to which the issue
1641 may be sent for review.

1642 (5) Each licensed facility shall establish an internal
1643 process for reviewing and responding to grievances from
1644 patients. Such process must allow a patient or his or her
1645 survivor or legal guardian to dispute charges that appear on the
1646 patient's itemized statement or bill. The licensed facility
1647 shall prominently post on its website and indicate in bold print
1648 on each itemized statement or bill the instructions for
1649 initiating a grievance and the direct contact information
1650 required to initiate the grievance process. The licensed
1651 facility shall provide an initial response to a patient
1652 grievance within 7 business days after the patient or his or her
1653 survivor or legal guardian formally files a grievance disputing

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1654 all or a portion of an itemized statement or bill.

1655 (6) Each licensed facility shall disclose to a patient, a
1656 prospective patient, or a patient's legal guardian whether a
1657 cost-sharing obligation for a particular covered health care
1658 service or item exceeds the charge that applies to an individual
1659 who pays cash or the cash equivalent for the same health care
1660 service or item in the absence of health insurance coverage.
1661 Failure to provide a disclosure in compliance with this
1662 subsection may result in a fine not to exceed \$500 per incident.

1663 Section 22. Section 396.223, Florida Statutes, is created
1664 to read:

1665 396.223 Billing and collection activities.—

1666 (1) As used in this section, the term "extraordinary
1667 collection action" means any of the following actions taken by a
1668 licensed facility against an individual in relation to obtaining
1669 payment of a bill for care:

1670 (a) Selling the individual's debt to another party.

1671 (b) Reporting adverse information about the individual to
1672 consumer credit reporting agencies or credit bureaus.

1673 (c) Actions that require a legal or judicial process,
1674 including, but not limited to:

1675 1. Placing a lien on the individual's property;

1676 2. Foreclosing on the individual's real property;

1677 3. Attaching or seizing the individual's bank account or
1678 any other personal property;

1679 4. Commencing a civil action against the individual;

1680 5. Causing the individual's arrest; or

1681 6. Garnishing the individual's wages.

1682 (2) A licensed facility may not engage in an extraordinary

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1683 collection action against an individual to obtain payment for
1684 services:

1685 (a) Before the licensed facility has made reasonable
1686 efforts to determine whether the individual is eligible for
1687 assistance under its financial assistance policy for the care
1688 provided and, if eligible, before a decision is made by the
1689 facility on the patient's application for such financial
1690 assistance.

1691 (b) Before the licensed facility has provided the
1692 individual with an itemized statement or bill.

1693 (c) During an ongoing grievance process as described in s.
1694 395.301(6) or an ongoing appeal of a claim adjudication.

1695 (d) Before billing any applicable insurer and allowing the
1696 insurer to adjudicate a claim.

1697 (e) For 30 days after notifying the patient in writing, by
1698 certified mail or by other traceable delivery method, that a
1699 collection action will commence absent additional action by the
1700 patient. This paragraph does not apply to a sale of debt
1701 governed by a contract executed by the facility which provides
1702 that the debt may not incur interest or fees and that no other
1703 extraordinary collection actions may be taken by the purchaser
1704 of the debt which could otherwise be taken by the licensed
1705 facility, as described in subsection (1), and that the debt will
1706 be returned to the facility if the debt buyer determines the
1707 individual is eligible for assistance under the facility's
1708 financial assistance policy.

1709 (f) While the individual:

1710 1. Negotiates in good faith the final amount of a bill for
1711 services rendered; or

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1712 2. Complies with all terms of a payment plan with the
1713 licensed facility.

1714 Section 23. Section 396.224, Florida Statutes, is created
1715 to read:

1716 396.224 Patient records; penalties for alteration.-

1717 (1) A person who fraudulently alters, defaces, or falsifies
1718 any medical record, or causes or procures any of these offenses
1719 to be committed, commits a misdemeanor of the second degree,
1720 punishable as provided in s. 775.082 or s. 775.083.

1721 (2) A conviction under subsection (1) is also grounds for
1722 restriction, suspension, or termination of a license.

1723 Section 24. Section 396.225, Florida Statutes, is created
1724 to read:

1725 396.225 Patient and personnel records; copies;
1726 examination.-

1727 (1) A licensed facility shall, upon written request, and
1728 only after discharge of the patient, furnish, in a timely
1729 manner, without delays for legal review, to any person admitted
1730 to the licensed facility for care and treatment or treated at
1731 the licensed facility, or to any such person's guardian,
1732 curator, or personal representative, or in the absence of one of
1733 those persons, to the next of kin of a decedent or the parent of
1734 a minor, or to anyone designated by such person in writing, a
1735 true and correct copy of all patient records, including X rays,
1736 and insurance information concerning such person, which records
1737 are in the possession of the licensed facility, provided that
1738 the person requesting such records agrees to pay a charge. The
1739 exclusive charge for copies of patient records may include sales
1740 tax and actual postage, and, except for nonpaper records that

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1741 are subject to a charge not to exceed \$2, may not exceed \$1 per
1742 page. A fee of up to \$1 may be charged for each year of records
1743 requested. These charges apply to all records furnished, whether
1744 directly from the licensed facility or from a copy service
1745 providing these services on behalf of the licensed facility.
1746 However, a patient whose records are copied or searched for the
1747 purpose of continuing to receive medical care is not required to
1748 pay a charge for copying or for the search. The licensed
1749 facility shall further allow any such person to examine the
1750 original records in its possession, or microforms or other
1751 suitable reproductions of the records, upon such reasonable
1752 terms as must be imposed to ensure that the records will not be
1753 damaged, destroyed, or altered.

1754 (2) Patient records are confidential and may not be
1755 disclosed without the consent of the patient or his or her legal
1756 representative, but appropriate disclosure may be made without
1757 such consent to:

1758 (a) Licensed facility personnel, attending physicians, or
1759 other health care practitioners and providers currently involved
1760 in the care or treatment of the patient for use only in
1761 connection with the treatment of the patient.

1762 (b) Licensed facility personnel only for administrative
1763 purposes or risk management and quality assurance functions.

1764 (c) The agency, for purposes of health care cost
1765 containment.

1766 (d) In any civil or criminal action, unless otherwise
1767 prohibited by law, upon the issuance of a subpoena from a court
1768 of competent jurisdiction and proper notice by the party seeking
1769 such records to the patient or his or her legal representative.

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(e) The department upon a subpoena issued pursuant to s. 456.071, but the records obtained must be used solely for the purpose of the department and the appropriate regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. If the department requests copies of the records, the licensed facility must charge no more than its actual copying costs, including reasonable staff time. The records must be sealed and must not be available to the public pursuant to s. 119.07(1) or any other statute providing access to records, nor may they be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the department or the appropriate regulatory board. However, the department shall make available, upon written request by a health care practitioner against whom probable cause has been found, any such record that forms the basis of the determination of probable cause.

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

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

(h) If applicable to a licensed facility, a regional poison control center for purposes of treating a poison episode under evaluation, case management of poison cases, or compliance with data collection and reporting requirements of s. 395.1027 and the professional organization that certifies poison control centers in accordance with federal law.

(i) The Department of Children and Families, its agent, or its contracted entity, for the purposes of investigations of or

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1799 services for cases of abuse, neglect, or exploitation of
1800 children or vulnerable adults.

1801 (j) Organ procurement organizations, tissue banks, and eye
1802 banks required to conduct death records reviews pursuant to s.
1803 395.2050.

1804 (3) The Department of Health may examine patient records of
1805 a licensed facility, whether held by the licensed facility or
1806 the agency, for the purpose of epidemiological investigations.
1807 The unauthorized release of information by agents of the
1808 department which would identify an individual patient is a
1809 misdemeanor of the first degree, punishable as provided in s.
1810 775.082 or s. 775.083.

1811 (4) Patient records must contain information required for
1812 completion of birth, death, and fetal death certificates.

1813 (5) (a) If the content of any record of patient treatment is
1814 provided under this section, the recipient, if other than the
1815 patient or the patient's representative, may use such
1816 information only for the purpose provided and may not further
1817 disclose any information to any other person or entity, unless
1818 expressly permitted by the written consent of the patient. A
1819 general authorization for the release of medical information is
1820 not sufficient for this purpose. The content of such patient
1821 treatment record is confidential and exempt from s. 119.07(1)
1822 and s. 24(a), Art. I of the State Constitution.

1823 (b) Absent a specific written release or authorization
1824 permitting utilization of patient information for solicitation
1825 or marketing the sale of goods or services, any use of patient
1826 information for those purposes is prohibited.

1827 (6) A licensed facility may prescribe the content and

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1828 custody of limited-access records that the facility may maintain
1829 on its employees. Such records are limited to information
1830 regarding evaluations of employee performance, including records
1831 forming the basis for evaluation and subsequent actions, and
1832 must be open to inspection only by the employee and by officials
1833 of the licensed facility who are responsible for the supervision
1834 of the employee. The custodian of limited-access employee
1835 records shall release information from such records to other
1836 employers or only upon authorization in writing from the
1837 employee or upon order of a court of competent jurisdiction. Any
1838 licensed facility releasing such records pursuant to this
1839 chapter is considered to be acting in good faith and may not be
1840 held liable for information contained in such records, absent a
1841 showing that the facility maliciously falsified such records.
1842 Such limited-access employee records are exempt from s.
1843 119.07(1) for a period of 5 years from the date such records are
1844 designated limited-access records.

1845 (7) The home addresses, telephone numbers, and photographs
1846 of employees of any licensed facility who provide direct patient
1847 care or security services; the home addresses, telephone
1848 numbers, and places of employment of the spouses and children of
1849 such persons; and the names and locations of schools and day
1850 care facilities attended by the children of such persons are
1851 confidential and exempt from s. 119.07(1) and s. 24(a), Art. I
1852 of the State Constitution. However, any state or federal agency
1853 that is authorized to have access to such information by any
1854 provision of law shall be granted such access in the furtherance
1855 of its statutory duties, notwithstanding this subsection. The
1856 Department of Financial Services, or an agent, employee, or

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1857 independent contractor of the department who is auditing for
1858 unclaimed property pursuant to chapter 717, shall be granted
1859 access to the name, address, and social security number of any
1860 employee owed unclaimed property.

1861 (8) The home addresses, telephone numbers, and photographs
1862 of employees of any licensed facility who have a reasonable
1863 belief, based upon specific circumstances that have been
1864 reported in accordance with the procedure adopted by the
1865 licensed facility, that release of the information may be used
1866 to threaten, intimidate, harass, inflict violence upon, or
1867 defraud the employee or any member of the employee's family; the
1868 home addresses, telephone numbers, and places of employment of
1869 the spouses and children of such persons; and the names and
1870 locations of schools and day care facilities attended by the
1871 children of such persons are confidential and exempt from s.
1872 119.07(1) and s. 24(a), Art. I of the State Constitution.
1873 However, any state or federal agency that is authorized to have
1874 access to such information by any provision of law shall be
1875 granted such access in the furtherance of its statutory duties,
1876 notwithstanding this subsection. The licensed facility shall
1877 maintain the confidentiality of the personal information only if
1878 the employee submits a written request for confidentiality to
1879 the licensed facility.

1880 Section 25. Subsection (3) of section 39.304, Florida
1881 Statutes, is amended to read:

1882 39.304 Photographs, medical examinations, X rays, and
1883 medical treatment of abused, abandoned, or neglected child.—

1884 (3) Any facility licensed under chapter 395 or chapter 396
1885 shall provide to the department, its agent, or a Child

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1886 Protection Team that contracts with the department any
1887 photograph or report on examinations made or X rays taken
1888 pursuant to this section, or copies thereof, for the purpose of
1889 investigation or assessment of cases of abuse, abandonment,
1890 neglect, or exploitation of children.

1891 Section 26. Subsection (4) of section 95.11, Florida
1892 Statutes, is amended to read:

1893 95.11 Limitations other than for the recovery of real
1894 property.—Actions other than for recovery of real property shall
1895 be commenced as follows:

1896 (4) WITHIN THREE YEARS.—An action to collect medical debt
1897 for services rendered by a facility licensed under chapter 395
1898 or chapter 396, provided that the period of limitations shall
1899 run from the date on which the facility refers the medical debt
1900 to a third party for collection.

1901 Section 27. Section 222.26, Florida Statutes, is amended to
1902 read:

1903 222.26 Additional exemptions from legal process concerning
1904 medical debt.—If a debt is owed for medical services provided by
1905 a facility licensed under chapter 395 or chapter 396, the
1906 following property is exempt from attachment, garnishment, or
1907 other legal process in an action on such debt:

1908 (1) A debtor's interest, not to exceed \$10,000 in value, in
1909 a single motor vehicle as defined in s. 320.01(1).

1910 (2) A debtor's interest in personal property, not to exceed
1911 \$10,000 in value, if the debtor does not claim or receive the
1912 benefits of a homestead exemption under s. 4, Art. X of the
1913 State Constitution.

1914 Section 28. Paragraph (d) of subsection (3) of section

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1915 381.00316, Florida Statutes, is amended to read:

1916 381.00316 Discrimination by governmental and business
1917 entities based on health care choices; prohibition.—

1918 (3)

1919 (d) A hospital licensed under chapter 395 or an ambulatory
1920 surgical center licensed under chapter 396 licensed facility as
1921 defined in s. 395.002 may not discriminate in providing health
1922 care to a patient based solely on that patient's vaccination
1923 status with a COVID-19 vaccine.

1924 Section 29. Subsections (1) and (2) of section 381.0035,
1925 Florida Statutes, are amended to read:

1926 381.0035 Educational course on HIV and AIDS; employees and
1927 clients of certain health care facilities.—

1928 (1) The Department of Health shall require all employees
1929 and clients of facilities licensed under chapter 393, chapter
1930 394, or chapter 397 and employees of facilities licensed under
1931 chapter 395 or chapter 396, part II, part III, or part IV of
1932 chapter 400, or part I of chapter 429 to complete a one-time
1933 educational course on the modes of transmission, infection
1934 control procedures, clinical management, and prevention of human
1935 immunodeficiency virus and acquired immune deficiency syndrome
1936 with an emphasis on appropriate behavior and attitude change.
1937 Such instruction shall include information on current Florida
1938 law and its impact on testing, confidentiality of test results,
1939 and treatment of patients and any protocols and procedures
1940 applicable to human immunodeficiency counseling and testing,
1941 reporting, the offering of HIV testing to pregnant women, and
1942 partner notification issues pursuant to ss. 381.004 and 384.25.
1943 An employee who has completed the educational course required in

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1944 this subsection is not required to repeat the course upon
1945 changing employment to a different facility licensed under
1946 chapter 393, chapter 394, chapter 395, chapter 396, chapter 397,
1947 part II, part III, or part IV of chapter 400, or part I of
1948 chapter 429.

1949 (2) Facilities licensed under chapter 393, chapter 394,
1950 chapter 395, chapter 396, or chapter 397, part II, part III, or
1951 part IV of chapter 400, or part I of chapter 429 shall maintain
1952 a record of employees and dates of attendance at human
1953 immunodeficiency virus and acquired immune deficiency syndrome
1954 educational courses.

1955 Section 30. Paragraph (b) of subsection (2) and subsection
1956 (6) of section 381.026, Florida Statutes, are amended to read:

1957 381.026 Florida Patient's Bill of Rights and
1958 Responsibilities.—

1959 (2) DEFINITIONS.—As used in this section and s. 381.0261,
1960 the term:

1961 (b) "Health care facility" means a facility licensed under
1962 chapter 395 or chapter 396.

1963 (6) SUMMARY OF RIGHTS AND RESPONSIBILITIES.—Any health care
1964 provider who treats a patient in an office or any health care
1965 facility licensed under chapter 395 or chapter 396 that provides
1966 emergency services and care or outpatient services and care to a
1967 patient, or admits and treats a patient, shall adopt and make
1968 available to the patient, in writing, a statement of the rights
1969 and responsibilities of patients, including the following:

1970
1971 SUMMARY OF THE FLORIDA PATIENT'S BILL
1972 OF RIGHTS AND RESPONSIBILITIES

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1973

1974 Florida law requires that your health care provider or
1975 health care facility recognize your rights while you are
1976 receiving medical care and that you respect the health care
1977 provider's or health care facility's right to expect certain
1978 behavior on the part of patients. You may request a copy of the
1979 full text of this law from your health care provider or health
1980 care facility. A summary of your rights and responsibilities
1981 follows:

1982 A patient has the right to be treated with courtesy and
1983 respect, with appreciation of his or her individual dignity, and
1984 with protection of his or her need for privacy.

1985 A patient has the right to a prompt and reasonable response
1986 to questions and requests.

1987 A patient has the right to know who is providing medical
1988 services and who is responsible for his or her care.

1989 A patient has the right to know what patient support
1990 services are available, including whether an interpreter is
1991 available if he or she does not speak English.

1992 A patient has the right to bring any person of his or her
1993 choosing to the patient-accessible areas of the health care
1994 facility or provider's office to accompany the patient while the
1995 patient is receiving inpatient or outpatient treatment or is
1996 consulting with his or her health care provider, unless doing so
1997 would risk the safety or health of the patient, other patients,
1998 or staff of the facility or office or cannot be reasonably
1999 accommodated by the facility or provider.

2000 A patient has the right to know what rules and regulations
2001 apply to his or her conduct.

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2002 A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.

2003

2004

2005 A patient has the right to refuse any treatment, except as otherwise provided by law.

2006

2007 A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

2008

2009

2010 A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.

2011

2012

2013

2014 A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

2015

2016 A patient has the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.

2017

2018

2019 A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

2020

2021

2022 A patient has the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

2023

2024

2025 A patient has the right to know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such experimental research.

2026

2027

2028 A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or

2029

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2031 health care facility which served him or her and to the
2032 appropriate state licensing agency.

2033 A patient is responsible for providing to the health care
2034 provider, to the best of his or her knowledge, accurate and
2035 complete information about present complaints, past illnesses,
2036 hospitalizations, medications, and other matters relating to his
2037 or her health.

2038 A patient is responsible for reporting unexpected changes
2039 in his or her condition to the health care provider.

2040 A patient is responsible for reporting to the health care
2041 provider whether he or she comprehends a contemplated course of
2042 action and what is expected of him or her.

2043 A patient is responsible for following the treatment plan
2044 recommended by the health care provider.

2045 A patient is responsible for keeping appointments and, when
2046 he or she is unable to do so for any reason, for notifying the
2047 health care provider or health care facility.

2048 A patient is responsible for his or her actions if he or
2049 she refuses treatment or does not follow the health care
2050 provider's instructions.

2051 A patient is responsible for assuring that the financial
2052 obligations of his or her health care are fulfilled as promptly
2053 as possible.

2054 A patient is responsible for following health care facility
2055 rules and regulations affecting patient care and conduct.

2056 Section 31. Paragraph (f) of subsection (3), paragraph (a)
2057 of subsection (6), and paragraph (b) of subsection (7) of
2058 section 381.028, Florida Statutes, are amended to read:

2059 381.028 Adverse medical incidents.—

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2060 (3) DEFINITIONS.—As used in s. 25, Art. X of the State
2061 Constitution and this act, the term:

(f) "Health care facility" means a facility licensed under chapter 395 or chapter 396.

2064 (6) USE OF RECORDS.—

(a) This section does not repeal or otherwise alter any existing restrictions on the discoverability or admissibility of records relating to adverse medical incidents otherwise provided by law, including, but not limited to, those contained in ss. 395.0191, 395.0193, 395.0197, 396.211, 396.212, 396.213, 766.101, and 766.1016, or repeal or otherwise alter any immunity provided to, or prohibition against compelling testimony by, persons providing information or participating in any peer review panel, medical review committee, hospital committee, or other hospital board otherwise provided by law, including, but not limited to, ss. 395.0191, 395.0193, 396.211, 396.212, 766.101, and 766.1016.

(7) PRODUCTION OF RECORDS.—

(b)1. Using the process provided in s. 395.0197 or s. 396.213, as applicable, the health care facility shall be responsible for identifying records as records of an adverse medical incident, as defined in s. 25, Art. X of the State Constitution.

2. Using the process provided in s. 458.351, the health care provider shall be responsible for identifying records as records of an adverse medical incident, as defined in s. 25, Art. X of the State Constitution, occurring in an office setting.

2088 Section 32. Paragraph (b) of subsection (9) and paragraph

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2089 (d) of subsection (12) of section 381.915, Florida Statutes, is
2090 amended to read:

2091 381.915 Casey DeSantis Cancer Research Program.—

2092 (9)

2093 (b) To be eligible for grant funding under this subsection,
2094 a licensed or certified health care provider, facility, or
2095 entity must meet at least one of the following criteria:

2096 1. Operates as a licensed hospital that has a minimum of 30
2097 percent of its current cancer patients residing in rural or
2098 underserved areas.

2099 2. Operates as a licensed health care clinic or facility
2100 that employs or contracts with at least one physician licensed
2101 under chapter 458 or chapter 459 who is board certified in
2102 oncology and that administers chemotherapy treatments for
2103 cancer.

2104 3. Operates as a licensed facility that employs or
2105 contracts with at least one physician licensed under chapter 458
2106 or chapter 459 who is board certified in oncology and that
2107 administers radiation therapy treatments for cancer.

2108 4. Operates as a licensed health care clinic or facility
2109 that provides cancer screening services at no cost or a minimal
2110 cost to patients.

2111 5. Operates as a rural hospital as defined in s.
2112 395.602(2)(b).

2113 6. Operates as a critical access hospital as defined in s.
2114 408.07(14).

2115 7. Operates as a specialty hospital as defined in s.
2116 395.002(27)(a) ~~s. 395.002(28)(a)~~ which provides cancer treatment
2117 for patients from birth to 18 years of age.

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2118 8. Operates as a licensed hospital that is accredited by
2119 the American College of Surgeons as a Comprehensive Community
2120 Cancer Program or Integrated Network Cancer Program.

2121 9. Engages in biomedical research intended to develop
2122 therapies, medical pharmaceuticals, treatment protocols, or
2123 medical procedures intended to cure cancer or improve the
2124 quality of life of cancer patients.

2125 10. Educates or trains students, postdoctoral fellows, or
2126 licensed or certified health care practitioners in the
2127 screening, diagnosis, or treatment of cancer.

2128 (12)

2129 (d) Applications for incubator funding may be submitted by
2130 any Florida-based specialty hospital as defined in s.
2131 395.002(27)(a) ~~s. 395.002(28)(a)~~ which provides cancer treatment
2132 for patients from birth to 18 years of age. All qualified
2133 applicants must have equal access and opportunity to compete for
2134 research funding. Incubator grants must be recommended by the
2135 collaborative and awarded by the department on the basis of
2136 scientific merit, as determined by a competitively open and
2137 peer-reviewed process to ensure objectivity, consistency, and
2138 high quality.

2139 Section 33. Paragraph (d) of subsection (2) of section
2140 383.145, Florida Statutes, is amended to read:

2141 383.145 Newborn, infant, and toddler hearing screening.—

2142 (2) DEFINITIONS.—As used in this section, the term:

2143 (d) "Hospital" means a facility as defined in s. 395.002 ~~s.~~
2144 395.002(13) and licensed under chapter 395 and part II of
2145 chapter 408.

2146 Section 34. Subsection (1) of section 385.202, Florida

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2147 Statutes, is amended to read:

2148 385.202 Statewide cancer registry.—
2149 (1) Each facility licensed under chapter 395 or chapter 396
2150 and each freestanding radiation therapy center as defined in s.
2151 408.07 shall report to the Department of Health such
2152 information, specified by the department, by rule, which
2153 indicates diagnosis, stage of disease, medical history,
2154 laboratory data, tissue diagnosis, and radiation, surgical, or
2155 other methods of diagnosis or treatment for each cancer
2156 diagnosed or treated by the facility or center. Failure to
2157 comply with this requirement may be cause for registration or
2158 licensure suspension or revocation.

2159 Section 35. Subsection (2) of section 385.211, Florida
2160 Statutes, is amended to read:

2161 385.211 Refractory and intractable epilepsy treatment and
2162 research at recognized medical centers.—

2163 (2) Notwithstanding chapter 893, medical centers recognized
2164 pursuant to s. 381.925, or an academic medical research
2165 institution legally affiliated with a licensed children's
2166 specialty hospital as defined in s. 395.002 which ~~s. 395.002(28)~~
2167 that contracts with the Department of Health, may conduct
2168 research on cannabidiol and low-THC cannabis. This research may
2169 include, but is not limited to, the agricultural development,
2170 production, clinical research, and use of liquid medical
2171 derivatives of cannabidiol and low-THC cannabis for the
2172 treatment for refractory or intractable epilepsy. The authority
2173 for recognized medical centers to conduct this research is
2174 derived from 21 C.F.R. parts 312 and 316. Current state or
2175 privately obtained research funds may be used to support the

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2176 activities described in this section.

2177 Section 36. Subsection (8) of section 390.011, Florida
2178 Statutes, is amended to read:

2179 390.011 Definitions.—As used in this chapter, the term:

2180 (8) "Hospital" means a facility as defined in s. 395.002 ~~s.~~
2181 ~~395.002(12)~~ and licensed under chapter 395 and part II of
2182 chapter 408.

2183 Section 37. Paragraphs (a) and (c) of subsection (4) of
2184 section 390.025, Florida Statutes, are amended to read:

2185 390.025 Abortion referral or counseling agencies;
2186 penalties.—

2187 (4) The following are exempt from the requirement to
2188 register pursuant to subsection (3):

2189 (a) Facilities licensed pursuant to this chapter, chapter
2190 395, chapter 396, chapter 400, or chapter 408;

2191 (c) Health care practitioners, as defined in s. 456.001,
2192 who, in the course of their practice outside of a facility
2193 licensed pursuant to this chapter, chapter 395, chapter 396,
2194 chapter 400, or chapter 408, refer five or fewer patients for
2195 abortions each month.

2196 Section 38. Subsection (7) of section 394.4787, Florida
2197 Statutes, is amended to read:

2198 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788, and
2199 394.4789.—As used in this section and ss. 394.4786, 394.4788,
2200 and 394.4789:

2201 (7) "Specialty psychiatric hospital" means a hospital
2202 licensed by the agency pursuant to s. 395.002 ~~s. 395.002(28)~~ and
2203 part II of chapter 408 as a specialty psychiatric hospital.

2204 Section 39. Section 395.001, Florida Statutes, is amended

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2205 to read:

2206 395.001 Legislative intent.—It is the intent of the
2207 Legislature to provide for the protection of public health and
2208 safety in the establishment, construction, maintenance, and
2209 operation of hospitals ~~and ambulatory surgical centers~~ by
2210 providing for licensure of same and for the development,
2211 establishment, and enforcement of minimum standards with respect
2212 thereto.

2213 Section 40. Subsections (3), (10), (17), (23), and (28) of
2214 section 395.002, Florida Statutes, are amended to read:

2215 395.002 Definitions.—As used in this chapter:

2216 ~~(3) "Ambulatory surgical center" means a facility, the~~
2217 ~~primary purpose of which is to provide elective surgical care,~~
2218 ~~in which the patient is admitted to and discharged from such~~
2219 ~~facility within 24 hours, and which is not part of a hospital.~~
2220 ~~However, a facility existing for the primary purpose of~~
2221 ~~performing terminations of pregnancy, an office maintained by a~~
2222 ~~physician for the practice of medicine, or an office maintained~~
2223 ~~for the practice of dentistry may not be construed to be an~~
2224 ~~ambulatory surgical center, provided that any facility or office~~
2225 ~~which is certified or seeks certification as a Medicare~~
2226 ~~ambulatory surgical center shall be licensed as an ambulatory~~
2227 ~~surgical center pursuant to s. 395.003.~~

2228 ~~(9)~~⁽¹⁰⁾ "General hospital" means any facility which meets
2229 the provisions of subsection ~~(11)~~ ⁽¹²⁾ and which regularly makes
2230 its facilities and services available to the general population.

2231 ~~(16)~~⁽¹⁷⁾ "Licensed facility" means a hospital ~~or ambulatory~~
2232 ~~surgical center~~ licensed in accordance with this chapter.

2233 ~~(22)~~⁽²³⁾ "Premises" means those buildings, beds, and

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2234 equipment located at the address of the licensed facility and
2235 all other buildings, beds, and equipment for the provision of
2236 hospital ~~or ambulatory~~ surgical care located in such reasonable
2237 proximity to the address of the licensed facility as to appear
2238 to the public to be under the dominion and control of the
2239 licensee. For any licensee that is a teaching hospital as
2240 defined in s. 408.07, reasonable proximity includes any
2241 buildings, beds, services, programs, and equipment under the
2242 dominion and control of the licensee that are located at a site
2243 with a main address that is within 1 mile of the main address of
2244 the licensed facility; and all such buildings, beds, and
2245 equipment may, at the request of a licensee or applicant, be
2246 included on the facility license as a single premises.

2247 (27) ~~(28)~~ "Specialty hospital" means any facility which
2248 meets the provisions of subsection (11) ~~(12)~~, and which
2249 regularly makes available either:

2250 (a) The range of medical services offered by general
2251 hospitals but restricted to a defined age or gender group of the
2252 population;

2253 (b) A restricted range of services appropriate to the
2254 diagnosis, care, and treatment of patients with specific
2255 categories of medical or psychiatric illnesses or disorders; or

2256 (c) Intensive residential treatment programs for children
2257 and adolescents as defined in subsection (15) ~~(16)~~.

2258 Section 41. Subsection (1) and paragraph (d) of subsection
2259 (5) of section 395.003, Florida Statutes, are amended to read:

2260 395.003 Licensure; denial, suspension, and revocation.—

2261 (1) (a) The requirements of part II of chapter 408 apply to
2262 the provision of services that require licensure pursuant to ss.

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2263 395.001-395.1065 and part II of chapter 408 and to entities
2264 licensed by or applying for such licensure from the Agency for
2265 Health Care Administration pursuant to ss. 395.001-395.1065. A
2266 license issued by the agency is required in order to operate a
2267 hospital ~~or ambulatory surgical center~~ in this state.

2268 (b) 1. It is unlawful for a person to use or advertise to
2269 the public, in any way or by any medium whatsoever, any facility
2270 as a "hospital" ~~or "ambulatory surgical center"~~ unless such
2271 facility has first secured a license under this chapter part.

2272 2. This part does not apply to veterinary hospitals or to
2273 commercial business establishments using the word "hospital" ~~or~~
2274 ~~"ambulatory surgical center"~~ as a part of a trade name if no
2275 treatment of human beings is performed on the premises of such
2276 establishments.

2277 (5)

2278 (d) A hospital, ~~an ambulatory surgical center~~, a specialty
2279 hospital, or an urgent care center shall comply with ss.
2280 627.64194 and 641.513 as a condition of licensure.

2281 Section 42. Subsections (2), (3), and (9) of section
2282 395.1055, Florida Statutes, are amended to read:

2283 395.1055 Rules and enforcement.—

2284 (2) Separate standards may be provided for general and
2285 specialty hospitals, ~~ambulatory surgical centers~~, and statutory
2286 rural hospitals as defined in s. 395.602.

2287 ~~(3) The agency shall adopt rules that establish minimum
2288 standards for pediatric patient care in ambulatory surgical
2289 centers to ensure the safe and effective delivery of surgical
2290 care to children in ambulatory surgical centers. Such standards
2291 must include quality of care, nurse staffing, physician~~

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2292 ~~staffing, and equipment standards. Ambulatory surgical centers~~
2293 ~~may not provide operative procedures to children under 18 years~~
2294 ~~of age which require a length of stay past midnight until such~~
2295 ~~standards are established by rule.~~

2296 (8) ~~(9)~~ The agency may not adopt any rule governing the
2297 design, construction, erection, alteration, modification,
2298 repair, or demolition of any public or private hospital or,
2299 intermediate residential treatment facility, ~~or ambulatory~~
2300 ~~surgical center~~. It is the intent of the Legislature to preempt
2301 that function to the Florida Building Commission and the State
2302 Fire Marshal through adoption and maintenance of the Florida
2303 Building Code and the Florida Fire Prevention Code. However, the
2304 agency shall provide technical assistance to the commission and
2305 the State Fire Marshal in updating the construction standards of
2306 the Florida Building Code and the Florida Fire Prevention Code
2307 which govern hospitals and, intermediate residential treatment
2308 facilities, ~~and ambulatory surgical centers~~.

2309 Section 43. Subsection (3) of section 395.10973, Florida
2310 Statutes, is amended to read:

2311 395.10973 Powers and duties of the agency.—It is the
2312 function of the agency to:

2313 (3) Enforce the special-occupancy provisions of the Florida
2314 Building Code which apply to hospitals and, intermediate
2315 residential treatment facilities, ~~and ambulatory surgical~~
2316 ~~centers~~ in conducting any inspection authorized by this chapter
2317 and part II of chapter 408.

2318 Section 44. Subsection (8) of section 395.3025, Florida
2319 Statutes, is amended to read:

2320 395.3025 Patient and personnel records; copies;

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2321 examination.—

2322 (8) Patient records at hospitals and ~~ambulatory surgical~~
2323 ~~centers~~ are exempt from disclosure under s. 119.07(1), except as
2324 provided by subsections (1)-(5).2325 Section 45. Subsection (3) of section 395.607, Florida
2326 Statutes, is amended to read:

2327 395.607 Rural emergency hospitals.—

2328 (3) Notwithstanding s. 395.002 ~~s. 395.002(12)~~, a rural
2329 emergency hospital is not required to offer acute inpatient care
2330 or care beyond 24 hours, or to make available treatment
2331 facilities for surgery, obstetrical care, or similar services in
2332 order to be deemed a hospital as long as it maintains its
2333 designation as a rural emergency hospital, and may be required
2334 to make such services available only if it ceases to be
2335 designated as a rural emergency hospital.2336 Section 46. Paragraph (c) of subsection (1) of section
2337 395.701, Florida Statutes, is amended to read:2338 395.701 Annual assessments on net operating revenues for
2339 inpatient and outpatient services to fund public medical
2340 assistance; administrative fines for failure to pay assessments
2341 when due; exemption.—

2342 (1) For the purposes of this section, the term:

2343 (c) "Hospital" means a health care institution as defined
2344 in s. 395.002 ~~s. 395.002(12)~~, but does not include any hospital
2345 operated by a state agency.2346 Section 47. Paragraph (b) of subsection (3) of section
2347 400.518, Florida Statutes, is amended to read:2348 400.518 Prohibited referrals to home health agencies.—
2349 (3)

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

Section 48. Paragraph (h) of subsection (5) of section 400.93, Florida Statutes, is amended to read:

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

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

(h) Hospitals licensed under chapter 395 and ambulatory surgical centers licensed under chapter 396 ~~395~~.

Section 49. Paragraphs (a) through (d) of subsection (4) of section 400.9905, Florida Statutes, are amended to read:

400.9905 Definitions.—

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

(a) Entities licensed or registered by the state under chapter 395 or chapter 396; entities licensed or registered by

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2379 the state and providing only health care services within the
2380 scope of services authorized under their respective licenses
2381 under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397,
2382 this chapter except part X, chapter 429, chapter 463, chapter
2383 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-
2384 stage renal disease providers authorized under 42 C.F.R. part
2385 494; providers certified and providing only health care services
2386 within the scope of services authorized under their respective
2387 certifications under 42 C.F.R. part 485, subpart B, subpart H,
2388 or subpart J; providers certified and providing only health care
2389 services within the scope of services authorized under their
2390 respective certifications under 42 C.F.R. part 486, subpart C;
2391 providers certified and providing only health care services
2392 within the scope of services authorized under their respective
2393 certifications under 42 C.F.R. part 491, subpart A; providers
2394 certified by the Centers for Medicare and Medicaid services
2395 under the federal Clinical Laboratory Improvement Amendments and
2396 the federal rules adopted thereunder; or any entity that
2397 provides neonatal or pediatric hospital-based health care
2398 services or other health care services by licensed practitioners
2399 solely within a hospital licensed under chapter 395.

2400 (b) Entities that own, directly or indirectly, entities
2401 licensed or registered by the state pursuant to chapter 395 or
2402 chapter 396; entities that own, directly or indirectly, entities
2403 licensed or registered by the state and providing only health
2404 care services within the scope of services authorized pursuant
2405 to their respective licenses under ss. 383.30-383.332, chapter
2406 390, chapter 394, chapter 397, this chapter except part X,
2407 chapter 429, chapter 463, chapter 465, chapter 466, chapter 478,

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2408 chapter 484, or chapter 651; end-stage renal disease providers
2409 authorized under 42 C.F.R. part 494; providers certified and
2410 providing only health care services within the scope of services
2411 authorized under their respective certifications under 42 C.F.R.
2412 part 485, subpart B, subpart H, or subpart J; providers
2413 certified and providing only health care services within the
2414 scope of services authorized under their respective
2415 certifications under 42 C.F.R. part 486, subpart C; providers
2416 certified and providing only health care services within the
2417 scope of services authorized under their respective
2418 certifications under 42 C.F.R. part 491, subpart A; providers
2419 certified by the Centers for Medicare and Medicaid services
2420 under the federal Clinical Laboratory Improvement Amendments and
2421 the federal rules adopted thereunder; or any entity that
2422 provides neonatal or pediatric hospital-based health care
2423 services by licensed practitioners solely within a hospital
2424 licensed under chapter 395.

2425 (c) Entities that are owned, directly or indirectly, by an
2426 entity licensed or registered by the state pursuant to chapter
2427 395 or chapter 396; entities that are owned, directly or
2428 indirectly, by an entity licensed or registered by the state and
2429 providing only health care services within the scope of services
2430 authorized pursuant to their respective licenses under ss.
2431 383.30-383.332, chapter 390, chapter 394, chapter 397, this
2432 chapter except part X, chapter 429, chapter 463, chapter 465,
2433 chapter 466, chapter 478, chapter 484, or chapter 651; end-stage
2434 renal disease providers authorized under 42 C.F.R. part 494;
2435 providers certified and providing only health care services
2436 within the scope of services authorized under their respective

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2437 certifications under 42 C.F.R. part 485, subpart B, subpart H,
2438 or subpart J; providers certified and providing only health care
2439 services within the scope of services authorized under their
2440 respective certifications under 42 C.F.R. part 486, subpart C;
2441 providers certified and providing only health care services
2442 within the scope of services authorized under their respective
2443 certifications under 42 C.F.R. part 491, subpart A; providers
2444 certified by the Centers for Medicare and Medicaid services
2445 under the federal Clinical Laboratory Improvement Amendments and
2446 the federal rules adopted thereunder; or any entity that
2447 provides neonatal or pediatric hospital-based health care
2448 services by licensed practitioners solely within a hospital
2449 under chapter 395.

2450 (d) Entities that are under common ownership, directly or
2451 indirectly, with an entity licensed or registered by the state
2452 pursuant to chapter 395 or chapter 396; entities that are under
2453 common ownership, directly or indirectly, with an entity
2454 licensed or registered by the state and providing only health
2455 care services within the scope of services authorized pursuant
2456 to their respective licenses under ss. 383.30-383.332, chapter
2457 390, chapter 394, chapter 397, this chapter except part X,
2458 chapter 429, chapter 463, chapter 465, chapter 466, chapter 478,
2459 chapter 484, or chapter 651; end-stage renal disease providers
2460 authorized under 42 C.F.R. part 494; providers certified and
2461 providing only health care services within the scope of services
2462 authorized under their respective certifications under 42 C.F.R.
2463 part 485, subpart B, subpart H, or subpart J; providers
2464 certified and providing only health care services within the
2465 scope of services authorized under their respective

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2466 certifications under 42 C.F.R. part 486, subpart C; providers
2467 certified and providing only health care services within the
2468 scope of services authorized under their respective
2469 certifications under 42 C.F.R. part 491, subpart A; providers
2470 certified by the Centers for Medicare and Medicaid services
2471 under the federal Clinical Laboratory Improvement Amendments and
2472 the federal rules adopted thereunder; or any entity that
2473 provides neonatal or pediatric hospital-based health care
2474 services by licensed practitioners solely within a hospital
2475 licensed under chapter 395.

2476
2477 Notwithstanding this subsection, an entity shall be deemed a
2478 clinic and must be licensed under this part in order to receive
2479 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.
2480 627.730-627.7405, unless exempted under s. 627.736(5)(h).

2481 Section 50. Paragraph (i) of subsection (1) of section
2482 400.9935, Florida Statutes, is amended to read:

2483 400.9935 Clinic responsibilities.—

2484 (1) Each clinic shall appoint a medical director or clinic
2485 director who shall agree in writing to accept legal
2486 responsibility for the following activities on behalf of the
2487 clinic. The medical director or the clinic director shall:

2488 (i) Ensure that the clinic publishes a schedule of charges
2489 for the medical services offered to patients. The schedule must
2490 include the prices charged to an uninsured person paying for
2491 such services by cash, check, credit card, or debit card. The
2492 schedule may group services by price levels, listing services in
2493 each price level. The schedule must be posted in a conspicuous
2494 place in the reception area of any clinic that is considered an

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2495 urgent care center as defined in s. 395.002 ~~s. 395.002(30) (b)~~
2496 and must include, but is not limited to, the 50 services most
2497 frequently provided by the clinic. The posting may be a sign
2498 that must be at least 15 square feet in size or through an
2499 electronic messaging board that is at least 3 square feet in
2500 size. The failure of a clinic, including a clinic that is
2501 considered an urgent care center, to publish and post a schedule
2502 of charges as required by this section shall result in a fine of
2503 not more than \$1,000, per day, until the schedule is published
2504 and posted.

2505 Section 51. Paragraph (b) of subsection (2) of section
2506 401.272, Florida Statutes, is amended to read:

2507 401.272 Emergency medical services community health care.—

2508 (2) Notwithstanding any other provision of law to the
2509 contrary:

2510 (b) Paramedics and emergency medical technicians shall
2511 operate under the medical direction of a physician through two-
2512 way communication or pursuant to established standing orders or
2513 protocols and within the scope of their training when a patient
2514 is not transported to an emergency department or is transported
2515 to a facility other than a hospital as defined in s. 395.002 ~~s.~~
2516 395.002(12).

2517 Section 52. Subsections (4) and (5) of section 408.051,
2518 Florida Statutes, are amended to read:

2519 408.051 Florida Electronic Health Records Exchange Act.—

2520 (4) EMERGENCY RELEASE OF IDENTIFIABLE HEALTH RECORD.—A
2521 health care provider may release or access an identifiable
2522 health record of a patient without the patient's consent for use
2523 in the treatment of the patient for an emergency medical

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2524 condition, as defined in s. 395.002 ~~s. 395.002(8)~~, when the
2525 health care provider is unable to obtain the patient's consent
2526 or the consent of the patient representative due to the
2527 patient's condition or the nature of the situation requiring
2528 immediate medical attention. A health care provider who in good
2529 faith releases or accesses an identifiable health record of a
2530 patient in any form or medium under this subsection is immune
2531 from civil liability for accessing or releasing an identifiable
2532 health record.

2533 (5) HOSPITAL DATA.—A hospital as defined in s. 395.002 ~~s.~~
2534 ~~395.002(12)~~ which maintains certified electronic health record
2535 technology must make available admission, transfer, and
2536 discharge data to the agency's Florida Health Information
2537 Exchange program for the purpose of supporting public health
2538 data registries and patient care coordination. The agency may
2539 adopt rules to implement this subsection.

2540 Section 53. Subsection (6) of section 408.07, Florida
2541 Statutes, is amended to read:

2542 408.07 Definitions.—As used in this chapter, with the
2543 exception of ss. 408.031-408.045, the term:

2544 (6) "Ambulatory surgical center" means a facility licensed
2545 as an ambulatory surgical center under chapter 396 ~~395~~.

2546 Section 54. Subsection (9) of section 408.802, Florida
2547 Statutes, is amended to read:

2548 408.802 Applicability.—This part applies to the provision
2549 of services that require licensure as defined in this part and
2550 to the following entities licensed, registered, or certified by
2551 the agency, as described in chapters 112, 383, 390, 394, 395,
2552 400, 429, 440, and 765:

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2553 (9) Ambulatory surgical centers, as provided under part I
2554 of chapter 396 395.

2555 Section 55. Subsection (9) of section 408.820, Florida
2556 Statutes, is amended to read:

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

2560 (9) Ambulatory surgical centers, as provided under part I
2561 of chapter 396 ~~395~~, are exempt from s. 408.810(7)-(10).

2562 Section 56. Subsection (8) of section 409.905, Florida
2563 Statutes, is amended to read:

2564 409.905 Mandatory Medicaid services.—The agency may make
2565 payments for the following services, which are required of the
2566 state by Title XIX of the Social Security Act, furnished by
2567 Medicaid providers to recipients who are determined to be
2568 eligible on the dates on which the services were provided. Any
2569 service under this section shall be provided only when medically
2570 necessary and in accordance with state and federal law.

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

2579 (8) NURSING FACILITY SERVICES.—The agency shall pay for 24-
2580 hour-a-day nursing and rehabilitative services for a recipient
2581 in a nursing facility licensed under part II of chapter 400 or

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2582 in a rural hospital, as defined in s. 395.602, or in a Medicare
2583 certified skilled nursing facility operated by a hospital, as
2584 defined in s. 395.002 by s. 395.002(10), that is licensed under
2585 part I of chapter 395, and in accordance with provisions set
2586 forth in s. 409.908(2)(a), which services are ordered by and
2587 provided under the direction of a licensed physician. However,
2588 if a nursing facility has been destroyed or otherwise made
2589 uninhabitable by natural disaster or other emergency and another
2590 nursing facility is not available, the agency must pay for
2591 similar services temporarily in a hospital licensed under part I
2592 of chapter 395 provided federal funding is approved and
2593 available. The agency shall pay only for bed-hold days if the
2594 facility has an occupancy rate of 95 percent or greater. The
2595 agency is authorized to seek any federal waivers to implement
2596 this policy.

2597 Section 57. Subsection (3) of section 409.906, Florida
2598 Statutes, is amended to read:

2599 409.906 Optional Medicaid services.—Subject to specific
2600 appropriations, the agency may make payments for services which
2601 are optional to the state under Title XIX of the Social Security
2602 Act and are furnished by Medicaid providers to recipients who
2603 are determined to be eligible on the dates on which the services
2604 were provided. Any optional service that is provided shall be
2605 provided only when medically necessary and in accordance with
2606 state and federal law. Optional services rendered by providers
2607 in mobile units to Medicaid recipients may be restricted or
2608 prohibited by the agency. Nothing in this section shall be
2609 construed to prevent or limit the agency from adjusting fees,
2610 reimbursement rates, lengths of stay, number of visits, or

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2611 number of services, or making any other adjustments necessary to
2612 comply with the availability of moneys and any limitations or
2613 directions provided for in the General Appropriations Act or
2614 chapter 216. If necessary to safeguard the state's systems of
2615 providing services to elderly and disabled persons and subject
2616 to the notice and review provisions of s. 216.177, the Governor
2617 may direct the Agency for Health Care Administration to amend
2618 the Medicaid state plan to delete the optional Medicaid service
2619 known as "Intermediate Care Facilities for the Developmentally
2620 Disabled." Optional services may include:

2621 (3) AMBULATORY SURGICAL CENTER SERVICES.—The agency may pay
2622 for services provided to a recipient in an ambulatory surgical
2623 center licensed under ~~part I of chapter 396~~ 395, by or under the
2624 direction of a licensed physician or dentist.

2625 Section 58. Paragraph (b) of subsection (1) of section
2626 409.975, Florida Statutes, is amended to read:

2627 409.975 Managed care plan accountability.—In addition to
2628 the requirements of s. 409.967, plans and providers
2629 participating in the managed medical assistance program shall
2630 comply with the requirements of this section.

2631 (1) PROVIDER NETWORKS.—Managed care plans must develop and
2632 maintain provider networks that meet the medical needs of their
2633 enrollees in accordance with standards established pursuant to
2634 s. 409.967(2) (c). Except as provided in this section, managed
2635 care plans may limit the providers in their networks based on
2636 credentials, quality indicators, and price.

2637 (b) Certain providers are statewide resources and essential
2638 providers for all managed care plans in all regions. All managed
2639 care plans must include these essential providers in their

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2640 networks. Statewide essential providers include:

2641 1. Faculty plans of Florida medical schools.

2642 2. Regional perinatal intensive care centers as defined in
2643 s. 383.16(2).

2644 3. Hospitals licensed as specialty children's hospitals as
2645 defined in s. 395.002 ~~s. 395.002(28)~~.

2646 4. Accredited and integrated systems serving medically
2647 complex children which comprise separately licensed, but
2648 commonly owned, health care providers delivering at least the
2649 following services: medical group home, in-home and outpatient
2650 nursing care and therapies, pharmacy services, durable medical
2651 equipment, and Prescribed Pediatric Extended Care.

2652 5. Florida cancer hospitals that meet the criteria in 42
2653 U.S.C. s. 1395ww(d)(1)(B)(v).

2654

2655 Managed care plans that have not contracted with all statewide
2656 essential providers in all regions as of the first date of
2657 recipient enrollment must continue to negotiate in good faith.
2658 Payments to physicians on the faculty of nonparticipating
2659 Florida medical schools shall be made at the applicable Medicaid
2660 rate. Payments for services rendered by regional perinatal
2661 intensive care centers shall be made at the applicable Medicaid
2662 rate as of the first day of the contract between the agency and
2663 the plan. Except for payments for emergency services, payments
2664 to nonparticipating specialty children's hospitals, and payments
2665 to nonparticipating Florida cancer hospitals that meet the
2666 criteria in 42 U.S.C. s. 1395ww(d)(1)(B)(v), shall equal the
2667 highest rate established by contract between that provider and
2668 any other Medicaid managed care plan.

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2669 Section 59. Subsection (7) of section 456.013, Florida
2670 Statutes, is amended to read:

2671 456.013 Department; general licensing provisions.—

2672 (7) The boards, or the department when there is no board,
2673 shall require the completion of a 2-hour course relating to
2674 prevention of medical errors as part of the biennial renewal
2675 process. The 2-hour course counts toward the total number of
2676 continuing education hours required for the profession. The
2677 course must be approved by the board or department, as
2678 appropriate, and must include a study of root-cause analysis,
2679 error reduction and prevention, and patient safety. In addition,
2680 the course approved by the Board of Medicine and the Board of
2681 Osteopathic Medicine must include information relating to the
2682 five most misdiagnosed conditions during the previous biennium,
2683 as determined by the board. If the course is being offered by a
2684 facility licensed under pursuant to chapter 395 or chapter 396
2685 for its employees, the board may approve up to 1 hour of the 2-
2686 hour course to be specifically related to error reduction and
2687 prevention methods used in that facility.

2688 Section 60. Subsection (5) of section 456.0135, Florida
2689 Statutes, is amended to read:

2690 456.0135 General background screening provisions.—

2691 (5) In addition to the offenses listed in s. 435.04, all
2692 persons required to undergo background screening under this
2693 section, other than those licensed under s. 465.022, must not
2694 have an arrest awaiting final disposition for, must not have
2695 been found guilty of, regardless of adjudication, or entered a
2696 plea of nolo contendere or guilty to, and must not have been
2697 adjudicated delinquent and the record not have been sealed or

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2698 expunged for an offense under s. 784.03 or any similar offense
2699 of another jurisdiction relating to battery, if the victim is a
2700 vulnerable adult as defined in s. 415.102 or a patient or
2701 resident of a facility licensed under chapter 395, chapter 396,
2702 chapter 400, or chapter 429.

2703 Section 61. Subsection (5) of section 456.041, Florida
2704 Statutes, is amended to read:

2705 456.041 Practitioner profile; creation.—

2706 (5) The Department of Health shall include the date of a
2707 hospital or ambulatory surgical center disciplinary action taken
2708 by a licensed hospital or an ambulatory surgical center, in
2709 accordance with the requirements of ss. 395.013 and 396.212 s.
2710 395.0193, in the practitioner profile. The department shall
2711 state whether the action related to professional competence and
2712 whether it related to the delivery of services to a patient.

2713 Section 62. Paragraph (n) of subsection (3) of section
2714 456.053, Florida Statutes, is amended to read:

2715 456.053 Financial arrangements between referring health
2716 care providers and providers of health care services.—

2717 (3) DEFINITIONS.—For the purpose of this section, the word,
2718 phrase, or term:

2719 (n) "Referral" means any referral of a patient by a health
2720 care provider for health care services, including, without
2721 limitation:

2722 1. The forwarding of a patient by a health care provider to
2723 another health care provider or to an entity which provides or
2724 supplies designated health services or any other health care
2725 item or service; or

2726 2. The request or establishment of a plan of care by a

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2727 health care provider, which includes the provision of designated
2728 health services or other health care item or service.

2729 3. The following orders, recommendations, or plans of care
2730 do shall not constitute a referral by a health care provider:

2731 a. By a radiologist for diagnostic-imaging services.

2732 b. By a physician specializing in the provision of
2733 radiation therapy services for such services.

2734 c. By a medical oncologist for drugs and solutions to be
2735 prepared and administered intravenously to such oncologist's
2736 patient, as well as for the supplies and equipment used in
2737 connection therewith to treat such patient for cancer and the
2738 complications thereof.

2739 d. By a cardiologist for cardiac catheterization services.

2740 e. By a pathologist for diagnostic clinical laboratory
2741 tests and pathological examination services, if furnished by or
2742 under the supervision of such pathologist pursuant to a
2743 consultation requested by another physician.

2744 f. By a health care provider who is the sole provider or
2745 member of a group practice for designated health services or
2746 other health care items or services that are prescribed or
2747 provided solely for such referring health care provider's or
2748 group practice's own patients, and that are provided or
2749 performed by or under the supervision of such referring health
2750 care provider or group practice if such supervision complies
2751 with all applicable Medicare payment and coverage rules for
2752 services; provided, however, a physician licensed pursuant to
2753 chapter 458, chapter 459, chapter 460, or chapter 461 or an
2754 advanced practice registered nurse registered under s. 464.0123
2755 may refer a patient to a sole provider or group practice for

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2756 diagnostic imaging services, excluding radiation therapy
2757 services, for which the sole provider or group practice billed
2758 both the technical and the professional fee for or on behalf of
2759 the patient, if the referring physician or advanced practice
2760 registered nurse registered under s. 464.0123 has no investment
2761 interest in the practice. The diagnostic imaging service
2762 referred to a group practice or sole provider must be a
2763 diagnostic imaging service normally provided within the scope of
2764 practice to the patients of the group practice or sole provider.
2765 The group practice or sole provider may accept no more than 15
2766 percent of their patients receiving diagnostic imaging services
2767 from outside referrals, excluding radiation therapy services.
2768 However, the 15 percent limitation of this sub-subparagraph and
2769 the requirements of subparagraph (4)(a)2. do not apply to a
2770 group practice entity that owns an accountable care organization
2771 or an entity operating under an advanced alternative payment
2772 model according to federal regulations if such entity provides
2773 diagnostic imaging services and has more than 30,000 patients
2774 enrolled per year.

2775 g. By a health care provider for services provided by an
2776 ambulatory surgical center licensed under chapter 396 395.

2777 h. By a urologist for lithotripsy services.

2778 i. By a dentist for dental services performed by an
2779 employee of or health care provider who is an independent
2780 contractor with the dentist or group practice of which the
2781 dentist is a member.

2782 j. By a physician for infusion therapy services to a
2783 patient of that physician or a member of that physician's group
2784 practice.

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2785 k. By a nephrologist for renal dialysis services and
2786 supplies, except laboratory services.
2787 l. By a health care provider whose principal professional
2788 practice consists of treating patients in their private
2789 residences for services to be rendered in such private
2790 residences, except for services rendered by a home health agency
2791 licensed under chapter 400. For purposes of this sub-
2792 subparagraph, the term "private residences" includes patients'
2793 private homes, independent living centers, and assisted living
2794 facilities, but does not include skilled nursing facilities.

2795 m. By a health care provider for sleep-related testing.

2796 Section 63. Subsection (3) of section 456.056, Florida
2797 Statutes, is amended to read:

2798 456.056 Treatment of Medicare beneficiaries; refusal,
2799 emergencies, consulting physicians.—

2800 (3) If treatment is provided to a beneficiary for an
2801 emergency medical condition as defined in s. 395.002 ~~s.~~
2802 ~~395.002(8)(a)~~, the physician must accept Medicare assignment
2803 provided that the requirement to accept Medicare assignment for
2804 an emergency medical condition does ~~shall~~ not apply to treatment
2805 rendered after the patient is stabilized, or the treatment that
2806 is unrelated to the original emergency medical condition. For
2807 the purpose of this subsection, the term "stabilized" means is
2808 ~~defined to mean~~ with respect to an emergency medical condition,
2809 that no material deterioration of the condition is likely within
2810 reasonable medical probability.

2811 Section 64. Subsection (2) of section 456.0575, Florida
2812 Statutes, is amended to read:

2813 456.0575 Duty to notify patients.—

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(2) Upon request by a patient, before providing nonemergency medical services in a facility licensed under chapter 395 or chapter 396, a health care practitioner shall provide, in writing or by electronic means, a good faith estimate of reasonably anticipated charges to treat the patient's condition at the facility. The health care practitioner shall provide the estimate to the patient within 7 business days after receiving the request and is not required to adjust the estimate for any potential insurance coverage. The health care practitioner shall inform the patient that the patient may contact his or her health insurer or health maintenance organization for additional information concerning cost-sharing responsibilities. The health care practitioner shall provide information to uninsured patients and insured patients for whom the practitioner is not a network provider or preferred provider which discloses the practitioner's financial assistance policy, including the application process, payment plans, discounts, or other available assistance, and the practitioner's charity care policy and collection procedures. Such estimate does not preclude the actual charges from exceeding the estimate. Failure to provide the estimate in accordance with this subsection, without good cause, shall result in disciplinary action against the health care practitioner and a daily fine of \$500 until the estimate is provided to the patient. The total fine may not exceed \$5,000.

Section 65. Paragraph (t) of subsection (1) of section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties; enforcement.—
(1) The following acts shall constitute grounds for which

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2843 the disciplinary actions specified in subsection (2) may be
2844 taken:

2845 (t) Failing to identify through written notice, which may
2846 include the wearing of a name tag, or orally to a patient the
2847 type of license under which the practitioner is practicing. Any
2848 advertisement for health care services naming the practitioner
2849 must identify the type of license the practitioner holds. This
2850 paragraph does not apply to a practitioner while the
2851 practitioner is providing services in a facility licensed under
2852 chapter 394, chapter 395, chapter 396, chapter 400, or chapter
2853 429. Each board, or the department where there is no board, is
2854 authorized by rule to determine how its practitioners may comply
2855 with this disclosure requirement.

2856 Section 66. Paragraph (b) of subsection (12) of section
2857 456.073, Florida Statutes, is amended to read:

2858 456.073 Disciplinary proceedings.—Disciplinary proceedings
2859 for each board shall be within the jurisdiction of the
2860 department.

2861 (12)

2862 (b) No facility licensed under chapter 395 or chapter 396,
2863 health maintenance organization certificated under part I of
2864 chapter 641, physician licensed under chapter 458, or
2865 osteopathic physician licensed under chapter 459 shall
2866 discharge, threaten to discharge, intimidate, or coerce any
2867 employee or staff member by reason of such employee's or staff
2868 member's report to the department about a physician licensed
2869 under chapter 458, chapter 459, chapter 460, chapter 461, or
2870 chapter 466 who may be guilty of incompetence, impairment, or
2871 unprofessional conduct so long as such report is given without

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2872 intentional fraud or malice.

2873 Section 67. Subsection (3) of section 458.3145, Florida
2874 Statutes, is amended to read:

2875 458.3145 Medical faculty certificate.—

2876 (3) The holder of a medical faculty certificate issued
2877 under this section has all rights and responsibilities
2878 prescribed by law for the holder of a license issued under s.
2879 458.311, except as specifically provided otherwise by law. Such
2880 responsibilities include compliance with continuing medical
2881 education requirements as set forth by rule of the board. A
2882 hospital licensed under chapter 395, an or ambulatory surgical
2883 center licensed under chapter 396 ~~395~~, a health maintenance
2884 organization certified under chapter 641, an insurer as defined
2885 in s. 624.03, a multiple-employer welfare arrangement as defined
2886 in s. 624.437, or any other entity in this state, in considering
2887 and acting upon an application for staff membership, clinical
2888 privileges, or other credentials as a health care provider, may
2889 not deny the application of an otherwise qualified physician for
2890 such staff membership, clinical privileges, or other credentials
2891 solely because the applicant is a holder of a medical faculty
2892 certificate under this section.

2893 Section 68. Subsection (2) of section 458.320, Florida
2894 Statutes, is amended to read:

2895 458.320 Financial responsibility.—

2896 (2) Physicians who perform surgery in an ambulatory
2897 surgical center licensed under chapter 396 ~~395~~ and, as a
2898 continuing condition of hospital staff privileges, physicians
2899 who have staff privileges must also establish financial
2900 responsibility by one of the following methods:

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

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

(c) Obtaining and maintaining an unexpired irrevocable letter of credit, established pursuant to chapter 675, in an amount not less than \$250,000 per claim, with a minimum aggregate availability of credit of not less than \$750,000. The letter of credit must be payable to the physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to

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2930 render, medical care and services. The letter of credit may not
2931 be used for litigation costs or attorney attorney's fees for the
2932 defense of any medical malpractice claim. The letter of credit
2933 must be nonassignable and nontransferable. The letter of credit
2934 must be issued by any bank or savings association organized and
2935 existing under the laws of this state or any bank or savings
2936 association organized under the laws of the United States which
2937 has its principal place of business in this state or has a
2938 branch office that is authorized under the laws of this state or
2939 of the United States to receive deposits in this state.

2940
2941 This subsection shall be inclusive of the coverage in subsection
2942 (1).

2943 Section 69. Paragraph (a) of subsection (1) of section
2944 458.3265, Florida Statutes, is amended to read:

2945 458.3265 Pain-management clinics.—

2946 (1) REGISTRATION.—

2947 (a)1. As used in this section, the term:

2948 a. "Board eligible" means successful completion of an
2949 anesthesia, physical medicine and rehabilitation, rheumatology,
2950 or neurology residency program approved by the Accreditation
2951 Council for Graduate Medical Education or the American
2952 Osteopathic Association for a period of 6 years from successful
2953 completion of such residency program.

2954 b. "Chronic nonmalignant pain" means pain unrelated to
2955 cancer which persists beyond the usual course of disease or the
2956 injury that is the cause of the pain or more than 90 days after
2957 surgery.

2958 c. "Pain-management clinic" or "clinic" means any publicly

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2959 or privately owned facility:

2960 (I) That advertises in any medium for any type of pain-
2961 management services; or

2962 (II) Where in any month a majority of patients are
2963 prescribed opioids, benzodiazepines, barbiturates, or
2964 carisoprodol for the treatment of chronic nonmalignant pain.

2965 2. Each pain-management clinic must register with the
2966 department or hold a valid certificate of exemption pursuant to
2967 subsection (2).

2968 3. The following clinics are exempt from the registration
2969 requirement of paragraphs (c)-(m) and must apply to the
2970 department for a certificate of exemption:

2971 a. A clinic licensed as a hospital under facility pursuant
2972 to chapter 395 or an ambulatory surgical center under chapter
2973 396;

2974 b. A clinic in which the majority of the physicians who
2975 provide services in the clinic primarily provide surgical
2976 services;

2977 c. A clinic owned by a publicly held corporation whose
2978 shares are traded on a national exchange or on the over-the-
2979 counter market and whose total assets at the end of the
2980 corporation's most recent fiscal quarter exceeded \$50 million;

2981 d. A clinic affiliated with an accredited medical school at
2982 which training is provided for medical students, residents, or
2983 fellows;

2984 e. A clinic that does not prescribe controlled substances
2985 for the treatment of pain;

2986 f. A clinic owned by a corporate entity exempt from federal
2987 taxation under 26 U.S.C. s. 501(c)(3);

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2988 g. A clinic wholly owned and operated by one or more board-
2989 eligible or board-certified anesthesiologists, physiatrists,
2990 rheumatologists, or neurologists; or

2991 h. A clinic wholly owned and operated by a physician
2992 multispecialty practice where one or more board-eligible or
2993 board-certified medical specialists, who have also completed
2994 fellowships in pain medicine approved by the Accreditation
2995 Council for Graduate Medical Education or who are also board-
2996 certified in pain medicine by the American Board of Pain
2997 Medicine or a board approved by the American Board of Medical
2998 Specialties, the American Board of Physician Specialties, or the
2999 American Osteopathic Association, perform interventional pain
3000 procedures of the type routinely billed using surgical codes.

3001 Section 70. Paragraph (a) of subsection (1) and paragraph
3002 (a) of subsection (2) of section 458.328, Florida Statutes, are
3003 amended to read:

3004 458.328 Office surgeries.—

3005 (1) REGISTRATION.—

3006 (a) 1. An office in which a physician performs a liposuction
3007 procedure in which more than 1,000 cubic centimeters of
3008 supernatant fat is temporarily or permanently removed, a Level
3009 II office surgery, or a Level III office surgery must register
3010 with the department. A facility licensed under chapter 390, or
3011 chapter 395, or chapter 396 may not be registered under this
3012 section.

3013 2. The department must complete an inspection of any office
3014 seeking registration under this section before the office may be
3015 registered.

3016 (2) STANDARDS OF PRACTICE.—

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3017 (a) A physician may not perform any surgery or procedure
3018 identified in paragraph (1)(a) in a setting other than an office
3019 surgery setting registered under this section or a facility
3020 licensed under chapter 390, or chapter 395, or chapter 396, as
3021 applicable. The board shall impose a fine of \$5,000 per incident
3022 on a physician who violates this paragraph.

3023 Section 71. Paragraph (g) of subsection (4) of section
3024 458.347, Florida Statutes, is amended to read:

458.347 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-

3027 (g) A supervisory physician may delegate to a licensed
3028 physician assistant the authority to, and the licensed physician
3029 assistant acting under the direction of the supervisory
3030 physician may, order any medication for administration to the
3031 supervisory physician's patient in a facility licensed under
3032 chapter 395, chapter 396, or part II of chapter 400,
3033 notwithstanding any provisions in chapter 465 or chapter 893
3034 which may prohibit this delegation.

3035 Section 72. Paragraph (f) of subsection (4) of section
3036 458.351, Florida Statutes, is amended to read:

3037 458.351 Reports of adverse incidents in office practice
3038 settings.—

3039 (4) For purposes of notification to the department pursuant
3040 to this section, the term "adverse incident" means an event over
3041 which the physician or licensee could exercise control and which
3042 is associated in whole or in part with a medical intervention,
3043 rather than the condition for which such intervention occurred,
3044 and which results in the following patient injuries:

(f) Any condition that required the transfer of a patient

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3046 to a hospital licensed under chapter 395 from an ambulatory
3047 surgical center licensed under chapter 396 ~~395~~ or any facility
3048 or any office maintained by a physician for the practice of
3049 medicine which is not licensed under chapter 395.

3050 Section 73. Subsection (2) of section 459.0085, Florida
3051 Statutes, is amended to read:

3052 459.0085 Financial responsibility.—

3053 (2) Osteopathic physicians who perform surgery in an
3054 ambulatory surgical center licensed under chapter 396 ~~395~~ and,
3055 as a continuing condition of hospital staff privileges,
3056 osteopathic physicians who have staff privileges must also
3057 establish financial responsibility by one of the following
3058 methods:

3059 (a) Establishing and maintaining an escrow account
3060 consisting of cash or assets eligible for deposit in accordance
3061 with s. 625.52 in the per-claim amounts specified in paragraph
3062 (b). The required escrow amount set forth in this paragraph may
3063 not be used for litigation costs or attorney attorney's fees for
3064 the defense of any medical malpractice claim.

3065 (b) Obtaining and maintaining professional liability
3066 coverage in an amount not less than \$250,000 per claim, with a
3067 minimum annual aggregate of not less than \$750,000 from an
3068 authorized insurer as defined under s. 624.09, from a surplus
3069 lines insurer as defined under s. 626.914(2), from a risk
3070 retention group as defined under s. 627.942, from the Joint
3071 Underwriting Association established under s. 627.351(4),
3072 through a plan of self-insurance as provided in s. 627.357, or
3073 through a plan of self-insurance that meets the conditions
3074 specified for satisfying financial responsibility in s. 766.110.

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3075 The required coverage amount set forth in this paragraph may not
3076 be used for litigation costs or attorney attorney's fees for the
3077 defense of any medical malpractice claim.

3078 (c) Obtaining and maintaining an unexpired, irrevocable
3079 letter of credit, established pursuant to chapter 675, in an
3080 amount not less than \$250,000 per claim, with a minimum
3081 aggregate availability of credit of not less than \$750,000. The
3082 letter of credit must be payable to the osteopathic physician as
3083 beneficiary upon presentment of a final judgment indicating
3084 liability and awarding damages to be paid by the osteopathic
3085 physician or upon presentment of a settlement agreement signed
3086 by all parties to such agreement when such final judgment or
3087 settlement is a result of a claim arising out of the rendering
3088 of, or the failure to render, medical care and services. The
3089 letter of credit may not be used for litigation costs or
3090 attorney attorney's fees for the defense of any medical
3091 malpractice claim. The letter of credit must be nonassignable
3092 and nontransferable. The letter of credit must be issued by any
3093 bank or savings association organized and existing under the
3094 laws of this state or any bank or savings association organized
3095 under the laws of the United States which has its principal
3096 place of business in this state or has a branch office that is
3097 authorized under the laws of this state or of the United States
3098 to receive deposits in this state.

3099
3100 This subsection shall be inclusive of the coverage in subsection
3101 (1).

3102 Section 74. Paragraph (a) of subsection (1) of section
3103 459.0137, Florida Statutes, is amended to read:

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3104 459.0137 Pain-management clinics.—

3105 (1) REGISTRATION.—

3106 (a)1. As used in this section, the term:

3107 a. "Board eligible" means successful completion of an

3108 anesthesia, physical medicine and rehabilitation, rheumatology,

3109 or neurology residency program approved by the Accreditation

3110 Council for Graduate Medical Education or the American

3111 Osteopathic Association for a period of 6 years from successful

3112 completion of such residency program.

3113 b. "Chronic nonmalignant pain" means pain unrelated to

3114 cancer which persists beyond the usual course of disease or the

3115 injury that is the cause of the pain or more than 90 days after

3116 surgery.

3117 c. "Pain-management clinic" or "clinic" means any publicly

3118 or privately owned facility:

3119 (I) That advertises in any medium for any type of pain-

3120 management services; or

3121 (II) Where in any month a majority of patients are

3122 prescribed opioids, benzodiazepines, barbiturates, or

3123 carisoprodol for the treatment of chronic nonmalignant pain.

3124 2. Each pain-management clinic must register with the

3125 department or hold a valid certificate of exemption pursuant to

3126 subsection (2).

3127 3. The following clinics are exempt from the registration

3128 requirement of paragraphs (c)-(m) and must apply to the

3129 department for a certificate of exemption:

3130 a. A clinic licensed as a hospital under facility pursuant

3131 to chapter 395 or an ambulatory surgical center under chapter

3132 396;

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3133 b. A clinic in which the majority of the physicians who
3134 provide services in the clinic primarily provide surgical
3135 services;

3136 c. A clinic owned by a publicly held corporation whose
3137 shares are traded on a national exchange or on the over-the-
3138 counter market and whose total assets at the end of the
3139 corporation's most recent fiscal quarter exceeded \$50 million;

3140 d. A clinic affiliated with an accredited medical school at
3141 which training is provided for medical students, residents, or
3142 fellows;

3143 e. A clinic that does not prescribe controlled substances
3144 for the treatment of pain;

3145 f. A clinic owned by a corporate entity exempt from federal
3146 taxation under 26 U.S.C. s. 501(c)(3);

3147 g. A clinic wholly owned and operated by one or more board-
3148 eligible or board-certified anesthesiologists, physiatrists,
3149 rheumatologists, or neurologists; or

3150 h. A clinic wholly owned and operated by a physician
3151 multispecialty practice where one or more board-eligible or
3152 board-certified medical specialists, who have also completed
3153 fellowships in pain medicine approved by the Accreditation
3154 Council for Graduate Medical Education or the American
3155 Osteopathic Association or who are also board-certified in pain
3156 medicine by the American Board of Pain Medicine or a board
3157 approved by the American Board of Medical Specialties, the
3158 American Board of Physician Specialties, or the American
3159 Osteopathic Association, perform interventional pain procedures
3160 of the type routinely billed using surgical codes.

3161 Section 75. Paragraph (a) of subsection (1) and paragraph

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3162 (a) of subsection (2) of section 459.0138, Florida Statutes, are
3163 amended to read:

3164 459.0138 Office surgeries.—

3165 (1) REGISTRATION.—

3166 (a) 1. An office in which a physician performs a liposuction
3167 procedure in which more than 1,000 cubic centimeters of
3168 supernatant fat is temporarily or permanently removed, a Level
3169 II office surgery, or a Level III office surgery must register
3170 with the department. A facility licensed under chapter 390, or
3171 chapter 395, or chapter 396 may not be registered under this
3172 section.

3173 2. The department must complete an inspection of any office
3174 seeking registration under this section before the office may be
3175 registered.

3176 (2) STANDARDS OF PRACTICE.—

3177 (a) A physician may not perform any surgery or procedure
3178 identified in paragraph (1) (a) in a setting other than an office
3179 surgery setting registered under this section or a facility
3180 licensed under chapter 390, or chapter 395, or chapter 396, as
3181 applicable. The board shall impose a fine of \$5,000 per incident
3182 on a physician who violates this paragraph.

3183 Section 76. Paragraph (11) of subsection (1) and
3184 subsections (7) and (9) of section 459.015, Florida Statutes,
3185 are amended to read:

3186 459.015 Grounds for disciplinary action; action by the
3187 board and department.—

3188 (1) The following acts constitute grounds for denial of a
3189 license or disciplinary action, as specified in s. 456.072(2):

3190 (11) Failing to report to the department any licensee under

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3191 chapter 458 or under this chapter who the osteopathic physician
3192 or physician assistant knows has violated the grounds for
3193 disciplinary action set out in the law under which that person
3194 is licensed and who provides health care services in a facility
3195 licensed under chapter 395 or chapter 396, or a health
3196 maintenance organization certificated under part I of chapter
3197 641, in which the osteopathic physician or physician assistant
3198 also provides services.

3199 (7) Upon the department's receipt from the Agency for
3200 Health Care Administration pursuant to s. 395.0197 or s. 396.213
3201 of the name of an osteopathic physician whose conduct may
3202 constitute grounds for disciplinary action by the department,
3203 the department shall investigate the occurrences upon which the
3204 report was based and determine if action by the department
3205 against the osteopathic physician is warranted.

3206 (9) When an investigation of an osteopathic physician is
3207 undertaken, the department shall promptly furnish to the
3208 osteopathic physician or his or her attorney a copy of the
3209 complaint or document which resulted in the initiation of the
3210 investigation. For purposes of this subsection, such documents
3211 include, but are not limited to: the pertinent portions of an
3212 annual report submitted to the department pursuant to s.
3213 395.0197(6) or s. 396.213(6); a report of an adverse incident
3214 which is provided to the department pursuant to s. 395.0197 or
3215 s. 396.213; a report of peer review disciplinary action
3216 submitted to the department pursuant to s. 395.0193(4), s.
3217 396.212(4), or s. 459.016, provided that the investigations,
3218 proceedings, and records relating to such peer review
3219 disciplinary action shall continue to retain their privileged

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3220 status even as to the licensee who is the subject of the
3221 investigation, as provided by ss. 395.0193(8), 396.212(8), and
3222 459.016(3); a report of a closed claim submitted pursuant to s.
3223 627.912; a presuit notice submitted pursuant to s. 766.106(2);
3224 and a petition brought under the Florida Birth-Related
3225 Neurological Injury Compensation Plan, pursuant to s.
3226 766.305(2). The osteopathic physician may submit a written
3227 response to the information contained in the complaint or
3228 document which resulted in the initiation of the investigation
3229 within 45 days after service to the osteopathic physician of the
3230 complaint or document. The osteopathic physician's written
3231 response shall be considered by the probable cause panel.

3232 Section 77. Paragraph (f) of subsection (4) of section
3233 459.022, Florida Statutes, is amended to read:

3234 459.022 Physician assistants.—

3235 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

3236 (f) A supervisory physician may delegate to a licensed
3237 physician assistant the authority to, and the licensed physician
3238 assistant acting under the direction of the supervisory
3239 physician may, order any medication for administration to the
3240 supervisory physician's patient in a facility licensed under
3241 chapter 395, chapter 396, or part II of chapter 400,
3242 notwithstanding any provisions in chapter 465 or chapter 893
3243 which may prohibit this delegation.

3244 Section 78. Paragraph (f) of subsection (4) of section
3245 459.026, Florida Statutes, is amended to read:

3246 459.026 Reports of adverse incidents in office practice
3247 settings.—

3248 (4) For purposes of notification to the department pursuant

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3249 to this section, the term "adverse incident" means an event over
3250 which the physician or licensee could exercise control and which
3251 is associated in whole or in part with a medical intervention,
3252 rather than the condition for which such intervention occurred,
3253 and which results in the following patient injuries:

3254 (f) Any condition that required the transfer of a patient
3255 to a hospital licensed under chapter 395 from an ambulatory
3256 surgical center licensed under chapter 396 ~~395~~ or any facility
3257 or any office maintained by a physician for the practice of
3258 medicine which is not licensed under chapter 395.

3259 Section 79. Paragraph (ee) of subsection (1) of section
3260 460.413, Florida Statutes, is amended to read:

3261 460.413 Grounds for disciplinary action; action by board or
3262 department.—

3263 (1) The following acts constitute grounds for denial of a
3264 license or disciplinary action, as specified in s. 456.072(2):

3265 (ee) Failing to report to the department any licensee under
3266 chapter 458 or under chapter 459 who the chiropractic physician
3267 or chiropractic physician's assistant knows has violated the
3268 grounds for disciplinary action set out in the law under which
3269 that person is licensed and who provides health care services in
3270 a facility licensed under chapter 395 or chapter 396, or a
3271 health maintenance organization certificated under part I of
3272 chapter 641, in which the chiropractic physician or chiropractic
3273 physician's assistant also provides services.

3274 Section 80. Paragraph (c) of subsection (1) of section
3275 460.4167, Florida Statutes, is amended to read:

3276 460.4167 Proprietorship by persons other than licensed
3277 chiropractic physicians.—

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3278 (1) A person may not employ a chiropractic physician
3279 licensed under this chapter or engage a chiropractic physician
3280 licensed under this chapter as an independent contractor to
3281 provide services that chiropractic physicians are authorized to
3282 offer under this chapter, unless the person is any of the
3283 following:

3284 (c) An entity that is wholly owned, directly or indirectly,
3285 by an entity licensed or registered by the state under chapter
3286 395 or chapter 396.

3287 Section 81. Paragraph (aa) of subsection (1) and paragraph
3288 (b) of subsection (5) of section 461.013, Florida Statutes, are
3289 amended to read:

461.013 Grounds for disciplinary action; action by the
board; investigations by department.—

3292 (1) The following acts constitute grounds for denial of a
3293 license or disciplinary action, as specified in s. 456.072(2):

3294 (aa) Failing to report to the department any licensee under
3295 chapter 458 or chapter 459 who the podiatric physician knows has
3296 violated the grounds for disciplinary action set out in the law
3297 under which that person is licensed and who provides health care
3298 services in a facility licensed under chapter 395 or chapter
3299 396, or a health maintenance organization certificated under
3300 part I of chapter 641, in which the podiatric physician also
3301 provides services.

3302 (5)

3303 (b) Upon the department's receipt from the Agency for
3304 Health Care Administration pursuant to s. 395.0197 or s. 396.213
3305 of the name of the podiatric physician whose conduct may
3306 constitute grounds for disciplinary action by the department,

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3307 the department shall investigate the occurrences upon which the
3308 report was based and determine if action by the department
3309 against the podiatric physician is warranted.

3310 Section 82. Paragraph (e) of subsection (3) of section
3311 464.012, Florida Statutes, is amended to read:

3312 464.012 Licensure of advanced practice registered nurses;
3313 fees; controlled substance prescribing.—

3314 (3) An advanced practice registered nurse shall perform
3315 those functions authorized in this section within the framework
3316 of an established protocol that must be maintained on site at
3317 the location or locations at which an advanced practice
3318 registered nurse practices, unless the advanced practice
3319 registered nurse is registered and practicing under s. 464.0123.
3320 In the case of multiple supervising physicians in the same
3321 group, an advanced practice registered nurse must enter into a
3322 supervisory protocol with at least one physician within the
3323 physician group practice. A practitioner currently licensed
3324 under chapter 458, chapter 459, or chapter 466 shall maintain
3325 supervision for directing the specific course of medical
3326 treatment. Within the established framework, an advanced
3327 practice registered nurse may:

3328 (e) Order any medication for administration to a patient in
3329 a facility licensed under chapter 395, chapter 396, or part II
3330 of chapter 400, notwithstanding any provisions in chapter 465 or
3331 chapter 893.

3332 Section 83. Paragraph (e) of subsection (1) of section
3333 465.0125, Florida Statutes, is amended to read:

3334 465.0125 Consultant pharmacist license; application,
3335 renewal, fees; responsibilities; rules.—

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3336 (1) The department shall issue or renew a consultant
3337 pharmacist license upon receipt of an initial or renewal
3338 application that conforms to the requirements for consultant
3339 pharmacist initial licensure or renewal as adopted by the board
3340 by rule and a fee set by the board not to exceed \$250. To be
3341 licensed as a consultant pharmacist, a pharmacist must complete
3342 additional training as required by the board.

3343 (e) For purposes of this subsection, the term "health care
3344 facility" means a an ambulatory surgical center or hospital
3345 licensed under chapter 395, an ambulatory surgical center
3346 licensed under chapter 396, an alcohol or chemical dependency
3347 treatment center licensed under chapter 397, an inpatient
3348 hospice licensed under part IV of chapter 400, a nursing home
3349 licensed under part II of chapter 400, an ambulatory care center
3350 as defined in s. 408.07, or a nursing home component under
3351 chapter 400 within a continuing care facility licensed under
3352 chapter 651.

3353 Section 84. Paragraph (o) of subsection (1) of section
3354 465.016, Florida Statutes, is amended to read:

465.016 Disciplinary actions.—

3356 (1) The following acts constitute grounds for denial of a
3357 license or disciplinary action, as specified in s. 456.072(2):

3358 (o) Failing to report to the department any licensee under
3359 chapter 458 or under chapter 459 who the pharmacist knows has
3360 violated the grounds for disciplinary action set out in the law
3361 under which that person is licensed and who provides health care
3362 services in a facility licensed under chapter 395 or chapter
3363 396, or a health maintenance organization certificated under
3364 part I of chapter 641, in which the pharmacist also provides

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3365 services. However, a person who the licensee knows is unable to
3366 practice medicine or osteopathic medicine with reasonable skill
3367 and safety to patients by reason of illness or use of alcohol,
3368 drugs, narcotics, chemicals, or any other type of material, or
3369 as a result of a mental or physical condition, may be reported
3370 to a consultant operating an impaired practitioner program as
3371 described in s. 456.076 rather than to the department.

3372 Section 85. Paragraph (hh) of subsection (1) of section
3373 466.028, Florida Statutes, is amended to read:

3374 466.028 Grounds for disciplinary action; action by the
3375 board.—

3376 (1) The following acts constitute grounds for denial of a
3377 license or disciplinary action, as specified in s. 456.072(2):

3378 (hh) Failing to report to the department any licensee under
3379 chapter 458 or chapter 459 who the dentist knows has violated
3380 the grounds for disciplinary action set out in the law under
3381 which that person is licensed and who provides health care
3382 services in a facility licensed under chapter 395 or chapter
3383 396, or a health maintenance organization certificated under
3384 part I of chapter 641, in which the dentist also provides
3385 services.

3386 Section 86. Paragraph (1) of subsection (1) of section
3387 468.505, Florida Statutes, is amended to read:

3388 468.505 Exemptions; exceptions.—

3389 (1) Nothing in this part may be construed as prohibiting or
3390 restricting the practice, services, or activities of:

3391 (1) A person employed by a nursing facility exempt from
3392 licensing under s. 395.002 ~~s. 395.002(12)~~, or a person exempt
3393 from licensing under s. 464.022.

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3394 Section 87. Paragraph (d) of subsection (11) of section
3395 486.021, Florida Statutes, is amended to read:

3396 486.021 Definitions.—As used in this chapter, unless the
3397 context otherwise requires, the term:

3398 (11) "Practice of physical therapy" means the performance
3399 of physical therapy assessments and the treatment of any
3400 disability, injury, disease, or other health condition of human
3401 beings, or the prevention of such disability, injury, disease,
3402 or other health condition, and the rehabilitation of such
3403 disability, injury, disease, or other health condition by
3404 alleviating impairments, functional movement limitations, and
3405 disabilities by designing, implementing, and modifying treatment
3406 interventions through therapeutic exercise; functional movement
3407 training in self-management and in-home, community, or work
3408 integration or reintegration; manual therapy; massage; airway
3409 clearance techniques; maintaining and restoring the
3410 integumentary system and wound care; physical agent or modality;
3411 mechanical or electrotherapeutic modality; patient-related
3412 instruction; the use of apparatus and equipment in the
3413 application of such treatment, prevention, or rehabilitation;
3414 the performance of tests of neuromuscular functions as an aid to
3415 the diagnosis or treatment of any human condition; or the
3416 performance of electromyography as an aid to the diagnosis of
3417 any human condition only upon compliance with the criteria set
3418 forth by the Board of Medicine.

3419 (d) This subsection does not authorize a physical therapist
3420 to implement a plan of treatment for a patient currently being
3421 treated in a facility licensed under pursuant to chapter 395 or
3422 chapter 396.

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3423 Section 88. Subsection (22) of section 499.003, Florida
3424 Statutes, is amended to read:

3425 499.003 Definitions of terms used in this part.—As used in
3426 this part, the term:

3427 (22) "Health care facility" means a health care facility
3428 licensed under chapter 395 or chapter 396.

3429 Section 89. Subsection (5) of section 499.0295, Florida
3430 Statutes, is amended to read:

3431 499.0295 Experimental treatments for terminal conditions.—

3432 (5) A hospital or health care facility licensed under
3433 chapter 395 or chapter 396, as applicable, is not required to
3434 provide new or additional services unless those services are
3435 approved by the hospital or health care facility.

3436 Section 90. Paragraph (c) of subsection (1) of section
3437 553.80, Florida Statutes, is amended to read:

3438 553.80 Enforcement.—

3439 (1) Except as provided in paragraphs (a)-(g), each local
3440 government and each legally constituted enforcement district
3441 with statutory authority shall regulate building construction
3442 and, where authorized in the state agency's enabling
3443 legislation, each state agency shall enforce the Florida
3444 Building Code required by this part on all public or private
3445 buildings, structures, and facilities, unless such
3446 responsibility has been delegated to another unit of government
3447 under s. 553.79(11).

3448 (c) In addition to the requirements of s. 553.79 and this
3449 section, facilities subject to ~~the provisions of~~ chapter 395,
3450 chapter 396, and parts II and VIII of chapter 400 shall have
3451 facility plans reviewed and construction surveyed by the state

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3452 agency authorized to do so under the requirements of chapter 395
3453 and parts II and VIII of chapter 400 and the certification
3454 requirements of the Federal Government. Facilities subject to
3455 the provisions of part IV of chapter 400 may have facility plans
3456 reviewed and shall have construction surveyed by the state
3457 agency authorized to do so under the requirements of part IV of
3458 chapter 400 and the certification requirements of the Federal
3459 Government.

3460
3461 The governing bodies of local governments may provide a schedule
3462 of fees, as authorized by s. 125.56(2) or s. 166.222 and this
3463 section, for the enforcement of the provisions of this part.
3464 Such fees shall be used solely for carrying out the local
3465 government's responsibilities in enforcing the Florida Building
3466 Code. The authority of state enforcing agencies to set fees for
3467 enforcement shall be derived from authority existing on July 1,
3468 1998. However, nothing contained in this subsection shall
3469 operate to limit such agencies from adjusting their fee schedule
3470 in conformance with existing authority.

3471 Section 91. Paragraph (h) of subsection (4) of section
3472 627.351, Florida Statutes, is amended to read:

3473 627.351 Insurance risk apportionment plans.—

3474 (4) MEDICAL MALPRACTICE RISK APPORTIONMENT; ASSOCIATION
3475 CONTRACTS AND PURCHASES.—

3476 (h) As used in this subsection, the term:

3477 1. "Health care provider" means hospitals licensed under
3478 chapter 395; physicians licensed under chapter 458; osteopathic
3479 physicians licensed under chapter 459; podiatric physicians
3480 licensed under chapter 461; dentists licensed under chapter 466;

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3481 chiropractic physicians licensed under chapter 460; naturopaths
3482 licensed under chapter 462; nurses licensed under part I of
3483 chapter 464; midwives licensed under chapter 467; physician
3484 assistants licensed under chapter 458 or chapter 459; physical
3485 therapists and physical therapist assistants licensed under
3486 chapter 486; health maintenance organizations certificated under
3487 part I of chapter 641; ambulatory surgical centers licensed
3488 under chapter 396 ~~395~~; other medical facilities as defined in
3489 subparagraph 2.; blood banks, plasma centers, industrial
3490 clinics, and renal dialysis facilities; or professional
3491 associations, partnerships, corporations, joint ventures, or
3492 other associations for professional activity by health care
3493 providers.

3494 2. "Other medical facility" means a facility the primary
3495 purpose of which is to provide human medical diagnostic services
3496 or a facility providing nonsurgical human medical treatment, to
3497 which facility the patient is admitted and from which facility
3498 the patient is discharged within the same working day, and which
3499 facility is not part of a hospital. However, a facility existing
3500 for the primary purpose of performing terminations of pregnancy
3501 or an office maintained by a physician or dentist for the
3502 practice of medicine may not be construed to be an "other
3503 medical facility."

3504 3. "Health care facility" means any hospital licensed under
3505 chapter 395, health maintenance organization certificated under
3506 part I of chapter 641, ambulatory surgical center licensed under
3507 chapter 396 ~~395~~, or other medical facility as defined in
3508 subparagraph 2.

3509 Section 92. Paragraph (b) of subsection (1) of section

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3510 627.357, Florida Statutes, is amended to read:

3511 627.357 Medical malpractice self-insurance.—

3512 (1) DEFINITIONS.—As used in this section, the term:

3513 (b) "Health care provider" means any:

3514 1. Hospital licensed under chapter 395.

3515 2. Physician licensed, or physician assistant licensed,

3516 under chapter 458.

3517 3. Osteopathic physician or physician assistant licensed

3518 under chapter 459.

3519 4. Podiatric physician licensed under chapter 461.

3520 5. Health maintenance organization certificated under part

3521 I of chapter 641.

3522 6. Ambulatory surgical center licensed under chapter 396

3523 395.

3524 7. Chiropractic physician licensed under chapter 460.

3525 8. Psychologist licensed under chapter 490.

3526 9. Optometrist licensed under chapter 463.

3527 10. Dentist licensed under chapter 466.

3528 11. Pharmacist licensed under chapter 465.

3529 12. Registered nurse, licensed practical nurse, or advanced

3530 practice registered nurse licensed or registered under part I of

3531 chapter 464.

3532 13. Other medical facility.

3533 14. Professional association, partnership, corporation,

3534 joint venture, or other association established by the

3535 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,

3536 10., 11., and 12. for professional activity.

3537 Section 93. Section 627.6056, Florida Statutes, is amended

3538 to read:

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3539 627.6056 Coverage for ambulatory surgical center service.—
3540 An ~~No~~ individual health insurance policy providing coverage on
3541 an expense-incurred basis or individual service or indemnity-
3542 type contract issued by a nonprofit corporation, of any kind or
3543 description, may not ~~shall~~ be issued unless coverage provided
3544 for any service performed in an ambulatory surgical center, as
3545 defined in s. 396.202 ~~s. 395.002~~, is provided if such service
3546 would have been covered under the terms of the policy or
3547 contract as an eligible inpatient service.

3548 Section 94. Paragraph (a) of subsection (2) of section
3549 627.6387, Florida Statutes, is amended to read:

3550 627.6387 Shared savings incentive program.—
3551 (2) As used in this section, the term:
3552 (a) "Health care provider" means a hospital or facility
3553 licensed under chapter 395 or chapter 396; an entity licensed
3554 under chapter 400; a health care practitioner as defined in s.
3555 456.001; a blood bank, plasma center, industrial clinic, or
3556 renal dialysis facility; or a professional association,
3557 partnership, corporation, joint venture, or other association
3558 for professional activity by health care providers. The term
3559 includes entities and professionals outside of this state with
3560 an active, unencumbered license for an equivalent facility or
3561 practitioner type issued by another state, the District of
3562 Columbia, or a possession or territory of the United States.

3563 Section 95. Subsection (3) of section 627.6405, Florida
3564 Statutes, is amended to read:

3565 627.6405 Decreasing inappropriate utilization of emergency
3566 care.—

3567 (3) As a disincentive for insureds to inappropriately use

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3568 emergency department services for nonemergency care, health
3569 insurers may require higher copayments for urgent care or
3570 primary care provided in an emergency department and higher
3571 copayments for use of out-of-network emergency departments.
3572 Higher copayments may not be charged for the utilization of the
3573 emergency department for emergency care. For the purposes of
3574 this section, the term "emergency care" has the same meaning as
3575 the term "emergency services and care" as defined in s. 395.002
3576 ~~s. 395.002(9)~~ and includes services provided to rule out an
3577 emergency medical condition.

3578 Section 96. Paragraph (b) of subsection (1) of section
3579 627.64194, Florida Statutes, is amended to read:

3580 627.64194 Coverage requirements for services provided by
3581 nonparticipating providers; payment collection limitations.—

3582 (1) As used in this section, the term:

3583 (b) "Facility" means a licensed facility as defined in s.
3584 395.002 ~~s. 395.002(17)~~ and an urgent care center as defined in
3585 s. 395.002.

3586 Section 97. Section 627.6616, Florida Statutes, is amended
3587 to read:

3588 627.6616 Coverage for ambulatory surgical center service.—A
3589 ~~No~~ group health insurance policy providing coverage on an
3590 expense-incurred basis, or group service or indemnity-type
3591 contract issued by a nonprofit corporation, or self-insured
3592 group health benefit plan or trust, of any kind or description,
3593 may not ~~shall~~ be issued unless coverage provided for any service
3594 performed in an ambulatory surgical center, as defined in s.
3595 396.202 ~~s. 395.002~~, is provided if such service would have been
3596 covered under the terms of the policy or contract as an eligible

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3597 inpatient service.

3598 Section 98. Paragraph (a) of subsection (2) of section
3599 627.6648, Florida Statutes, is amended to read:

3600 627.6648 Shared savings incentive program.—

3601 (2) As used in this section, the term:

3602 (a) "Health care provider" means a hospital or facility
3603 licensed under chapter 395 or chapter 396; an entity licensed
3604 under chapter 400; a health care practitioner as defined in s.
3605 456.001; a blood bank, plasma center, industrial clinic, or
3606 renal dialysis facility; or a professional association,
3607 partnership, corporation, joint venture, or other association
3608 for professional activity by health care providers. The term
3609 includes entities and professionals outside this state with an
3610 active, unencumbered license for an equivalent facility or
3611 practitioner type issued by another state, the District of
3612 Columbia, or a possession or territory of the United States.

3613 Section 99. Paragraph (a) of subsection (1) of section
3614 627.736, Florida Statutes, is amended to read:

3615 627.736 Required personal injury protection benefits;
3616 exclusions; priority; claims.—

3617 (1) REQUIRED BENEFITS.—An insurance policy complying with
3618 the security requirements of s. 627.733 must provide personal
3619 injury protection to the named insured, relatives residing in
3620 the same household unless excluded under s. 627.747, persons
3621 operating the insured motor vehicle, passengers in the motor
3622 vehicle, and other persons struck by the motor vehicle and
3623 suffering bodily injury while not an occupant of a self-
3624 propelled vehicle, subject to subsection (2) and paragraph
3625 (4)(e), to a limit of \$10,000 in medical and disability benefits

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3626 and \$5,000 in death benefits resulting from bodily injury,
3627 sickness, disease, or death arising out of the ownership,
3628 maintenance, or use of a motor vehicle as follows:

3629 (a) *Medical benefits.*—Eighty percent of all reasonable
3630 expenses for medically necessary medical, surgical, X-ray,
3631 dental, and rehabilitative services, including prosthetic
3632 devices and medically necessary ambulance, hospital, and nursing
3633 services if the individual receives initial services and care
3634 pursuant to subparagraph 1. within 14 days after the motor
3635 vehicle accident. The medical benefits provide reimbursement
3636 only for:

3637 1. Initial services and care that are lawfully provided,
3638 supervised, ordered, or prescribed by a physician licensed under
3639 chapter 458 or chapter 459, a dentist licensed under chapter
3640 466, a chiropractic physician licensed under chapter 460, or an
3641 advanced practice registered nurse registered under s. 464.0123
3642 or that are provided in a hospital or in a facility that owns,
3643 or is wholly owned by, a hospital. Initial services and care may
3644 also be provided by a person or entity licensed under part III
3645 of chapter 401 which provides emergency transportation and
3646 treatment.

3647 2. Upon referral by a provider described in subparagraph
3648 1., follow-up services and care consistent with the
3649 underlying medical diagnosis rendered pursuant to subparagraph
3650 1. which may be provided, supervised, ordered, or prescribed
3651 only by a physician licensed under chapter 458 or chapter 459, a
3652 chiropractic physician licensed under chapter 460, a dentist
3653 licensed under chapter 466, or an advanced practice registered
3654 nurse registered under s. 464.0123, or, to the extent permitted

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3655 by applicable law and under the supervision of such physician,
3656 osteopathic physician, chiropractic physician, or dentist, by a
3657 physician assistant licensed under chapter 458 or chapter 459 or
3658 an advanced practice registered nurse licensed under chapter
3659 464. Follow-up ~~Followup~~ services and care may also be provided
3660 by the following persons or entities:

3661 a. A hospital licensed under chapter 395 or an ambulatory
3662 surgical center licensed under chapter 396 ~~395~~.

3663 b. An entity wholly owned by one or more physicians
3664 licensed under chapter 458 or chapter 459, chiropractic
3665 physicians licensed under chapter 460, advanced practice
3666 registered nurses registered under s. 464.0123, or dentists
3667 licensed under chapter 466 or by such practitioners and the
3668 spouse, parent, child, or sibling of such practitioners.

3669 c. An entity that owns or is wholly owned, directly or
3670 indirectly, by a hospital or hospitals.

3671 d. A physical therapist licensed under chapter 486, based
3672 upon a referral by a provider described in this subparagraph.

3673 e. A health care clinic licensed under part X of chapter
3674 400 which is accredited by an accrediting organization whose
3675 standards incorporate comparable regulations required by this
3676 state, or

3677 (I) Has a medical director licensed under chapter 458,
3678 chapter 459, or chapter 460;

3679 (II) Has been continuously licensed for more than 3 years
3680 or is a publicly traded corporation that issues securities
3681 traded on an exchange registered with the United States
3682 Securities and Exchange Commission as a national securities
3683 exchange; and

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3684 (III) Provides at least four of the following medical
3685 specialties:

(A) General medicine.

(B) Radiography.

(C) Orthopedic medicine.

(D) Physical medicine.

(E) Physical therapy.

(F) Physical rehabilitation.

(G) Prescribing or dispensing outpatient prescription medication.

(H) Laboratory services.

3. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. up to \$10,000 if a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, a physician assistant licensed under chapter 458 or chapter 459, or an advanced practice registered nurse licensed under chapter 464 has determined that the injured person had an emergency medical condition.

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

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

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3713 6. The Financial Services Commission shall adopt by rule
3714 the form that must be used by an insurer and a health care
3715 provider specified in sub-subparagraph 2.b., sub-subparagraph
3716 2.c., or sub-subparagraph 2.e. to document that the health care
3717 provider meets the criteria of this paragraph. Such rule must
3718 include a requirement for a sworn statement or affidavit.

3719
3720 Only insurers writing motor vehicle liability insurance in this
3721 state may provide the required benefits of this section, and
3722 such insurer may not require the purchase of any other motor
3723 vehicle coverage other than the purchase of property damage
3724 liability coverage as required by s. 627.7275 as a condition for
3725 providing such benefits. Insurers may not require that property
3726 damage liability insurance in an amount greater than \$10,000 be
3727 purchased in conjunction with personal injury protection. Such
3728 insurers shall make benefits and required property damage
3729 liability insurance coverage available through normal marketing
3730 channels. An insurer writing motor vehicle liability insurance
3731 in this state who fails to comply with such availability
3732 requirement as a general business practice violates part IX of
3733 chapter 626, and such violation constitutes an unfair method of
3734 competition or an unfair or deceptive act or practice involving
3735 the business of insurance. An insurer committing such violation
3736 is subject to the penalties provided under that part, as well as
3737 those provided elsewhere in the insurance code.

3738 Section 100. Paragraph (a) of subsection (1) of section
3739 627.912, Florida Statutes, is amended to read:

3740 627.912 Professional liability claims and actions; reports
3741 by insurers and health care providers; annual report by office.—

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(1) (a) Each self-insurer authorized under s. 627.357 and each commercial self-insurance fund authorized under s. 624.462, authorized insurer, surplus lines insurer, risk retention group, and joint underwriting association providing professional liability insurance to a practitioner of medicine licensed under chapter 458, to a practitioner of osteopathic medicine licensed under chapter 459, to a podiatric physician licensed under chapter 461, to a dentist licensed under chapter 466, to a hospital licensed under chapter 395, to a crisis stabilization unit licensed under part IV of chapter 394, to a health maintenance organization certificated under part I of chapter 641, to clinics included in chapter 390, or to an ambulatory surgical center as defined in s. 396.202 ~~s. 395.002~~, and each insurer providing professional liability insurance to a member of The Florida Bar shall report to the office as set forth in paragraph (c) any written claim or action for damages for personal injuries claimed to have been caused by error, omission, or negligence in the performance of such insured's professional services or based on a claimed performance of professional services without consent.

3762 Section 101. Paragraph (a) of subsection (2) of section
3763 641.31076, Florida Statutes, is amended to read:

641.31076 Shared savings incentive program.—

(2) As used in this section, the term:

3766 (a) "Health care provider" means a hospital or facility
3767 licensed under chapter 395 or chapter 396; an entity licensed
3768 under chapter 400; a health care practitioner as defined in s.
3769 456.001; a blood bank, plasma center, industrial clinic, or
3770 renal dialysis facility; or a professional association,

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3771 partnership, corporation, joint venture, or other association
3772 for professional activity by health care providers. The term
3773 includes entities and professionals outside this state with an
3774 active, unencumbered license for an equivalent facility or
3775 practitioner type issued by another state, the District of
3776 Columbia, or a possession or territory of the United States.

3777 Section 102. Subsection (2) of section 765.101, Florida
3778 Statutes, is amended to read:

3779 765.101 Definitions.—As used in this chapter, the term:

3780 (2) "Attending physician" means the physician who has
3781 primary responsibility for the treatment and care of the patient
3782 while the patient receives such treatment or care in a hospital
3783 as defined in s. 395.002 ~~s. 395.002(12)~~.

3784 Section 103. Paragraph (a) of subsection (1) of section
3785 766.101, Florida Statutes, is amended to read:

3786 766.101 Medical review committee, immunity from liability.—

3787 (1) As used in this section:

3788 (a) The term "medical review committee" or "committee"
3789 means:

3790 1.a. A committee of a hospital licensed under chapter 395
3791 or an ambulatory surgical center licensed under chapter 396 ~~395~~
3792 or a health maintenance organization certificated under part I
3793 of chapter 641;

3794 b. A committee of a physician-hospital organization, a
3795 provider-sponsored organization, or an integrated delivery
3796 system;

3797 c. A committee of a state or local professional society of
3798 health care providers;

3799 d. A committee of a medical staff of a licensed hospital or

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3800 nursing home, provided the medical staff operates pursuant to
3801 written bylaws that have been approved by the governing board of
3802 the hospital or nursing home;

3803 e. A committee of the Department of Corrections or the
3804 Correctional Medical Authority as created under s. 945.602, or
3805 employees, agents, or consultants of either the department or
3806 the authority or both;

3807 f. A committee of a professional service corporation formed
3808 under chapter 621 or a corporation organized under part I of
3809 chapter 607 or chapter 617, which is formed and operated for the
3810 practice of medicine as defined in s. 458.305(3), and which has
3811 at least 25 health care providers who routinely provide health
3812 care services directly to patients;

3813 g. A committee of the Department of Children and Families
3814 which includes employees, agents, or consultants to the
3815 department as deemed necessary to provide peer review,
3816 utilization review, and mortality review of treatment services
3817 provided pursuant to chapters 394, 397, and 916;

3818 h. A committee of a mental health treatment facility
3819 licensed under chapter 394 or a community mental health center
3820 as defined in s. 394.907, provided the quality assurance program
3821 operates pursuant to the guidelines that have been approved by
3822 the governing board of the agency;

3823 i. A committee of a substance abuse treatment and education
3824 prevention program licensed under chapter 397 provided the
3825 quality assurance program operates pursuant to the guidelines
3826 that have been approved by the governing board of the agency;

3827 j. A peer review or utilization review committee organized
3828 under chapter 440;

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3829 k. A committee of the Department of Health, a county health
3830 department, healthy start coalition, or certified rural health
3831 network, when reviewing quality of care, or employees of these
3832 entities when reviewing mortality records; or

3833 1. A continuous quality improvement committee of a pharmacy
3834 licensed pursuant to chapter 465,

3835
3836 which committee is formed to evaluate and improve the quality of
3837 health care rendered by providers of health service, to
3838 determine that health services rendered were professionally
3839 indicated or were performed in compliance with the applicable
3840 standard of care, or that the cost of health care rendered was
3841 considered reasonable by the providers of professional health
3842 services in the area; or

3843 2. A committee of an insurer, self-insurer, or joint
3844 underwriting association of medical malpractice insurance, or
3845 other persons conducting review under s. 766.106.

3846 Section 104. Paragraph (a) of subsection (1) and subsection
3847 (4) of section 766.1016, Florida Statutes, are amended to read:

3848 766.1016 Patient safety data privilege.—

3849 (1) As used in this section, the term:

3850 (a) "Patient safety data" means reports made to patient
3851 safety organizations, including all health care data,
3852 interviews, memoranda, analyses, root cause analyses, products
3853 of quality assurance or quality improvement processes,
3854 corrective action plans, or information collected or created by
3855 a health care facility licensed under chapter 395 or chapter
3856 396, or a health care practitioner as defined in s. 456.001(4),
3857 as a result of an occurrence related to the provision of health

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3858 care services which exacerbates an existing medical condition or
3859 could result in injury, illness, or death.

3860 (4) The exchange of patient safety data among health care
3861 facilities licensed under chapter 395 or chapter 396, or health
3862 care practitioners as defined in s. 456.001(4), or patient
3863 safety organizations which does not identify any patient shall
3864 not constitute a waiver of any privilege established in this
3865 section.

3866 Section 105. Paragraph (d) of subsection (2) of section
3867 766.106, Florida Statutes, is amended to read:

3868 766.106 Notice before filing action for medical negligence;
3869 presuit screening period; offers for admission of liability and
3870 for arbitration; informal discovery; review.—

3871 (2) PRESUIT NOTICE.—

3872 (d) Following the initiation of a suit alleging medical
3873 negligence with a court of competent jurisdiction, and service
3874 of the complaint upon a prospective defendant, the claimant
3875 shall provide a copy of the complaint to the Department of
3876 Health and, if the complaint involves a facility licensed under
3877 chapter 395, the Agency for Health Care Administration. The
3878 requirement of providing the complaint to the Department of
3879 Health or the Agency for Health Care Administration does not
3880 impair the claimant's legal rights or ability to seek relief for
3881 his or her claim. The Department of Health or the Agency for
3882 Health Care Administration shall review each incident that is
3883 the subject of the complaint and determine whether it involved
3884 conduct by a licensee which is potentially subject to
3885 disciplinary action, in which case, for a licensed health care
3886 practitioner, s. 456.073 applies and, for a licensed facility,

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3887 part I of chapter 395 applies, and for a licensed ambulatory
3888 surgical center, chapter 396 applies.

3889 Section 106. Subsection (3) of section 766.110, Florida
3890 Statutes, is amended to read:

3891 766.110 Liability of health care facilities.—

3892 (3) In order to ensure comprehensive risk management for
3893 diagnosis of disease, a health care facility, including a
3894 hospital as defined in s. 395.002 or an ambulatory surgical
3895 center, as defined in s. 396.202 chapter 395, may use scientific
3896 diagnostic disease methodologies that use information regarding
3897 specific diseases in health care facilities and that are adopted
3898 by the facility's medical review committee.

3899 Section 107. Paragraph (d) of subsection (3) of section
3900 766.1115, Florida Statutes, is amended to read:

3901 766.1115 Health care providers; creation of agency
3902 relationship with governmental contractors.—

3903 (3) DEFINITIONS.—As used in this section, the term:

3904 (d) "Health care provider" or "provider" means:

3905 1. A birth center licensed under chapter 383.
3906 2. An ambulatory surgical center licensed under chapter 396
3907 395.

3908 3. A hospital licensed under chapter 395.

3909 4. A physician or physician assistant licensed under
3910 chapter 458.

3911 5. An osteopathic physician or osteopathic physician
3912 assistant licensed under chapter 459.

3913 6. A chiropractic physician licensed under chapter 460.

3914 7. A podiatric physician licensed under chapter 461.

3915 8. A registered nurse, nurse midwife, licensed practical

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3916 nurse, or advanced practice registered nurse licensed or
3917 registered under part I of chapter 464 or any facility which
3918 employs nurses licensed or registered under part I of chapter
3919 464 to supply all or part of the care delivered under this
3920 section.

3921 9. A midwife licensed under chapter 467.

3922 10. A health maintenance organization certificated under
3923 part I of chapter 641.

3924 11. A health care professional association and its
3925 employees or a corporate medical group and its employees.

3926 12. Any other medical facility the primary purpose of which
3927 is to deliver human medical diagnostic services or which
3928 delivers nonsurgical human medical treatment, and which includes
3929 an office maintained by a provider.

3930 13. A dentist or dental hygienist licensed under chapter
3931 466.

3932 14. A free clinic that delivers only medical diagnostic
3933 services or nonsurgical medical treatment free of charge to all
3934 low-income recipients.

3935 15. Any other health care professional, practitioner,
3936 provider, or facility under contract with a governmental
3937 contractor, including a student enrolled in an accredited
3938 program that prepares the student for licensure as any one of
3939 the professionals listed in subparagraphs 4.-9.

3940
3941 The term includes any nonprofit corporation qualified as exempt
3942 from federal income taxation under s. 501(a) of the Internal
3943 Revenue Code, and described in s. 501(c) of the Internal Revenue
3944 Code, which delivers health care services provided by licensed

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3945 professionals listed in this paragraph, any federally funded
3946 community health center, and any volunteer corporation or
3947 volunteer health care provider that delivers health care
3948 services.

3949 Section 108. Subsection (4) and paragraph (b) of subsection
3950 (6) of section 766.118, Florida Statutes, are amended to read:

3951 766.118 Determination of noneconomic damages.—

3952 (4) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF
3953 PRACTITIONERS PROVIDING EMERGENCY SERVICES AND CARE.—
3954 Notwithstanding subsections (2) and (3), with respect to a cause
3955 of action for personal injury or wrongful death arising from
3956 medical negligence of practitioners providing emergency services
3957 and care, as defined in s. 395.002 ~~s. 395.002(9)~~, or providing
3958 services as provided in s. 401.265, or providing services
3959 pursuant to obligations imposed by 42 U.S.C. s. 1395dd to
3960 persons with whom the practitioner does not have a then-existing
3961 health care patient-practitioner relationship for that medical
3962 condition:

3963 (a) Regardless of the number of such practitioner
3964 defendants, noneconomic damages may ~~shall~~ not exceed \$150,000
3965 per claimant.

3966 (b) Notwithstanding paragraph (a), the total noneconomic
3967 damages recoverable by all claimants from all such practitioners
3968 may ~~shall~~ not exceed \$300,000.

3969
3970 The limitation provided by this subsection applies only to
3971 noneconomic damages awarded as a result of any act or omission
3972 of providing medical care or treatment, including diagnosis that
3973 occurs prior to the time the patient is stabilized and is

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3974 capable of receiving medical treatment as a nonemergency
3975 patient, unless surgery is required as a result of the emergency
3976 within a reasonable time after the patient is stabilized, in
3977 which case the limitation provided by this subsection applies to
3978 any act or omission of providing medical care or treatment which
3979 occurs prior to the stabilization of the patient following the
3980 surgery.

3981 (6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF A
3982 PRACTITIONER PROVIDING SERVICES AND CARE TO A MEDICAID
3983 RECIPIENT.—Notwithstanding subsections (2), (3), and (5), with
3984 respect to a cause of action for personal injury or wrongful
3985 death arising from medical negligence of a practitioner
3986 committed in the course of providing medical services and
3987 medical care to a Medicaid recipient, regardless of the number
3988 of such practitioner defendants providing the services and care,
3989 noneconomic damages may not exceed \$300,000 per claimant, unless
3990 the claimant pleads and proves, by clear and convincing
3991 evidence, that the practitioner acted in a wrongful manner. A
3992 practitioner providing medical services and medical care to a
3993 Medicaid recipient is not liable for more than \$200,000 in
3994 noneconomic damages, regardless of the number of claimants,
3995 unless the claimant pleads and proves, by clear and convincing
3996 evidence, that the practitioner acted in a wrongful manner. The
3997 fact that a claimant proves that a practitioner acted in a
3998 wrongful manner does not preclude the application of the
3999 limitation on noneconomic damages prescribed elsewhere in this
4000 section. For purposes of this subsection:

4001 (b) The term "practitioner," in addition to the meaning
4002 prescribed in subsection (1), includes a ~~any~~ hospital ~~or~~

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4003 ~~ambulatory surgical center~~ as defined and licensed under chapter
4004 395 or an ambulatory surgical center as defined and licensed
4005 under chapter 396.

4006 Section 109. Subsection (4) of section 766.202, Florida
4007 Statutes, is amended to read:

4008 766.202 Definitions; ss. 766.201-766.212.—As used in ss.
4009 766.201-766.212, the term:

4010 (4) "Health care provider" means a ~~any~~ hospital ~~or~~
4011 ~~ambulatory surgical center~~ as defined and licensed under chapter
4012 395; an ambulatory surgical center as defined and licensed under
4013 chapter 396; a birth center licensed under chapter 383; any
4014 person licensed under chapter 458, chapter 459, chapter 460,
4015 chapter 461, chapter 462, chapter 463, part I of chapter 464,
4016 chapter 466, chapter 467, part XIV of chapter 468, or chapter
4017 486; a health maintenance organization certificated under part I
4018 of chapter 641; a blood bank; a plasma center; an industrial
4019 clinic; a renal dialysis facility; or a professional association
4020 partnership, corporation, joint venture, or other association
4021 for professional activity by health care providers.

4022 Section 110. Section 766.316, Florida Statutes, is amended
4023 to read:

4024 766.316 Notice to obstetrical patients of participation in
4025 the plan.—Each hospital with a participating physician on its
4026 staff and each participating physician, other than residents,
4027 assistant residents, and interns deemed to be participating
4028 physicians under s. 766.314(4)(c), under the Florida Birth-
4029 Related Neurological Injury Compensation Plan shall provide
4030 notice to the obstetrical patients as to the limited no-fault
4031 alternative for birth-related neurological injuries. Such notice

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4032 shall be provided on forms furnished by the association and
4033 shall include a clear and concise explanation of a patient's
4034 rights and limitations under the plan. The hospital or the
4035 participating physician may elect to have the patient sign a
4036 form acknowledging receipt of the notice form. Signature of the
4037 patient acknowledging receipt of the notice form raises a
4038 rebuttable presumption that the notice requirements of this
4039 section have been met. Notice need not be given to a patient
4040 when the patient has an emergency medical condition as defined
4041 in s. 395.002 ~~s. 395.002(8)(b)~~ or when notice is not
4042 practicable.

4043 Section 111. Subsections (1), (2), (5), (6), and (8) of
4044 section 790.338, Florida Statutes, are amended to read:

4045 790.338 Medical privacy concerning firearms; prohibitions;
4046 penalties; exceptions.—

4047 (1) A health care practitioner licensed under chapter 456
4048 or a health care facility licensed under chapter 395 or chapter
4049 396 may not intentionally enter any disclosed information
4050 concerning firearm ownership into the patient's medical record
4051 if the practitioner knows that such information is not relevant
4052 to the patient's medical care or safety, or the safety of
4053 others.

4054 (2) A health care practitioner licensed under chapter 456
4055 or a health care facility licensed under chapter 395 or chapter
4056 396 shall respect a patient's right to privacy and should
4057 refrain from making a written inquiry or asking questions
4058 concerning the ownership of a firearm or ammunition by the
4059 patient or by a family member of the patient, or the presence of
4060 a firearm in a private home or other domicile of the patient or

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4061 a family member of the patient. Notwithstanding this provision,
4062 a health care practitioner or health care facility that in good
4063 faith believes that this information is relevant to the
4064 patient's medical care or safety, or the safety of others, may
4065 make such a verbal or written inquiry.

4066 (5) A health care practitioner licensed under chapter 456
4067 or a health care facility licensed under chapter 395 or chapter
4068 396 may not discriminate against a patient based solely upon the
4069 patient's exercise of the constitutional right to own and
4070 possess firearms or ammunition.

4071 (6) A health care practitioner licensed under chapter 456
4072 or a health care facility licensed under chapter 395 or chapter
4073 396 shall respect a patient's legal right to own or possess a
4074 firearm and should refrain from unnecessarily harassing a
4075 patient about firearm ownership during an examination.

4076 (8) Violations of the provisions of subsections (1)-(4)
4077 constitute grounds for disciplinary action under ss. 456.072(2),
4078 and 395.1055, and 396.218, as applicable.

4079 Section 112. Paragraph (b) of subsection (2) of section
4080 812.014, Florida Statutes, is amended to read:

4081 812.014 Theft.—

4082 (2)

4083 (b)1. If the property stolen is valued at \$20,000 or more,
4084 but less than \$100,000;

4085 2. If the property stolen is cargo valued at less than
4086 \$50,000 that has entered the stream of interstate or intrastate
4087 commerce from the shipper's loading platform to the consignee's
4088 receiving dock;

4089 3. If the property stolen is emergency medical equipment,

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4090 valued at \$300 or more, that is taken from a facility licensed
4091 under chapter 395 or from an aircraft or vehicle permitted under
4092 chapter 401; or

4093 4. If the property stolen is law enforcement equipment,
4094 valued at \$300 or more, that is taken from an authorized
4095 emergency vehicle, as defined in s. 316.003,

4097 the offender commits grand theft in the second degree,
4098 punishable as a felony of the second degree, as provided in s.
4099 775.082, s. 775.083, or s. 775.084. Emergency medical equipment
4100 means mechanical or electronic apparatus used to provide
4101 emergency services and care as defined in s. 395.002 ~~s.~~
4102 ~~395.002(9)~~ or to treat medical emergencies. Law enforcement
4103 equipment means any property, device, or apparatus used by any
4104 law enforcement officer as defined in s. 943.10 in the officer's
4105 official business. However, if the property is stolen during a
4106 riot or an aggravated riot prohibited under s. 870.01 and the
4107 perpetration of the theft is facilitated by conditions arising
4108 from the riot; or within a county that is subject to a state of
4109 emergency declared by the Governor under chapter 252, the theft
4110 is committed after the declaration of emergency is made, and the
4111 perpetration of the theft is facilitated by conditions arising
4112 from the emergency, the theft is a felony of the first degree,
4113 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
4114 As used in this paragraph, the term "conditions arising from the
4115 riot" means civil unrest, power outages, curfews, or a reduction
4116 in the presence of or response time for first responders or
4117 homeland security personnel and the term "conditions arising
4118 from the emergency" means civil unrest, power outages, curfews,

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4119 voluntary or mandatory evacuations, or a reduction in the
4120 presence of or response time for first responders or homeland
4121 security personnel. A person arrested for committing a theft
4122 during a riot or an aggravated riot or within a county that is
4123 subject to a state of emergency may not be released until the
4124 person appears before a committing magistrate at a first
4125 appearance hearing. For purposes of sentencing under chapter
4126 921, a felony offense that is reclassified under this paragraph
4127 is ranked one level above the ranking under s. 921.0022 or s.
4128 921.0023 of the offense committed.

4129 Section 113. Paragraph (b) of subsection (1) of section
4130 893.05, Florida Statutes, is amended to read:

4131 893.05 Practitioners and persons administering controlled
4132 substances in their absence.—

4133 (1)

4134 (b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(f), or s.
4135 464.012(3), as applicable, a practitioner who supervises a
4136 licensed physician assistant or advanced practice registered
4137 nurse may authorize the licensed physician assistant or advanced
4138 practice registered nurse to order controlled substances for
4139 administration to a patient in a facility licensed under chapter
4140 395, chapter 396, or part II of chapter 400.

4141 Section 114. Paragraph (h) of subsection (1) of section
4142 893.13, Florida Statutes, is amended to read:

4143 893.13 Prohibited acts; penalties.—

4144 (1)

4145 (h) Except as authorized by this chapter, a person may not
4146 sell, manufacture, or deliver, or possess with intent to sell,
4147 manufacture, or deliver, a controlled substance in, on, or

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4148 within 1,000 feet of the real property comprising a mental
4149 health facility, as that term is used in chapter 394; a health
4150 care facility licensed under chapter 395 or chapter 396 which
4151 provides substance abuse treatment; a licensed service provider
4152 as defined in s. 397.311; a facility providing services that
4153 include clinical treatment, intervention, or prevention as
4154 described in s. 397.311(27); a recovery residence as defined in
4155 s. 397.311; an assisted living facility as defined in chapter
4156 429; or a pain management clinic as defined in s.
4157 458.3265(1)(a)1.c. or s. 459.0137(1)(a)1.c. A person who
4158 violates this paragraph with respect to:

4159 1. A controlled substance named or described in s.
4160 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5.
4161 commits a felony of the first degree, punishable as provided in
4162 s. 775.082, s. 775.083, or s. 775.084.

4163 2. A controlled substance named or described in s.
4164 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)6., (2)(c)7.,
4165 (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of
4166 the second degree, punishable as provided in s. 775.082, s.
4167 775.083, or s. 775.084.

4168 3. Any other controlled substance, except as lawfully sold,
4169 manufactured, or delivered, must be sentenced to pay a \$500 fine
4170 and to serve 100 hours of public service in addition to any
4171 other penalty prescribed by law.

4172 Section 115. Paragraph (b) of subsection (1) of section
4173 945.6041, Florida Statutes, is amended to read:

4174 945.6041 Inmate medical services.—

4175 (1) As used in this section, the term:

4176 (b) "Health care provider" means:

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4177 1. A hospital licensed under chapter 395.

4178 2. A physician or physician assistant licensed under

4179 chapter 458.

4180 3. An osteopathic physician or physician assistant licensed

4181 under chapter 459.

4182 4. A podiatric physician licensed under chapter 461.

4183 5. A health maintenance organization certificated under

4184 part I of chapter 641.

4185 6. An ambulatory surgical center licensed under chapter 396

4186 395.

4187 7. A professional association, partnership, corporation,

4188 joint venture, or other association established by the

4189 individuals set forth in subparagraphs 2., 3., and 4. for

4190 professional activity.

4191 8. An other medical facility.

4192 a. As used in this subparagraph, the term "other medical

4193 facility" means:

4194 (I) A facility the primary purpose of which is to provide

4195 human medical diagnostic services, or a facility providing

4196 nonsurgical human medical treatment which discharges patients on

4197 the same working day that the patients are admitted; and

4198 (II) A facility that is not part of a hospital.

4199 b. The term does not include a facility existing for the

4200 primary purpose of performing terminations of pregnancy, or an

4201 office maintained by a physician or dentist for the practice of

4202 medicine.

4203 Section 116. Paragraph (a) of subsection (1) of section

4204 985.6441, Florida Statutes, is amended to read:

4205 985.6441 Health care services.—

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4206 (1) As used in this section, the term:

4207 (a) "Health care provider" means:

4208 1. A hospital licensed under chapter 395.

4209 2. A physician or physician assistant licensed under
4210 chapter 458.

4211 3. An osteopathic physician or physician assistant licensed
4212 under chapter 459.

4213 4. A podiatric physician licensed under chapter 461.

4214 5. A health maintenance organization certificated under
4215 part I of chapter 641.

4216 6. An ambulatory surgical center licensed under chapter 396
4217 ~~395~~.

4218 7. A professional association, partnership, corporation,
4219 joint venture, or other association established by the
4220 individuals set forth in subparagraphs 2.-4. for professional
4221 activity.

4222 8. An other medical facility.

4223 a. As used in this subparagraph, the term "other medical
4224 facility" means:

4225 (I) A facility the primary purpose of which is to provide
4226 human medical diagnostic services, or a facility providing
4227 nonsurgical human medical treatment which discharges patients on
4228 the same working day that the patients are admitted; and

4229 (II) A facility that is not part of a hospital.

4230 b. The term does not include a facility existing for the
4231 primary purpose of performing terminations of pregnancy, or an
4232 office maintained by a physician or dentist for the practice of
4233 medicine.

4234 Section 117. Paragraph (b) of subsection (28) of section

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4235 1001.42, Florida Statutes, is amended to read:

4236 1001.42 Powers and duties of district school board.—The
4237 district school board, acting as a board, shall exercise all
4238 powers and perform all duties listed below:

4239 (28) UNACCOMPANIED HOMELESS YOUTH.—Provide to each student
4240 who is an unaccompanied homeless youth certified under s.
4241 743.067 a card that includes information on the rights and
4242 benefits for such youth, as well as the contact information for
4243 the school district's liaison for homeless children and youths.
4244 The card must be similar in size to the student identification
4245 card issued to students in the district and include all of the
4246 following information:

4247 (b) On the back of the card, the following statement:

4249 Section 743.067, Florida Statutes, provides that this
4250 certified youth may consent to medical care; dental
4251 care; behavioral health care services, including
4252 psychological counseling and treatment, psychiatric
4253 treatment, and substance abuse prevention and
4254 treatment services; and surgical diagnosis and
4255 treatment, including preventative care and care by a
4256 facility licensed under chapter 394, chapter 395,
4257 chapter 396, or chapter 397 and any forensic medical
4258 examination for the purpose of investigating any
4259 felony offense under chapter 784, chapter 787, chapter
4260 794, chapter 800, or chapter 827, for himself or
4261 herself or his or her child, if the certified youth is
4262 unmarried, is the parent of the child, and has actual
4263 custody of the child.

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4264 Section 118. Subsection (1) of section 1012.965, Florida
4265 Statutes, is amended to read:

4266 1012.965 Payment of costs of civil action against
4267 employees.—

4268 (1) An employee or agent under the right of control of a
4269 university board of trustees who, pursuant to the university
4270 board's policies or rules, renders medical care or treatment at
4271 any hospital or health care facility with which the university
4272 board maintains an affiliation agreement whereby the hospital or
4273 health care facility provides to the university board a clinical
4274 setting for health care education, research, and services, is
4275 ~~shall not be~~ deemed to be an agent of any person other than the
4276 university board in any civil action resulting from any act or
4277 omission of the employee or agent while rendering said medical
4278 care or treatment. For this subsection to apply, the patient
4279 shall be provided separate written conspicuous notice by the
4280 university board of trustees or by the hospital or health care
4281 facility, and shall acknowledge receipt of this notice, in
4282 writing, unless impractical by reason of an emergency, either
4283 personally or through another person authorized to give consent
4284 for him or her, that he or she will receive care provided by
4285 university board's employees and liability, if any, that may
4286 arise from that care is limited as provided by law. Compliance
4287 by a hospital or health care facility with the requirements of
4288 chapter 395, chapter 396, or s. 766.110(1) may ~~shall~~ not be used
4289 as evidence in any civil action to establish an employment or
4290 agency relationship between the hospital or health care facility
4291 and an employee or agent of the university board of trustees
4292 providing services within the hospital or health care facility.

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Section 119. This act shall take effect July 1, 2026.

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