

By Senator Trumbull

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A bill to be entitled  
An act relating to ambulatory surgical centers;  
creating ch. 396, F.S., to be entitled "Ambulatory  
Surgical Centers"; creating s. 396.201, F.S.;  
providing legislative intent; creating s. 396.202,  
F.S.; defining terms; creating s. 396.203, F.S.;  
specifying requirements for issuance, denial,  
suspension, and revocation of ambulatory surgical  
center licenses; creating s. 396.204, F.S.; providing  
for application fees; creating s. 396.205, F.S.;  
providing for minimum standards for specified clinical  
and diagnostic results as a condition for issuance or  
renewal of a license; creating s. 396.206, F.S.;  
requiring the Agency for Health Care Administration to  
make or cause to be made specified inspections of  
licensed facilities; requiring the agency to accept  
surveys or inspections from certain accrediting  
organizations in lieu of its own periodic inspections,  
provided certain conditions are met; requiring the  
agency to develop and adopt by rule certain criteria;  
requiring an applicant or a licensee to pay certain  
fees at the time of inspection; requiring the agency  
to coordinate periodic inspections to minimize costs  
and disruption of services; creating s. 396.207, F.S.;  
requiring each licensed facility to maintain and  
provide upon request records of all inspection reports  
pertaining to that facility; providing that such  
reports be retained for a specified timeframe;  
prohibiting the distribution of specified records;

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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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prohibiting persons in attendance at such meetings from testifying in civil actions about the evidence presented or deliberations during such meetings; providing construction; providing for the award of specified fees and costs; requiring applicants who bring an action against certain persons or entities to post a bond or other security in a certain amount, as set by the court; creating s. 396.212, F.S.; providing legislative intent; requiring licensed facilities to provide for peer review of certain physicians and develop procedures to conduct such reviews; specifying requirements for such procedures; requiring that, under certain circumstances, a peer review panel investigate and determine whether grounds for discipline exist with respect to certain staff members or physicians; requiring the governing board to take specified actions if certain determinations are made; providing grounds for such governing board actions; requiring licensed facilities to report disciplinary action to the Department of Health's Division of Medical Quality Assurance within a specified timeframe; providing requirements for the report; requiring the division to review each report and make certain determinations; providing that such reports are exempt from public records requirements; providing immunity from monetary liability to certain persons and entities; providing construction; providing administrative penalties; providing that certain proceedings and records of peer review panels,

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committees, and governing boards or agents thereof are exempt from public records requirements and are not subject to discovery or introduction into evidence in certain proceedings; prohibiting persons in attendance at certain meetings from testifying or being required to testify in certain civil or administrative actions; providing construction; providing for the award of specified fees and costs; requiring persons who bring an action against certain persons or entities to post a bond or other security in a certain amount, as set by the court; creating s. 396.213, F.S.; requiring licensed facilities to establish an internal risk management program; specifying requirements for such program; providing that the governing board of the licensed facility is responsible for the program; requiring licensed facilities to hire a risk manager; specifying requirements for such risk manager; encouraging licensed facilities to implement certain innovative approaches; requiring licensed facilities to annually report specified information to the Agency for Health Care Administration and the Department of Health; requiring the agency and the department to include certain statistical information in their respective annual reports; requiring the agency to adopt rules governing the establishment of internal risk management programs; specifying requirements for such programs defining the term "adverse incident" for certain purposes; requiring licensed facilities to 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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sexual misconduct; requiring the agency to require a written plan of correction from the licensed facility for certain violations; requiring the agency to first seek corrective action from a licensed facility for certain nonwillful violations; providing administrative penalties for a facility's failure to timely correct the violation or for demonstrating a pattern of such violations; requiring licensed facilities to provide the agency with access to all facility records needed for specified purposes; providing that such records obtained by the agency are exempt from public records requirements and are not discoverable or admissible in civil and administrative actions, with exceptions; providing an exemption from public meeting and records requirements for certain meetings of the committees and governing board of a licensed facility; requiring the agency to review the internal risk management program of each licensed facility as part of its licensure review process; providing risk managers with immunity from monetary and civil liability in certain proceedings under certain circumstances; providing immunity from civil liability to risk managers and licensed facilities in certain actions, with an exception; requiring the agency to report certain investigative results to the applicable regulatory board; prohibiting coercion, intimidation, or preclusion of a risk manager; providing for civil penalties; creating s. 396.214, F.S.; requiring licensed facilities to comply with

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specified requirements for the transportation of biomedical waste; creating s. 396.215, F.S.; requiring licensed facilities to adopt a patient safety plan, appoint a patient safety officer and a patient safety committee for specified purposes, and conduct a patient safety culture survey at least biennially; specifying requirements for such survey; authorizing facilities to contract for administration of the survey; requiring that survey data be submitted to the agency in a certain format; authorizing licensed facilities to develop an internal action plan for a certain purpose and submit the plan to the agency; requiring licensed facilities to develop and implement policies and procedures for the rendering of certain medical care; specifying requirements for the policies and procedures; requiring licensed facilities to train all nonphysician personnel on the policies and procedures at least annually; defining the term "nonphysician personnel"; creating s. 396.216, F.S.; requiring licensed facilities to adopt specified protocols for the treatment of victims of child abuse, abandonment, or neglect; creating s. 396.217, F.S.; providing requirements for notifying a patient or a patient's proxy about adverse incidents; providing construction; creating s. 396.218, F.S.; requiring the agency to adopt specified rules relating to minimum standards for licensed facilities; providing construction; providing that certain licensed facilities are allowed a specified timeframe in which



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to comply with any newly adopted agency rules;  
preempting the adoption of certain rules to the  
Florida Building Commission and the State Fire  
Marshal; requiring the agency to provide technical  
assistance to the commission and the State Fire  
Marshal in updating the construction standards  
governing licensed facilities; creating s. 396.219,  
F.S.; providing for criminal and administrative  
penalties; requiring the agency to consider specified  
factors in determining the amounts of administrative  
fines levied; authorizing the agency to impose an  
immediate moratorium on elective admissions to any  
licensed facility under certain circumstances;  
creating s. 396.221, F.S.; providing powers and duties  
of the agency; creating s. 396.222, F.S.; requiring a  
licensed facility to provide timely and accurate  
financial information and quality of service measures  
to certain individuals; requiring a licensed facility  
to make available on its website certain information  
on payments made to that facility for defined bundles  
of services and procedures and other information for  
consumers and patients; providing requirements for  
such information; requiring that facility websites  
provide specified information and notify and inform  
patients or prospective patients of certain  
information; defining the terms "shoppable health care  
service" and "standard charge"; requiring a licensed  
facility to provide a written or electronic good faith  
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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facilities and their spouses and children upon their request; providing exceptions to the exemptions; amending ss. 39.304, 95.11, 222.26, 381.00316, 381.0035, 381.026, 381.028, 381.915, 383.145, 385.202, 385.211, 390.011, 390.025, 394.4787, 395.001, 395.002, 395.003, 395.1055, 395.10973, 395.3025, 395.607, 395.701, 400.518, 400.93, 400.9905, 400.9935, 401.272, 408.051, 408.07, 408.802, 408.820, 409.905, 409.906, 409.975, 456.013, 456.0135, 456.041, 456.053, 456.056, 456.0575, 456.072, 456.073, 458.3145, 458.320, 458.3265, 458.328, 458.347, 458.351, 459.0085, 459.0137, 459.0138, 459.015, 459.022, 459.026, 460.413, 460.4167, 461.013, 464.012, 465.0125, 465.016, 466.028, 468.505, 486.021, 499.003, 499.0295, 553.80, 627.351, 627.357, 627.6056, 627.6387, 627.6405, 627.64194, 627.6616, 627.6648, 627.736, 627.912, 641.31076, 765.101, 766.101, 766.1016, 766.106, 766.110, 766.1115, 766.118, 766.202, 766.316, 790.338, 812.014, 893.05, 893.13, 945.6041, 985.6441, 1001.42, and 1012.965, F.S.; conforming cross-references and provisions to changes made by the act; bifurcating fees applicable to ambulatory surgical centers under ch. 395, F.S., and transferring them to ch. 396, F.S.; authorizing the agency to maintain its current fees for ambulatory surgical centers and adopt certain rules; providing an effective date.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) "Emergency medical condition" means:

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

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

2. Serious impairment to bodily functions.

3. Serious dysfunction of any bodily organ or part.

(b) With respect to a pregnant woman:

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

2. That a transfer may pose a threat to the health and 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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X rays performed before admission which meet the minimum standards required by law must be accepted in lieu of routine examinations required upon admission and in lieu of clinical laboratory tests and diagnostic X rays which may be ordered by a physician for patients of the licensed facility.

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

396.206 Licensure inspection.—

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

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

(b) Validation inspections.

(c) Lifesafety inspections.

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

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

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licensure inspection.

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

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

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

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

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

396.207 Inspection reports.—

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

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

(3) A licensed facility shall, upon the request of any person who has completed a written application with intent to be 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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rules and standards.

(c) The agency shall approve or disapprove the plans and specifications within 60 days after receipt of the fee for review of plans as required in subsection (2). The agency may be granted one 15-day extension for the review period if the director of the agency approves the extension. If the agency fails to act within the specified timeframe, it is deemed to have approved the plans and specifications. When the agency disapproves plans and specifications, it must set forth in writing the reasons for its disapproval. Conferences and consultations may be provided as necessary.

(2) The agency may charge an initial fee of \$2,000 for review of plans and construction on all projects, which is nonrefundable. The agency may also collect a fee, not to exceed 1 percent of the estimated construction cost or the actual cost of review, whichever is less, for the portion of the review which encompasses initial review through the initial revised construction document review. The agency is further authorized to collect its actual costs on all subsequent portions of the review and construction inspections. The initial fee payment must accompany the initial submission of plans and specifications. Any subsequent payment that is due is payable upon receipt of the invoice from the agency.

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

396.209 Rebates prohibited; penalties.—

(1) It is unlawful for any person to pay or receive any commission, bonus, kickback, or rebate or engage in any split-fee arrangement, in any form whatsoever, with any physician,

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

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

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

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

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

396.211 Staff membership and clinical privileges.—

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

(d) A mechanism to identify and avoid conflicts of interest 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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peer review panel, a committee of an ambulatory surgical center, a disciplinary board, or a governing board, or agents thereof with whom there is a specific written contract for that purpose, as described in this section, are not subject to discovery or introduction into evidence in any civil or administrative action against a provider of professional health services arising out of the matters that are the subject of evaluation and review by such group or its agent, and a person who was in attendance at a meeting of such group or its agent is not permitted and may not be required to testify in any such civil or administrative action as to any evidence or other matters produced or presented during the proceedings of such group or its agent or as to any findings, recommendations, evaluations, opinions, or other actions of such group or its agent or any members thereof. However, information, documents, or records otherwise available from original sources are not to be construed as immune from discovery or use in any such civil or administrative action merely because such information, documents, or records were presented during proceedings of such group, and any person who testifies before such group or who is a member of such group may not be prevented from testifying as to matters within his or her knowledge, but such witness may not be asked about his or her testimony before such a group or opinions formed by him or her as a result of such group hearings.

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

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reasonable attorney fees and costs to the defendant.

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

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

396.213 Internal risk management program.—

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

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

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

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

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

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

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practitioner's respective practice act.

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

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

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

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

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

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



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

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

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

(a) Applicable standards of health care risk management.

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

(c) General risk management administration.

(d) Patient care.

(e) Medical care.

(f) Personal and social care.

(g) Accident prevention.

(h) Departmental organization and management.

(i) Community interrelationships.

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

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

(a) Results in one of the following outcomes:

1. Death;

2. Brain or spinal damage;

3. Permanent disfigurement;

4. Fracture or dislocation of bones or joints;

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

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

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

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

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

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

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

1. The total number of adverse incidents.

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

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

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

5. A description of all malpractice claims filed against the licensed facility, including the total number of pending and closed claims and the nature of the incident which led to, the persons involved in, and the status and disposition of each claim. Each report must update status and disposition for all 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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is made against a member of the licensed facility's staff who has direct patient contact, when the allegation is that the sexual misconduct occurred at the facility or on the grounds of the facility.

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

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

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

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

(a) Notify the local police; and

(b) Notify the risk manager and the administrator.

For purposes of this subsection, the term "sexual abuse" means acts of a sexual nature committed for the sexual gratification of anyone upon or in the presence of a vulnerable adult as defined in s. 415.102, without the vulnerable adult's informed consent, or upon or in the presence of a minor. The term includes, but is not limited to, the acts defined in s. 794.011(1)(j), fondling, exposure of a vulnerable adult's or minor's sexual organs, or the use of the vulnerable adult or minor to solicit for or engage in prostitution or sexual performance. The term does not include any act intended for a 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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(7), or subsection (9) are not available to the public under s. 119.07(1), nor discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or the appropriate regulatory board, nor are records obtained pursuant to s. 456.071 available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the agency or the appropriate regulatory board. However, the agency or the appropriate regulatory board shall make available, upon written request by a health care practitioner against whom probable cause has been found, any such records that form the basis of the determination of probable cause, except that, with respect to medical review committee records, s. 766.101 controls.

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

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

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

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

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

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

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

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

396.214 Identification, segregation, and separation of biomedical waste.—Each licensed facility shall comply with the requirements in s. 381.0098 relating to biomedical waste. Any transporter or potential transporter of such waste must be 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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Section 17. Section 396.217, Florida Statutes, is created to read:

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

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

396.218 Rules and enforcement.—

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

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

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

(c) A comprehensive emergency management plan is prepared and updated annually. Standards for such plans must be included in the rules adopted by the agency after consulting with the Division of Emergency Management. At a minimum, the rules must provide for plan components that address emergency evacuation transportation; adequate sheltering arrangements; postdisaster 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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collected from licensed facilities pursuant to s. 408.061.

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

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

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

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

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

3. Any previous violations of the licensee.

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

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

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

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

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

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

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duties upon it.

(2) Enforce the special-occupancy provisions of the Florida Building Code which apply to ambulatory surgical centers in conducting any inspection authorized by this chapter and part II of chapter 408.

Section 21. Section 396.222, Florida Statutes, is created to read:

396.222 Price transparency; itemized patient statement or bill; patient admission status notification.—

(1) A facility licensed under this chapter shall provide timely and accurate financial information and quality of service measures to patients and prospective patients of the facility, or to patients' survivors or legal guardians, as appropriate. Such information must be provided in accordance with this section and rules adopted by the agency pursuant to this chapter and s. 408.05.

(a) Each licensed facility shall make available to the public on its website information on payments made to that facility for defined bundles of services and procedures. The payment data must be presented and searchable in accordance with, and through a hyperlink to, the system established by the agency and its vendor using the descriptive service bundles developed under s. 408.05(3)(c). At a minimum, the licensed facility shall provide the estimated average payment received from all payors, excluding Medicaid and Medicare, for the descriptive service bundles available at that facility and the estimated payment range for such bundles. Using plain language, comprehensible to an ordinary layperson, the licensed facility 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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(b) Each licensed facility shall post on its website a consumer-friendly list of standard charges for at least 300 shoppable health care services, or an Internet-based price estimator tool that meets federal standards. If a licensed facility provides fewer than 300 distinct shoppable health care services, it must make available on its website the standard charges for each service it provides. As used in this paragraph, the term:

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

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

(c)1. Before providing any nonemergency medical service, each licensed facility shall provide in writing or by electronic means a good faith estimate of reasonably anticipated charges for the treatment of a patient's or prospective patient's specific condition. The licensed facility is not required to adjust the estimate for any potential insurance coverage. The licensed facility must provide the estimate to the patient's health insurer, as defined in s. 627.446(1), and the patient at least 3 business days before the date such service is to be provided, but no later than 1 business day after the date such 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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offices and through electronic means that comply with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. s. 1320d, as amended. Such records must be available before and after payment of the statement or bill. The licensed facility may not charge the patient or his or her survivor or legal guardian for making such verification records available; however, the facility may charge fees for providing copies of records as specified in s. 396.225(1).

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

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

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all or a portion of an itemized statement or bill.

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

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

396.223 Billing and collection activities.—

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

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

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

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

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

2. Foreclosing on the individual's real property;

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

4. Commencing a civil action against the individual;

5. Causing the individual's arrest; or

6. Garnishing the individual's wages.

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

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collection action against an individual to obtain payment for  
services:

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

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

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

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

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

(f) While the individual:

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

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

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

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

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

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

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1770       (e) The department upon a subpoena issued pursuant to s.  
1771 456.071, but the records obtained must be used solely for the  
1772 purpose of the department and the appropriate regulatory board  
1773 in its investigation, prosecution, and appeal of disciplinary  
1774 proceedings. If the department requests copies of the records,  
1775 the licensed facility must charge no more than its actual  
1776 copying costs, including reasonable staff time. The records must  
1777 be sealed and must not be available to the public pursuant to s.  
1778 119.07(1) or any other statute providing access to records, nor  
1779 may they be available to the public as part of the record of  
1780 investigation for and prosecution in disciplinary proceedings  
1781 made available to the public by the department or the  
1782 appropriate regulatory board. However, the department shall make  
1783 available, upon written request by a health care practitioner  
1784 against whom probable cause has been found, any such record that  
1785 forms the basis of the determination of probable cause.

1786       (f) The Medicaid Fraud Control Unit in the Department of  
1787 Legal Affairs pursuant to s. 409.920.

1788       (g) The Department of Financial Services, or an agent,  
1789 employee, or independent contractor of the department who is  
1790 auditing for unclaimed property pursuant to chapter 717.

1791       (h) If applicable to a licensed facility, a regional poison  
1792 control center for purposes of treating a poison episode under  
1793 evaluation, case management of poison cases, or compliance with  
1794 data collection and reporting requirements of s. 395.1027 and  
1795 the professional organization that certifies poison control  
1796 centers in accordance with federal law.

1797       (i) The Department of Children and Families, its agent, or  
1798 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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independent contractor of the department who is auditing for unclaimed property pursuant to chapter 717, shall be granted access to the name, address, and social security number of any employee owed unclaimed property.

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

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

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

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

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

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

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

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

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

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

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

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

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

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381.00316, Florida Statutes, is amended to read:

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

(3)

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

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

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

(1) The Department of Health shall require all employees and clients of facilities licensed under chapter 393, chapter 394, or chapter 397 and employees of facilities licensed under chapter 395 or chapter 396, part II, part III, or part IV of chapter 400, or part I of chapter 429 to complete a one-time educational course on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome with an emphasis on appropriate behavior and attitude change. Such instruction shall include information on current Florida law and its impact on testing, confidentiality of test results, and treatment of patients and any protocols and procedures applicable to human immunodeficiency counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues pursuant to ss. 381.004 and 384.25. 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:

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

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

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

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

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

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

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

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

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

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

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.

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.

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

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.

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

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

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.

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

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

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

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

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

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

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

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

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

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

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

381.028 Adverse medical incidents.—

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

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

(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.

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



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

381.915 Casey DeSantis Cancer Research Program.—

(9)

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

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

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

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

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

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

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

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

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

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

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

(12)

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

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

383.145 Newborn, infant, and toddler hearing screening.—

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

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

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

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Statutes, is amended to read:

385.202 Statewide cancer registry.—

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

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

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

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

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activities described in this section.

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

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

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

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

390.025 Abortion referral or counseling agencies; penalties.—

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

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

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

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

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

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

Section 39. Section 395.001, Florida Statutes, is amended

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to read:

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

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

395.002 Definitions.—As used in this chapter:

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

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

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

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

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

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

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

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

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

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

395.003 Licensure; denial, suspension, and revocation.—

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

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

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

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

(5)

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

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

395.1055 Rules and enforcement.—

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

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

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

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

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

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

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

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

395.3025 Patient and personnel records; copies;



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examination.—

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

Section 45. Subsection (3) of section 395.607, Florida Statutes, is amended to read:

395.607 Rural emergency hospitals.—

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

Section 46. Paragraph (c) of subsection (1) of section 395.701, Florida Statutes, is amended to read:

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

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

(c) "Hospital" means a health care institution as defined in s. 395.002 ~~s. 395.002(12)~~, but does not include any hospital operated by a state agency.

Section 47. Paragraph (b) of subsection (3) of section 400.518, Florida Statutes, is amended to read:

400.518 Prohibited referrals to home health agencies.—

(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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the state and providing only health care services within the scope of services authorized under their respective licenses under ss. 383.30-383.332, chapter 390, chapter 394, chapter 397, this chapter except part X, chapter 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 494; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 485, subpart B, subpart H, or subpart J; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 486, subpart C; providers certified and providing only health care services within the scope of services authorized under their respective certifications under 42 C.F.R. part 491, subpart A; providers certified by the Centers for Medicare and Medicaid services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder; or any entity that provides neonatal or pediatric hospital-based health care services or other health care services by licensed practitioners solely within a hospital licensed under chapter 395.

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

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

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

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

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

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

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

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

400.9935 Clinic responsibilities.—

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

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

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

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

401.272 Emergency medical services community health care.—

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

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

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

408.051 Florida Electronic Health Records Exchange Act.—

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

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

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

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

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

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

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

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



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

Section 55. Subsection (9) of section 408.820, Florida  
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:

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

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

409.905 Mandatory Medicaid services.—The agency may make  
payments for the following services, which are required of the  
state by Title XIX of the Social Security Act, furnished by  
Medicaid providers to recipients who are determined to be  
eligible on the dates on which the services were provided. Any  
service under this section shall be provided only when medically  
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.

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

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

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

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or prohibited 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, or

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number of services, or making 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. If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally Disabled." Optional services may include:

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

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

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

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

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

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networks. Statewide essential providers include:

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

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

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

456.013 Department; general licensing provisions.—

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

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

456.0135 General background screening provisions.—

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

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

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

456.041 Practitioner profile; creation.—

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

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

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

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

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

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

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

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

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

a. By a radiologist for diagnostic-imaging services.

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

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

d. By a cardiologist for cardiac catheterization services.

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

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

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

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

h. By a urologist for lithotripsy services.

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

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



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

l. By a health care provider whose principal professional practice consists of treating patients in their private residences for services to be rendered in such private residences, except for services rendered by a home health agency licensed under chapter 400. For purposes of this subparagraph, the term "private residences" includes patients' private homes, independent living centers, and assisted living facilities, but does not include skilled nursing facilities.

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

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

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

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

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

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

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

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

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

(12)

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

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intentional fraud or malice.

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

458.3145 Medical faculty certificate.—

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

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

458.320 Financial responsibility.—

(2) Physicians who perform surgery in an ambulatory surgical center licensed under chapter 396 ~~395~~ and, as a continuing condition of hospital staff privileges, physicians who have staff privileges must also establish financial 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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render, medical care and services. The letter of credit may not be used for litigation costs or attorney ~~attorney's~~ fees for the defense of any medical malpractice claim. The letter of credit must be nonassignable and nontransferable. The letter of credit must be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States which has its principal place of business in this state or has a branch office that is authorized under the laws of this state or of the United States to receive deposits in this state.

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

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

458.3265 Pain-management clinics.—

(1) REGISTRATION.—

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

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

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

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

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or privately owned facility:

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

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

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

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

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

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

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

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

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

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

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

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

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

458.328 Office surgeries.—

(1) REGISTRATION.—

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

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

(2) STANDARDS OF PRACTICE.—



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

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

458.347 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

458.351 Reports of adverse incidents in office practice settings.—

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

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

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

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

459.0085 Financial responsibility.—

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

(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 that meets the conditions specified for satisfying financial responsibility in s. 766.110.

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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 osteopathic physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the osteopathic 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 render, medical care and services. The letter of credit may not be used for litigation costs or attorney ~~attorney's~~ fees for the defense of any medical malpractice claim. The letter of credit must be nonassignable and nontransferable. The letter of credit must be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States which has its principal place of business in this state or has a branch office that is authorized under the laws of this state or of the United States to receive deposits in this state.

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

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

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459.0137 Pain-management clinics.—

(1) REGISTRATION.—

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

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

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

c. "Pain-management clinic" or "clinic" means any publicly or privately owned facility:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

459.0138 Office surgeries.—

(1) REGISTRATION.—

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

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

(2) STANDARDS OF PRACTICE.—

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

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

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

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

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

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

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

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

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

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

459.022 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

459.026 Reports of adverse incidents in office practice settings.—

(4) For purposes of notification to the department pursuant



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

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

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

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

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

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

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

460.4167 Proprietorship by persons other than licensed chiropractic physicians.—

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

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

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

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

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

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

(5)

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

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

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

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

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

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

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

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

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

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

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

465.016 Disciplinary actions.—

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

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

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

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

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

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

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

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

468.505 Exemptions; exceptions.—

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

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

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

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

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

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

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

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

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

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

499.0295 Experimental treatments for terminal conditions.—

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

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

553.80 Enforcement.—

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

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

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

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

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

627.351 Insurance risk apportionment plans.—

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

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

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



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

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

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

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

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627.357, Florida Statutes, is amended to read:

627.357 Medical malpractice self-insurance.—

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

(b) "Health care provider" means any:

1. Hospital licensed under chapter 395.

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

3. Osteopathic physician or physician assistant licensed  
under chapter 459.

4. Podiatric physician licensed under chapter 461.

5. Health maintenance organization certificated under part  
I of chapter 641.

6. Ambulatory surgical center licensed under chapter 396  
~~395~~.

7. Chiropractic physician licensed under chapter 460.

8. Psychologist licensed under chapter 490.

9. Optometrist licensed under chapter 463.

10. Dentist licensed under chapter 466.

11. Pharmacist licensed under chapter 465.

12. Registered nurse, licensed practical nurse, or advanced  
practice registered nurse licensed or registered under part I of  
chapter 464.

13. Other medical facility.

14. Professional association, partnership, corporation,  
joint venture, or other association established by the  
individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,  
10., 11., and 12. for professional activity.

Section 93. Section 627.6056, Florida Statutes, is amended  
to read:

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

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

627.6387 Shared savings incentive program.—

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

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

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

627.6405 Decreasing inappropriate utilization of emergency  
care.—

(3) As a disincentive for insureds to inappropriately use

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

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

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

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

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

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

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

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inpatient service.

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

627.6648 Shared savings incentive program.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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(III) Provides at least four of the following medical 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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6. The Financial Services Commission shall adopt by rule the form that must be used by an insurer and a health care provider specified in sub-subparagraph 2.b., sub-subparagraph 2.c., or sub-subparagraph 2.e. to document that the health care provider meets the criteria of this paragraph. Such rule must include a requirement for a sworn statement or affidavit.

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

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

627.912 Professional liability claims and actions; reports 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.

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

641.31076 Shared savings incentive program.—

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

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

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

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

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

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

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

766.101 Medical review committee, immunity from liability.—

(1) As used in this section:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

766.1016 Patient safety data privilege.—

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

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

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

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

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

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

(2) PRESUIT NOTICE.—

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

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

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

766.110 Liability of health care facilities.—

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

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

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

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

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

1. A birth center licensed under chapter 383.
2. An ambulatory surgical center licensed under chapter 396 ~~395~~.
3. A hospital licensed under chapter 395.
4. A physician or physician assistant licensed under chapter 458.
5. An osteopathic physician or osteopathic physician assistant licensed under chapter 459.
6. A chiropractic physician licensed under chapter 460.
7. A podiatric physician licensed under chapter 461.
8. A registered nurse, nurse midwife, licensed practical

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

9. A midwife licensed under chapter 467.

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

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

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

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

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

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

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



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

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

766.118 Determination of noneconomic damages.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

812.014 Theft.—

(2)

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

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

3. If the property stolen is emergency medical equipment,

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

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

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

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

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

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

(1)

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

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

893.13 Prohibited acts; penalties.—

(1)

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

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

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

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

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

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

945.6041 Inmate medical services.—

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

(b) "Health care provider" means:



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1. A hospital licensed under chapter 395.

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

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

4. A podiatric physician licensed under chapter 461.

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

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

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

8. An other medical facility.

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

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

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

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

Section 116. Paragraph (a) of subsection (1) of section 985.6441, Florida Statutes, is amended to read:

985.6441 Health care services.—

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

(a) "Health care provider" means:

1. A hospital licensed under chapter 395.

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

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

4. A podiatric physician licensed under chapter 461.

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

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

7. A professional association, partnership, corporation, joint venture, or other association established by the individuals set forth in subparagraphs 2.-4. for professional activity.

8. An other medical facility.

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

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

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

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

Section 117. Paragraph (b) of subsection (28) of section

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1001.42, Florida Statutes, is amended to read:

1001.42 Powers and duties of district school board.—The district school board, acting as a board, shall exercise all powers and perform all duties listed below:

(28) UNACCOMPANIED HOMELESS YOUTH.—Provide to each student who is an unaccompanied homeless youth certified under s. 743.067 a card that includes information on the rights and benefits for such youth, as well as the contact information for the school district's liaison for homeless children and youths. The card must be similar in size to the student identification card issued to students in the district and include all of the following information:

(b) On the back of the card, the following statement:

Section 743.067, Florida Statutes, provides that this certified youth may consent to medical care; dental care; behavioral health care services, including psychological counseling and treatment, psychiatric treatment, and substance abuse prevention and treatment services; and surgical diagnosis and treatment, including preventative care and care by a facility licensed under chapter 394, chapter 395, chapter 396, or chapter 397 and any forensic medical examination for the purpose of investigating any felony offense under chapter 784, chapter 787, chapter 794, chapter 800, or chapter 827, for himself or herself or his or her child, if the certified youth is unmarried, is the parent of the child, and has actual custody of the child.

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Section 118. Subsection (1) of section 1012.965, Florida Statutes, is amended to read:

1012.965 Payment of costs of civil action against employees.—

(1) An employee or agent under the right of control of a university board of trustees who, pursuant to the university board's policies or rules, renders medical care or treatment at any hospital or health care facility with which the university board maintains an affiliation agreement whereby the hospital or health care facility provides to the university board a clinical setting for health care education, research, and services, is ~~shall~~ not be deemed to be an agent of any person other than the university board in any civil action resulting from any act or omission of the employee or agent while rendering said medical care or treatment. For this subsection to apply, the patient shall be provided separate written conspicuous notice by the university board of trustees or by the hospital or health care facility, and shall acknowledge receipt of this notice, in writing, unless impractical by reason of an emergency, either personally or through another person authorized to give consent for him or her, that he or she will receive care provided by university board's employees and liability, if any, that may arise from that care is limited as provided by law. Compliance by a hospital or health care facility with the requirements of chapter 395, chapter 396, or s. 766.110(1) may ~~shall~~ not be used as evidence in any civil action to establish an employment or agency relationship between the hospital or health care facility and an employee or agent of the university board of trustees 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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