

HEALTH CARE PRACTITIONER REGULATION

SB 266 — Athletic Trainers

by Senator Fasano

The bill revises the licensure and license renewal requirements for athletic trainers. The bill requires athletic trainer licensure applicants to complete an approved athletic training curriculum from an accredited college or university rather than specified coursework in certain areas as approved by the Board of Athletic Training. An applicant for athletic training licensure or licensure renewal will need to show that he or she has a current CPR certification, but will no longer need to obtain certification in standard first aid. The licensure requirement for an applicant to show that he or she has obtained at least 800 hours of athletic training experience under the direct supervision of a licensed athletic trainer certified by the National Athletic Trainers' Association or comparable organization is deleted. The bill deletes an alternative licensure route for persons who could demonstrate that they had practiced athletic training for at least 3 of the 5 years preceding application on or before October 1, 1996. The alternative licensure route is defunct.

The existing exemption from the athletic training practice act for a person employed as a teacher apprentice trainer I, a teacher apprentice trainer II, or a teacher athletic trainer under s. 1012.46, F.S., is deleted.

The bill revises provisions that authorize a school district to establish and implement an athletic injuries prevention and treatment program, to delete employment classification and advancement schemes for a "first responder" and a "teacher athletic trainer." The school district employment classification and advancement scheme is revised to specify that to qualify as an "athletic trainer," rather than a "teacher athletic trainer," a person must be licensed as an athletic trainer and may possess a professional, temporary, part-time, adjunct, or substitute teaching certificate.

The bill adds the American Heart Association to the list of organizations from which athletic trainers can obtain cardiovascular pulmonary resuscitation certification.

If approved by the Governor, these provisions take effect upon becoming law.

Vote: Senate 39-0; House 117-0

SB 370 — Speech-language Pathology/Audiology

by Senator Peadar

The bill revises requirements for the Department of Health to issue a provisional license or license in speech-language pathology or audiology. Applicants must complete academic requirements from an institution that is, or at the time that the applicant was enrolled and graduated was, accredited by an accrediting agency recognized by the Council for Higher Education Accreditation (CHEA), the successor to CHEA, or the United States Department of Education. The bill updates the academic and clinical requirements for applicants seeking provisional licensure or licensure that were linked to the 1993 certificate of clinical competence issued by the American Speech-Language and Hearing Association to reflect changes in the academic and clinical requirements for accreditation. The Board of Speech-Language Pathology and Audiology (board) is authorized to waive the requirements for education, practicum, and professional employment experience for an applicant who has received a professional education in another country if the board is satisfied that the applicant meets the equivalent education and practicum requirements, passes the examination in speech-language pathology or audiology, as applicable, and meets other requirements.

Effective January 1, 2008, applicants for licensure in audiology must have earned a doctoral degree in audiology and applicants for provisional licensure in audiology must have earned a doctoral degree in audiology but not have passed the license examination required for a license in audiology, or have completed the academic requirement of a doctoral degree program with a major emphasis in audiology. An applicant for provisional licensure or licensure in audiology has the option to have earned a master's degree with a major emphasis in audiology, which was conferred before January 1, 2008, and such applicants may continue to be eligible for provisional licensure until 2013.

Professional employment experience requirements for speech-language pathology and audiology license applicants are revised to require such applicants to demonstrate, prior to full licensure, full-time or equivalent part-time professional employment experience. Speech-language pathology applicants must obtain 9 months of full-time or equivalent part-time professional employment. Audiology applicants must obtain 11 months of such full-time employment or its equivalent.

The bill revises the licensure by endorsement provisions to allow the board to certify as qualified for a license a speech-language pathologist or audiologist who holds a valid certificate of clinical competence of the American Speech-Language and Hearing Association or board certification in audiology from the American Board of Audiology. Speech-language pathology or audiology licensure applicants must satisfy supervised clinical requirements rather than supervised clinical "clock hour" requirements.

The bill revises certification requirements for an audiology assistant to require applicants to earn a high school diploma instead of the current statutory requirements that require applicants to

complete at least 24 semester hours of coursework as approved by the board at an institution accredited by an accrediting agency recognized by CHEA.

An audiologist or speech-language pathologist who employs a speech-language assistant or audiology assistant must provide the assistant with a plan approved by the board for on-the-job training and must maintain responsibility for all services performed by the assistant.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 37-0; House 119-0

SB 372 — Hearing Aid Specialists

by Senators Peaden and Fasano

The bill deletes a requirement that hearing aid specialists make a disclosure to consumers when advertising a free, reduced fee, or discounted fee service, examination, or treatment. The disclosure provides that a patient or other person responsible for payment has a right to refuse to pay, cancel payment, or be reimbursed for payment for any service, examination, or treatment, *other than the one advertised*, that is performed as a result of and within 72 hours of the patient responding to the advertisement.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 39-0; House 120-0

HB 587 — Health Care Practitioners

by Rep. Galvano and others (CS/SB 416 by Health Care Committee and Senator Bennett)

The bill provides legislative findings regarding a compelling state interest in patients being informed of the credentials of the health care practitioners who treat them and in the public being protected from misleading health care advertising.

The bill creates a ground for discipline for health care practitioners regulated under the Division of Medical Quality Assurance within the Department of Health *for 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. Health care practitioners must also identify the type of license that the practitioner holds in any advertisement for health care services naming the practitioner. These requirements do not apply to a health care practitioner while the health care practitioner is providing services in a licensed mental health facility, hospital, ambulatory surgical center, mobile surgical facility, nursing home, or assisted living facility. Each board, or the Department of Health where there is no board, may by rule determine how its practitioners may comply with the disclosure requirements under the bill.

The bill provides that, for purposes of the doctrine of incorporation by reference, a cross-reference to s. 456.072, F.S., constitutes a general reference so that future changes to s. 456.072, F.S., will automatically apply to any laws which are amended with a specific reference to s. 456.072, F.S.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 40-0; House 120-0

HB 699 — Health Care Practitioners

by Rep. Negron and others (CS/SB 1216 by Health Care Committee and Senator Peaden)

The bill revises continuing education requirements on domestic violence for licensed medical physicians, osteopathic physicians, physician assistants, anesthesiologist assistants, nurses, dentists, dental hygienists, midwives, and psychotherapists. The requirement for each board for these health care practitioners to submit a report to the Legislature regarding implementation and compliance with the domestic violence continuing education requirements is eliminated. The bill requires these health care practitioners to complete a 2-hour continuing education course on domestic violence approved by the health care practitioner's board as part of every third biennial relicensure or recertification instead of every 2 years.

The bill revises the continuing education requirements on HIV/AIDS for each person licensed or certified to practice acupuncture, medicine, osteopathic medicine, chiropractic medicine, podiatric medicine, optometry, nursing, pharmacy, dentistry, nursing home administration, occupational therapy, respiratory therapy, dietetics and nutrition, or physical therapy. The bill requires these health care practitioners to take a board-approved HIV/AIDS continuing education course as a part of the initial biennial relicensure or recertification rather than every relicensure or recertification. The requirement for each board for these health care practitioners to submit a report on compliance with the HIV/AIDS continuing education requirement is eliminated.

The bill creates requirements for Florida-licensed medical physicians and osteopathic physicians who supervise an advanced registered nurse practitioner or physician assistant when the advanced registered nurse practitioner or physician assistant is not under the onsite supervision of the supervising physician. The bill specifies practice settings that are exempt from the supervision requirements and establishes notice to patients and review requirements relating to referrals of patients by a practitioner to a physician. The bill states that these provisions relating to physician supervision are self-executing and do not require or provide authority for additional rulemaking.

The bill imposes requirements on osteopathic physicians similar to those that are currently required for medical physicians to provide notice to their board when entering a formal supervisory relationship with specified health care practitioners.

The bill requires advanced registered nurse practitioners operating under a protocol with a supervising medical physician or osteopathic physician to provide notice of the protocol within 30 days of the initiation of the relationship or changes to the protocol.

The Office of Program Policy Analysis and Government Accountability must review the nursing practice act and accompanying rules to identify barriers to reducing Florida's nursing shortage. The office must consult with appropriate legislative committee staff to identify specific issues to address. The office must report its findings to the Legislature by March 1, 2007.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 37-0; House 119-0

HB 775 — Psychology Specialties

by Rep. Roberson and others (CS/SB 1560 by Health Care Committee and Senator Margolis)

The bill prohibits a Florida-licensed psychologist from holding himself or herself out as a certified psychology specialist, board-certified psychologist specialist, or psychology diplomate unless the psychologist has received formal recognition from a recognized certifying body. The Florida Board of Psychology must adopt rules to establish criteria for approval of certifying bodies that provide certification for specialties in the practice of psychology. The criteria must include that a certifying body: be national in scope, incorporate standards of the profession, and collaborate closely with organizations related to specialization in psychology; have clearly described purposes, by-laws, policies, and procedures; have established standards for specialized practice of psychology; provide assessments that include the development and implementation of an examination designed to measure the competencies required to provide services that are characteristic of the specialty area.

Under the bill, a Florida-licensed psychologist may indicate the services offered and may state that his or her practice is limited to one or more types of services when this accurately reflects the scope of practice of the psychologist.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 39-0; House 119-0

HB 819 — Radiologist Assistants

by Rep. Grant and others (CS/SB 1366 by Health Care Committee and Senator Atwater)

The bill specifies certification requirements for radiologist assistants, duties that may or may not be performed by a radiologist assistant, and regulation by the Department of Health. The regulatory provisions governing radiologic personnel under part IV, chapter 468, F.S., are revised to include radiologist assistants. "Radiologist assistant" is defined to mean a person, other than a licensed practitioner, who is qualified by education and certification, as defined in

s. 468.304, F.S., as an advanced-level radiologic technologist who works under the supervision of a radiologist to enhance patient care by assisting the radiologist in the medical-imaging environment. The Advisory Council on Radiation Protection is expanded to include a certified radiologist assistant.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 37-0; House 117-0

HB 1157 — Dental Hygienists/Dental Charting

by Rep. Mayfield and others (CS/SB 2178 by Banking and Insurance Committee and Senators Atwater, Rich, and Lawson)

The bill authorizes a dental hygienist, without supervision, to complete dental charting of hard and soft tissues in certain practice settings and under specified circumstances. “Dental charting” is defined to mean the recording of visual observations of clinical conditions of the oral cavity without the use of X-rays, laboratory tests, or other diagnostic methods or equipment, except the instruments necessary to record visual restorations, missing teeth, suspicious areas, and periodontal pockets.

The bill requires each person who receives a dental charting, or the parent or legal guardian of that person, to receive and acknowledge a written disclosure before receiving the dental charting, which states that the purpose of the dental charting is to collect data for use by a dentist at a prompt subsequent examination. The Board of Dentistry must approve the content of the charting and disclosure forms to be used by a dental hygienist. Both forms must emphasize the inherent limitations of a dental charting exercise, encourage complete examination by a dentist in rendering a professional diagnosis of the patient’s overall oral health needs. The dental charting performed by a dental hygienist should not be substituted for a comprehensive dental examination.

The bill does not authorize direct reimbursement for dental charting by Medicaid, health insurers, health maintenance organizations, prepaid dental plans, or other third-party payors beyond what is otherwise allowed by law. A dental hygienist performing dental charting without supervision does not create a “patient of record” or a medical record.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 39-0; House 120-0

SB 1400 — Psychotherapist-patient Privilege

by Senator Smith

The bill revises the definition of “psychotherapist” that is used for purposes of the psychotherapist-patient privilege under the Florida Evidence Code to include an advanced

registered nurse practitioner, whose primary scope of practice is the diagnosis or treatment of mental or emotional conditions, including chemical abuse. The privilege would extend only to actions by the advanced registered nurse practitioner that are performed in accordance with the Nurse Practice Act.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 40-0; House 109-0

SB 1408 — Health Records

by Health Care Committee

The bill amends provisions governing the confidentiality of certain health records to define the term “records custodian” and to recognize a third party custodian of medical and pharmaceutical records. The bill requires the records custodian and any health care practitioner’s employer who is a records owner to be subject to the same statutory confidentiality and disclosure requirements for the records as the licensed or regulated health care practitioner who created the records.

The bill specifies that, in lieu of certain existing requirements for “written prescriptions of medicinal drugs,” an “electronically generated and transmitted prescription” must contain the name of the prescribing practitioner, the name and strength of the drug prescribed, the quantity of the drug prescribed in numerical format, and the direction for use of the drug. Such a prescription must be dated and signed by the prescribing practitioner only on the day issued, which signature may be in an electronic format.

The bill also provides a mechanism for prescribers using electronic prescribing to prevent the generic substitution of a prescribed brand name drug product when the brand name drug is deemed medically necessary.

The bill stipulates that electronic prescribing shall not interfere with a patient’s freedom to choose a pharmacy and electronic prescribing software may not use any means or permit any other person to use any means, to influence or attempt to influence, through economic incentives or otherwise, the prescribing decision of a prescribing practitioner at the point of care. “Prescribing decision” is defined as a prescribing practitioner’s decision to prescribe a certain pharmaceutical. “Point of care” is defined as the time that a prescribing practitioner or his or her agent is in the act of prescribing a certain pharmaceutical. Electronic prescribing software may show information regarding a payor’s formulary as long as nothing is designed to preclude or make more difficult the act of a prescribing practitioner or patient selecting any particular pharmacy or pharmaceutical.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 37-0; House 118-0

CS/SB 1690 — Physician Assistants/Discipline

by Health Care Committee and Senator Saunders

The bill requires a probable cause panel of the Board of Medicine or the Board of Osteopathic Medicine convened to consider disciplinary action against a physician assistant alleged to have violated applicable grounds for discipline to include one physician assistant. The physician assistant, appointed by the Council of Physician Assistants to the probable cause panel, must be a Florida-licensed physician assistant and may hear only cases involving disciplinary actions against a physician assistant. If the appointed physician assistant is not present at the disciplinary hearing, the panel may consider the matter and vote on the case in the absence of the physician assistant. Certain training requirements relating to disciplinary action for Board of Medicine members do not apply to the appointed physician assistant. The bill specifies that rules do not need to be adopted to implement the requirements of the bill.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 39-0; House 119-0

CS/SB 1838 — Pharmacy Common Databases

by Health Care Committee and Senator Haridopolos

The bill repeals subsection 465.026(7), F.S., which authorizes a Florida-licensed pharmacy that only receives and transfers prescriptions for dispensing by another pharmacy to *transfer* a Schedule II controlled substance prescription. The subsection also authorizes the pharmacy receiving the prescription to ship, mail, or deliver into Florida, in any manner, the dispensed Schedule II medicinal drug under specified conditions.

The bill creates a new section of law that specifies that nothing in the pharmacy practice act shall be construed to prohibit the dispensing by a pharmacist licensed in Florida or another state of a prescription in a common database. The dispensing of a prescription from a common database does not constitute a transfer of the prescription if the following conditions are met:

- All pharmacies involved in the transaction have the same owner and use a common database;
- All pharmacies involved in the transaction under which the prescription is dispensed and all pharmacists engaging in dispensing functions are properly licensed, permitted, or registered in Florida or another state;
- The common database maintains a record of all pharmacists involved in the process of dispensing a prescription; and
- The owner of the common database maintains a policy and procedures manual containing certain required information that governs its participating pharmacies, pharmacists, and

pharmacy employees which shall be made available to the Florida Board of Pharmacy or its agent upon request.

The bill provides that any pharmacist dispensing a prescription has at all times the right and obligation to exercise his or her professional judgment. Notwithstanding other provisions in this newly created section of law, a Florida-licensed pharmacist participating in the dispensing of a prescription from a common database may not be responsible for the acts or omissions of another person participating in the dispensing process if such person is not under the direct supervision and control of the Florida-licensed pharmacist.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 39-0; House 120-0

HEALTH CARE FACILITY AND SERVICES REGULATION

CS/SB 388 — Assisted Care Communities

by Health Care Committee and Senator Argenziano

The bill transfers all sections of parts III (assisted living facilities), VII (adult family care homes), and V (adult day care centers) of ch. 400, F.S., to newly created pts. I, II, and III of ch. 429, F.S., entitled “Assisted Care Communities.” Additionally, the bill makes multiple statutory revisions that are needed to accurately reflect the move of pt. III of ch. 400, F.S. The Division of Statutory Revision is directed to prepare a reviser’s bill to make conforming changes to the Florida Statutes.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 38-0; House 120-0

HB 483 — Nurses/Operating Rooms

by Rep. Garcia and others (CS/SB 1362 by Health Care Committee and Senator Atwater)

This bill requires hospitals to meet the conditions of Medicare and Medicaid participation regarding registered nurses performing circulating duties in the operating room. A circulating nurse must be present in the operating room for the duration of a surgical procedure.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 38-0; House 117-0

CS/SB 1190 — Hospitals/Sale or Lease

by Community Affairs Committee and Senator Atwater

The bill relates to the sale of a public hospital to a private entity and the effects of the sale. If the sale meets specified criteria, the sale may be considered a “complete” sale of the public agency’s interest so that it does not involve or require the private entity to be “acting on behalf of a public agency.”

If a private entity is found by a court to be “acting on behalf of a public agency” then a court may find that the Public Records and Meetings Laws apply to the private entity’s operation of the hospital. The bill is an attempt to distinguish the sale of a public hospital to a private entity under certain circumstances so that a court can find under law that the private entity is not subject to the Public Records and Meetings Laws.

The bill specifies legislative findings that it is necessary to clarify that a public agency may sell its interest in a public hospital to a private corporation or other private entity and to establish that such a sale results in the privatization of the hospital enterprise. The legislative findings stipulate that the sale of a hospital by a public agency to a private corporation or other private entity purchaser under the bill is a complete sale under specified circumstances.

If approved by the Governor, these provisions take effect upon becoming law and apply to each private corporation or other private entity that has purchased a public hospital regardless of whether such purchase occurred prior to the effective date of this act.

Vote: Senate 34-1; House 119-0

HB 1417— Hospices

by Rep. Sansom and others (CS/SB 1548 by Health Care Committee and Senators Atwater and Wilson)

This bill revises the definition of the term hospice in the hospice licensure law to delete the requirement that a hospice be a not-for-profit corporation. It requires any person or entity offering, describing, or advertising hospice services or hospice-like services or holding itself out as a hospice to state the year of initial licensure in this state. This requirement does not include any materials relating to the care and treatment of an existing hospice patient. The bill authorizes the Agency for Health Care Administration to deny a license to a hospice licensure applicant that fails to meet a condition on a certificate of need unless the applicant can show good cause exists for the failure to meet the condition. This bill requires hospices to use trained volunteers for at least 5 percent of the total patient care or administrative hours and to document and report the use of such volunteers.

The Office of Program Policy Analysis and Government Accountability is required to submit a report to the President of the Senate and the Speaker of the House of Representatives by

January 1, 2010, analyzing the impact of for-profit hospices on the delivery of care to terminally ill patients. The bill states that it is the intent of the Legislature that no change in law be made to the hospice licensure and certificate-of-need provisions until the year 2012 to correctly analyze and evaluate the impact of this bill on the quality of hospice care in Florida. The Department of Elderly Affairs and the Agency for Health Care Administration are required to develop outcome measures by December 31, 2007, to determine the quality and effectiveness of hospice care.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 27-12; House 94-16

HB 7051 — Certificates of Need/Nursing Homes

by Elder and Long-Term Care Committee and Rep. Gibson (CS/SB 790 by Health Care Committee)

This bill transfers and renumbers s. 651.1185, F.S., to s. 408.0435, F.S. It amends this section to extend the moratorium on certificates of need for additional community nursing home beds until July 1, 2011. The bill provides an exception to the certificate-of-need moratorium for nursing homes with a 96 percent occupancy rate and a record of providing good quality care in a sub-district where the occupancy rate is 94 percent or higher. A nursing home that meets those conditions could apply for 10 additional beds or 10 percent of the number of beds in the facility being expanded. The bill also provides an exemption from certificate-of-need review for the creation of a single nursing home by combining licensed beds from two or more licensed nursing homes if certain conditions are met. Nursing homes located in a county where there is a diversion program or a Medicaid integrated, fixed-payment delivery system are allowed a reduction in their certificate-of-need condition of annual Medicaid patient days up to 15 percent if they meet certain conditions.

If approved by the Governor, these provisions take effect upon becoming law.

Vote: Senate 34-0; House 120-0

HB 7141 — Health Care Providers/Licensure

by Health Care Regulation Committee and Rep. Garcia and others (CS/SB 2214 by Children and Families Committee and Senator Saunders)

The bill divides ch. 408, F.S., "Health Care Administration," into parts I-IV and consolidates core licensure requirements for health care providers licensed by the Agency for Health Care Administration (AHCA or agency) in ch. 408, part II, F.S., consisting of newly created ss. 408.801-408.820 and existing s. 408.831, F.S. The bill specifies the legislative intent to eliminate unnecessary duplication and variation in licensure requirements for health care providers regulated by the agency. The bill defines and standardizes common terminology. The bill specifies the facilities and services that require licensure. The bill establishes license fees and provides a method for calculating the annual adjustment of fees. The bill provides a license

application process, which requires specified information to be included on the application. It requires the payment of late fees under certain circumstances, authorizes inspections, and authorizes AHCA to establish procedures and rules for the electronic transmission of required information.

The bill provides procedures for a change in ownership by a licensee requiring the transferor to notify the agency in writing within a specified period. The bill requires providers to have and display a license from AHCA. The bill identifies licensure categories and conditions for issuance. Background screening must be conducted for certain employees. The bill prohibits unlicensed activity and authorizes administrative fines to be imposed. The bill outlines the agency authorization for a moratorium or emergency suspension if conditions present a threat to clients' health, safety, or welfare. The bill outlines circumstances in which a license may be denied or revoked. The agency is authorized to seek injunctive proceedings under certain circumstances. The bill requires that all fees and fines collected under ch. 408, part II, F.S., be deposited in the Health Care Trust Fund. The bill authorizes AHCA to adopt rules to implement ch. 408, part II, F.S. The bill provides for certain exemptions from provisions contained in ch. 408, part II, F.S.

The bill amends the definition of "Home for Special Services." The bill adds exemptions from licensure as a health care clinic. The bill provides a certificate-of-need exemption for the creation of a single nursing home by combining licensed beds from two or more licensed nursing homes within a district under specific circumstances. This exemption ends upon the expiration of the nursing home certificate-of-need moratorium.

The bill specifies that the provisions of this bill prevail over health care provider authorizing statutes when there is a conflict. For biennial licenses the fee for an annual license may be doubled. The bill requires the Division of Statutory Revision to assist relevant substantive legislative committees to prepare draft conforming legislation. This bill allows for staggering of expiration dates for licenses as providers change from annual to biennial licenses.

The bill amends statutory provisions relating to trauma care. It provides definitions for International Classification Injury Severity Score, local funding contribution, trauma caseload volume, and trauma patient. The bill repeals the statutory authorization for the Trauma Services Trust Fund. The bill provides that the 40 percent of funds collected that are distributed to trauma centers based on severity of trauma patients will be distributed to trauma centers based on severity as determined by the Trauma Registry International Classification Injury Severity Scores reported to the Trauma Registry in the Department of Health (DOH or department) or other statistically valid and scientifically accepted methods of stratifying a patient's severity of injury, risk of mortality, and resource consumption as adopted by the department by rule. The scores are to be weighted based on the costs associated with and incurred by the trauma center in treating trauma patients. The weighting of scores will be established by the department by rule. All data used in distributing the funds to trauma centers will be for the most recent calendar year available.

This bill creates the trauma center startup grant program. The bill outlines the requirements for eligibility for acute care general hospitals to apply and receive a grant from the department. A hospital is required to forfeit its grant if it does not become a provisional trauma center within 24 months after submitting an application. A hospital that receives startup grant funding may not receive more than \$500,000. Start-up grant funding must be matched dollar for dollar with a local funding contribution. A hospital can only receive this grant one time.

If approved by the Governor, these provisions take effect October 1, 2006, except s. 395.41, F.S., as created by this act, shall take effect subject to an appropriation for the trauma center startup grant program in the 2006-2007 General Appropriations Act.

Vote: Senate 40-0; House 119-0

BIOMEDICAL RESEARCH

HB 1027 — Biomedical Research

by Reps. Hasner, Coley, and others (CS/CS/CS/SB 1826 by Government Efficiency Appropriations Committee; Education Committee; Health Care Committee; and Senators Saunders, Fasano, Klein, and Rich)

The bill increases accountability requirements in the awarding of state-funded grants for cancer research and Alzheimer's disease research by requiring the grants to be awarded on a competitive basis after peer review of the proposals using procedures like those the state currently uses to award grants for biomedical research on tobacco-related diseases. The peer-review panels must follow rigorous guidelines for ethical conduct and adhere to a strict policy with regard to conflicts of interest.

The bill creates the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program in the Department of Health (DOH) to advance progress towards cures for cancer through grants awarded by the Secretary of Health after consultation with the Biomedical Research Advisory Council. Three types of proposals may be considered for funding: investigator-initiated, institutional, and collaborative research proposals. Any university or established research institute in the state and all qualified investigators may submit research proposals. The bill establishes requirements for a peer-review process that ensures objectivity, consistency, and high quality in grant proposals.

The bill maintains the power of the Governor and the Legislature to appoint members to the Biomedical Research Advisory Council and the board of directors of the Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute. Any appointments to those bodies that were not made in accordance with the provisions of the bill will expire June 30, 2006, and new appointments must be made.

The Biomedical Research Advisory Council membership is revised as follows:

- The Governor will appoint four members, two who have expertise in biomedical research, one who is from a research university in Florida, and one who represents the general population of the state.
- The President of the Senate will appoint two members, one who has expertise in the field of behavioral or social research and one who is from a cancer program approved by the American College of Surgeons.
- The Speaker of the House of Representatives will appoint two members, one who is from a professional medical organization and one who is from a cancer program approved by the American College of Surgeons.

The board of directors of the Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute will consist of the President of the University of South Florida and the chair of the State Board of Education, five representatives of the state universities and nine representatives of the public appointed as follows:

- The Governor will appoint one university representative and three public representatives;
- The President of the Senate will appoint two university representatives and three public representatives; and
- The Speaker of the House of Representatives will appoint two university representatives and three public representatives.

The bill revises the composition of the advisory council for the Florida Center for Universal Research to Eradicate Disease (CURED) to provide for a 16-member board instead of the current 60-member board. The bill requires one member from the University Research Consortium rather than all 43 members of the consortium board of directors and deletes two members representing entities that no longer exist. The bill requires the expiration on June 30, 2006, of all appointments to the advisory council for CURED that were not made in accordance with the provisions of the bill. Four-year terms of office are established for advisory board members.

The bill ends annual distributions from the State Treasury of \$15 million for the Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute, \$6 million for the James and Esther King Biomedical Research Program, and \$9 million for a chiropractic school at Florida State University. Beginning in FY 2006-07, the bill establishes annual amounts of funding for three programs:

- Six million dollars from recurring general revenue to DOH for the James and Esther King Biomedical Research Program, with a requirement that up to \$250,000 of that amount be made available for the operating costs of CURED.
- Fifteen million dollars from recurring general revenue to the Department of Elderly Affairs for the Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute, with a requirement that not less than 20 percent of that amount must be expended for peer-reviewed investigator-initiated research grants.
- Nine million dollars from recurring general revenue to DOH for the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program, with authorization for the program to use up to 10 percent of that amount for administrative expenses.

The bill revises requirements for the annual report of the Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute to require more detailed information about the center's expenditure of funds and research. The bill requires the following new reports:

- An annual report from DOH on the Bankhead-Coley program to the Governor and legislative leaders; and
- An annual operating budget for the Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute to be submitted to the Governor and Cabinet, President of the Senate, Speaker of the House of Representatives, and the Chair of the State Board of Education.

The bill repeals the James and Esther King Biomedical Research Program, the Johnnie B. Byrd, Sr., Alzheimer's Center and Research Institute, and the William G. "Bill" Bankhead, Jr., and David Coley Cancer Research Program on January 1, 2011, and requires the Legislature to review the programs in the 2010 Regular Session. Based upon its review of the performance, the outcomes, and the financial management of the programs/center, the Legislature will determine the most appropriate funding source and means of funding the programs/center.

The bill revises the duties of the Florida Public Health Foundation to allow the foundation to provide services and personnel to DOH. The provision of the personnel and services would be exempt from chs. 110, 112, 253, 255, and 287, F.S., laws governing public employees, state lands, public property and publicly owned buildings, and procurement of personal property and services. The bill adds a representative of the Florida Association of Health Plans to the board of directors of the foundation.

If approved by the Governor, these provisions take effect July 1, 2006, except Section 4 (appointments to the Biomedical Research Advisory Council for the James and Esther King Biomedical Research Program), Section 6 (appointments to the advisory council for CURED), Section 13 (appointments to the board of directors of the Johnnie B. Byrd, Sr. Alzheimer's

Center and Research Institute), and Section 14 (effective dates) shall take effect upon becoming law.

Vote: Senate 38-0; House 114-0

HB 1449 — Brain Tumor Research

by Rep. Gannon and others (SB 2566 by Senators Atwater and Klein)

The bill provides legislative findings and intent regarding the need for coordination among researchers and health care providers in the effort to find cures for cancerous and non-cancerous brain tumors. The bill also establishes the Florida Center for Brain Tumor Research (the center) within the Evelyn F. and William L. McKnight Brain Institute of the University of Florida.

The bill specifies activities and the purpose of the center; requires the center to develop and maintain a brain tumor registry; allows individuals to refuse to participate in the registry; specifies that grants must be awarded on a competitive basis; requires that the center hold an annual biomedical summit to exchange information on brain tumor research; requires the center to encourage clinical trials and facilitate the practical application of research; requires the center to submit an annual report to the Governor and the Legislature recommending legislative changes to foster brain tumor research and training; establishes a scientific advisory council within the center; and specifies representation and duties of the advisory council.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 38-0; House 116-0

AGENCY FOR HEALTH CARE ADMINISTRATION

HB 241 — Florida KidCare Program

by Rep. Vana and others (SB 972 by Senators Rich, Crist, and Bullard)

This bill modifies the eligibility criteria for the Florida KidCare Program. The bill allows a child whose family income exceeds 200 percent of the federal poverty level to participate in the Medikids program, or if the child is ineligible for the Medikids program due to age, to participate in the Florida Healthy Kids program, if the family pays the entire cost of the premium, including administrative costs, and such enrollees do not exceed 10 percent of total enrollees in either the Medikids program or the Florida Healthy Kids program.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 40-0; House 118-0

SB 1284 — Nursing Home Consumer Information

by Senators Fasano, Argenziano, and Crist

This bill authorizes the Agency for Health Care Administration (AHCA or agency) to provide electronic access to inspection reports of all licensed nursing home facilities, instead of sending copies of the inspection reports to local long-term care ombudsman councils, AHCA local offices, and public libraries or county seats. The bill requires the agency to publish the Nursing Home Guide annually in consumer-friendly printed form and quarterly in electronic form. A section entitled “Have you considered programs that provide alternatives to nursing home care?” must be the first section of the Nursing Home Guide. Included in this section must be an explanation of the alternatives and available programs to help people determine whether nursing home services are truly needed.

The bill requires the agency to publish the “Nursing Home Guide Watch List” as a part of the Nursing Home Guide. The bill requires AHCA to publish the guide on the agency’s website and requires each nursing home to retrieve the most recent guide from the agency’s website for posting in the facility. The watch list must include the number and percentage of days that a facility had a conditional license in the past 30 months, rather than the number of times the nursing home had been on a watch list. The agency’s Internet site will provide a list of all nursing home facilities in the state by name and address, including any name used within the last 12 months. The bill requires the most recent number of occupants in the facility to be listed. The bill requires nursing homes to submit required information to AHCA by electronic transmission when available. This bill deletes references to the federal Online Survey Certification and Reporting System and requires AHCA to publish nursing home survey and deficiency information from the past 30 months, rather than 45 months.

If approved by the Governor, these provisions take effect October 1, 2006.

Vote: Senate 35-0; House 118-0

HB 7073 — Health Care Information

by Health Care Regulation Committee, Rep. Garcia and others (CS/CS/SB 1332 by Health and Human Services Appropriations Committee; Health Care Committee; and Senator Fasano)

The bill is entitled the “Coordinated Health Care Information and Transparency Act of 2006” and contains the following provisions:

- Renames The State Center for Health Statistics housed in the Agency for Health Care Administration (agency) to The Florida Center for Health Information and Policy Analysis (center).
- Revises the agency’s duties related to health-related data to include the collection of health care quality measures that include patient-safety indicators, inpatient quality indicators and performance measures.

- Defines patient safety indicators and inpatient quality indicators.
- Authorizes the center to provide technical assistance services for the following:
 - Monitoring innovations in health information technology and maintaining a repository of technical resources to support the development of a health information network;
 - Administering, managing, monitoring and evaluating grants to specific entities that submit proposals for the development of a Florida health information network;
 - Initiating, overseeing, managing and evaluating, the integration of health care data from state agencies and making that data available to any health care practitioner through the Florida health information network.
- Removes the Comprehensive Health Information System Trust Fund from statute. The fund is not used.
- Renames the State Comprehensive Health Information System Advisory Council to the State Consumer Health Information and Policy Advisory Council (council), modifies its duties, and revises its membership.
- Authorizes the agency to collect information from health care providers relating to professional organization and specialty board affiliations.
- Requires the agency to collect data on retail prices charged by pharmacies for the 100, rather than 50, most frequently prescribed medications.
- Deletes obsolete provisions relating to the caesarean section rate in hospitals and requires the agency to publish caesarean section rates on its website.
- Requires the agency to ensure that its data and data backup systems are housed at a secure facility that meets or exceeds certain requirements.

If approved by the Governor, these provisions take effect upon becoming law.

Vote: Senate 40-0; House 114-0

DEPARTMENT OF HEALTH

HB 371 — Prescription Drugs

by Rep. Harrell and others (CS/SB 1310 by Health Care Committee and Senators Clary and Atwater)

Cancer Drug Donation Program

The bill creates the “Cancer Drug Donation Program Act” and establishes the Cancer Drug Donation Program within the Department of Health for the purpose of authorizing and facilitating the donation of cancer drugs and supplies to eligible patients. The bill specifies the persons or entities that may donate cancer drugs and supplies, the cancer drugs that may be donated, the entities that can accept donated drugs and supplies (participant facilities), and the patients who may be eligible to receive donated drugs and supplies. The bill authorizes the Department of Health to adopt rules to implement the program.

Under the bill, participant facilities are limited to class II hospital pharmacies that have elected to participate in the program and that accept donated cancer drugs and supplies under the rules adopted by the Department of Health. A donation of cancer drugs or supplies may only be made to and at a participant facility. The facility may charge a handling fee sufficient to cover the cost of preparation and dispensing of donated cancer drugs or supplies. Cancer drugs or supplies donated to the program may be prescribed only by a prescribing practitioner for use by an eligible patient and may be dispensed only by a pharmacist.

A person who is eligible to receive cancer drugs or supplies under the state Medicaid program or under any other prescription drug program funded in whole or in part by Florida, by the Federal government, or by a third-party insurer is ineligible to participate in the program unless benefits have been exhausted or a certain cancer drug or supply is not covered. The Department of Health must establish and maintain a participant facility registry.

Any donor of cancer drugs or supplies, or any participant in the program, who exercises reasonable care in donating, accepting, distributing, or dispensing cancer drugs or supplies under the cancer drug donation program and the rules adopted under the Cancer Drug Donation Program Act is immune from civil or criminal liability and from professional disciplinary action of any kind for any injury, death, or loss to person or property relating to such activities. A pharmaceutical manufacturer is not liable for any claim or injury arising from the transfer of any cancer drug under this act, including, but not limited to, liability for failure to transfer or communicate product or consumer information regarding the transferred drug, as well as the expiration date of the transferred drug.

If any conflict exists between the provisions of the Cancer Drug Donation Program Act and the pharmacy practice act (chapter 465, F.S.), then the provisions of the Cancer Drug Donation Program Act must control the operation of the cancer drug donation program. The bill

appropriates recurring funding in the sum of \$65,308 for FY 2006-2007, for the purpose of implementing the Cancer Drug Donation Program.

Pedigree Papers

The bill revises requirements for tracing the distribution of wholesale drugs (pedigree history) on or after July 1, 2006, to give a wholesale distributor an additional option to show the pedigree history for drugs. The bill revises the definition of “pedigree paper” to allow a wholesale distributor to pass a statement under oath, in written or electronic form, that affirms that a specific unit of a prescription drug has been received directly by the wholesale distributor from the manufacturer and is distributed directly, or through an intracompany transfer, to a chain pharmacy warehouse or person authorized by law to purchase drugs for administration or dispensing. “Chain pharmacy warehouse” is defined in the bill as a drug wholesale distributor that holds a Florida permit and that maintains a physical location for prescription drugs that functions solely as a central warehouse to perform intracompany transfers of such drugs to a member of its affiliated group.

The statement must contain specified information which includes: a statement that the wholesale distributor purchased the specific unit of the prescription drug directly from the manufacturer; the manufacturers’ national drug code identifier and the name and address of the wholesaler and the purchaser of the prescription drug; the name of the prescription drug as it appears on the label; the quantity, dosage form, and strength of the prescription drug.

Under this option, the wholesale distributor must also maintain and make available to the Department of Health, upon request, the point of origin of the prescription drugs, including intracompany transfers; the date of the shipment from the manufacturer to the wholesale distributor; the lot numbers of such drugs; and the invoice numbers from the manufacturer. The Department of Health’s rulemaking authority for “pedigree papers” is revised to authorize, rather than require, the department to adopt rules and forms relating to the bill’s revision of the tracking requirements for wholesale drugs.

Drop Shipment Alternatives to Pedigree Papers

The bill also creates an alternative to the requirement to pass pedigree paper for the drop shipment of prescription drugs. A drop shipment occurs when a wholesaler takes title but not possession of a prescription drug and the drug’s manufacturer ships the drug directly to a person authorized by law to purchase the drug for administration or dispensing. In lieu of attestation of receipt of a complete pedigree paper for a drop shipment of prescription drugs, a wholesale distributor may comply with new requirements created in the bill.

The bill provides that the requirement to pass pedigree for prescription drugs is satisfied when a wholesale distributor takes title to, but not possession of, a prescription drug and the prescription drug’s manufacturer ships the prescription drug directly to a person authorized by law to

purchase drugs for the purpose of administering or dispensing the drug or to a member of an affiliated group, with the exception of a repackager. The wholesale distributor must, within 14 days after the shipment notification from the manufacturer, deliver an invoice and sworn statement to the recipient of the prescription drug. The sworn statement must attest that the wholesale distributor purchased the specific unit of the prescription drug listed on the invoice directly from the manufacturer, and the specific unit of prescription drug was shipped by the manufacturer directly to a person authorized by law to administer or dispense the legend drug or to a member of an affiliated group. The invoice must contain a unique cross-reference to the shipping document sent by the manufacturer to the recipient of the drug.

The manufacturer of the prescription drug shipped directly to the recipient must provide, and the recipient of that drug must acquire, a shipping document containing specified information within 14 days after receipt of the prescription drug. If the manufacturer fails to provide, the recipient of a specific unit of a prescription drug fails to acquire, or the wholesale distributor fails to deliver, the documentation, then it constitutes the failure to acquire or deliver a pedigree paper. Forgery by the manufacturer, the recipient, or the wholesale distributor of the documentation constitutes forgery of a pedigree paper.

The Department of Health is granted rulemaking authority to specify alternatives for a prescription drug in the inventory of a prescription drug wholesaler as of June 30, 2006, and the return of a prescription drug purchased before July 1, 2006. The Department of Health may specify time limits for such alternatives.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 38-0; House 93-20

CS/SB 746 — Certificates of Birth and Death

by Judiciary Committee and Senators Wise, Haridopolos, Dockery, Alexander, Bennett, Fasano, Atwater, Baker, Posey, and Lynn

The bill creates “Katherine’s Law” to specify requirements for the issuance of a “certificate of birth resulting in stillbirth.” A “certificate of birth resulting in stillbirth” is defined as a certificate issued to record and memorialize the birth of a stillborn child. “Stillbirth” is defined as an unintended, intrauterine fetal death after a gestation age of not less than 20 completed weeks. Only a parent listed on the fetal death certificate may make the initial request for a certificate of birth resulting in stillbirth. The person who is required to file a fetal death certificate must advise the parent of a stillborn child of the availability of a certificate of birth resulting in stillbirth, how to request and obtain such a certificate, and that a copy of the original certificate is available as a public record when held by an agency. The bill requires specified information on the certificate of birth resulting in stillbirth to correspond to the information on the corresponding fetal death certificate. A certificate of birth resulting in stillbirth must contain the statement “This certificate is not proof of live birth.”

The Office of Vital Statistics may not use a certificate of birth resulting in stillbirth to calculate live birth statistics. A refusal by the Office of Vital Statistics to issue a certificate of birth resulting in stillbirth to a person who is not listed as a parent on the fetal death certificate constitutes final agency action and is not subject to review under the Administrative Procedure Act. The certificate of birth resulting in stillbirth and the statutory definition of stillbirth may not be used to establish, bring, or support a civil cause of action seeking damages against any person or entity for bodily injury, personal injury, or wrongful death for a stillbirth. The department must prescribe by rule the form, content, and process for the certificate of birth resulting in stillbirth. The Department of Health is authorized to collect a fee for a certificate of birth resulting in stillbirth.

The bill authorizes the State Registrar of the Office of Vital Statistics of the Department of Health to receive electronically the certificate of death or fetal death which is required to be filed with the local registrar. The bill also authorizes the State Registrar of the Office of Vital Statistics of the Department of Health to receive electronically the birth certificate for each live birth that is required to be filed with the local registrar.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 39-0; House 118-0

HB 1319 — Swimming Instructors/Dan Marino

by Rep. Goldstein and others (CS/SB 2426 by Health Care Committee and Senators Argenziano and Rich)

This bill authorizes any person working at a swimming pool who holds himself or herself out as a swimming instructor specializing in training people with developmental disabilities to be certified by the Dan Marino Foundation, Inc., in addition to being certified as a public pool swimming instructor under s. 514.071, F.S. The Dan Marino Foundation must develop certification requirements and a training curriculum for this category of instructors and must submit the certification requirements to the Department of Health for review by January 1, 2007. A person who is certified under s. 514.071, F.S., before July 1, 2007, must meet the new requirements by January 1, 2008. If a person is certified after July 1, 2007, then the requirements must be met within 6 months after receiving certification.

If approved by the Governor, these provisions take effect July 1, 2006, only if a specific appropriation to the Department of Health to fund the Dan Marino Foundation, Inc., is made in the General Appropriations Act for FY 2006-2007.

Vote: Senate 40-0; House 115-0

CS/CS/SB 1324 — Healthy Lifestyles

by Health and Human Services Appropriations Committee; Health Care Committee; and Senators Peadar and Hill

The bill creates a lead poisoning prevention screening and education program addressing childhood lead poisoning. The bill expands the Department of Health's health education responsibilities for prevention and identification of lead poisoning by establishing a multifaceted, statewide educational program designed to increase public awareness of the hazards of childhood lead poisoning, primarily because of exposure to lead-based paints in older buildings. The bill creates a collaborative public information initiative sponsored by the Governor, the Secretary of Health, and private industry representatives to produce and distribute public service announcements and other materials that contain culturally and linguistically appropriate information.

The bill establishes a statewide screening program for early identification of persons at risk of lead poisoning, including requirements for screening in Florida's Medicaid Program. The bill requires the development of guidelines for medical follow-up on children identified with elevated blood-lead levels, and a surveillance system for geographic areas with the highest prevalence of children with elevated blood-lead levels.

The bill includes an appropriation of \$308,000 in recurring general revenue funds to implement the lead screening program. Implementing the education component of the bill is contingent on the Department of Health receiving a federal lead poisoning prevention grant.

The bill requires the Department of Health, in addition to its current health promotion and prevention activities aimed at reducing the prevalence of excess weight gain and obesity, to:

- Collaborate with other state agencies to develop policies and strategies for preventing and treating obesity, which must be incorporated into programs administered by each agency and which must include promoting healthy lifestyles of employees of each agency; and
- Advise Florida-licensed health care practitioners regarding the morbidity, mortality, and costs associated with the conditions of being overweight or obese, inform such practitioners of clinical best practices for preventing and treating obesity, and encourage practitioners to counsel their patients regarding the adoption of healthy lifestyles.

The bill defines specific elements to be included in age-based and gender-based wellness services provided by health maintenance organizations under contract to the state employee health insurance program. It creates a nine-member advisory council within the Department of Management Services. The council is created to provide health education information to state employees and help develop minimum benefits for health care providers when providing age-based and gender-based wellness benefits.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 39-0; House 116-0

AGENCY FOR PERSONS WITH DISABILITIES

CS/CS/SB 170 — Administration of Medication

by Children and Families Committee; Health Care Committee; and Senator Baker

The bill expands the existing statutory authorization for unlicensed direct care services staff providing services to persons with developmental disabilities in day programs and intermediate care facilities for the developmentally disabled to administer certain prescription medications. The bill allows all direct service providers in a variety of community-based settings who meet specified requirements established by the Agency for Persons with Disabilities to supervise the self-administration of medication by a client or to administer medication to clients who are developmentally disabled under specified circumstances. Direct service providers must complete a 4-hour training course and be found to be competent to supervise the self-administration of medication by a client or to administer medication to a client. Competency must be assessed and validated by a registered nurse at least annually. The list of types of prescription medications that may be administered is expanded.

If approved by the Governor, these provisions take effect upon becoming law.

Vote: Senate 39-0; House 120-0

LONG-TERM CARE OMBUDSMAN PROGRAM

CS/SB 1922 — State Long-Term Care Ombudsman Program

by Health Care Committee and Senator Peaden

This bill clarifies and revises the duties and responsibilities of the Office of the State Long-Term Care Ombudsman and the program's state and local ombudsman councils in an attempt to more directly move the program under the administration of the Department of Elderly Affairs (DOEA). The proposed changes in the bill are designed to:

- Centralize program operations within the Office of the State Long-Term Care Ombudsman;
- Clarify the role of volunteer ombudsmen to focus on the protection of long-term care facility residents rather than to serve as an additional regulator of long-term care facilities;

- Remove barriers to volunteerism so the program can promptly recruit, train, and deploy the number of volunteers needed to advocate for residents within their communities;
- Conform the function of the State Ombudsman and the state and local ombudsman councils more closely to the intent of the federal Older Americans Act by clarifying the roles of staff and volunteers; and
- Strike any obsolete statutory language and better organize existing language for clarification.

If approved by the Governor, these provisions take effect upon becoming law.

Vote: Senate 38-0; House 119-0

AUTOMATED EXTERNAL DEFIBRILLATORS

HB 67 — Automated External Defibrillators

by Rep. Sobel and others (CS/SB 252 by Health and Human Services Appropriations Committee and Senators Rich, Lynn, and Alexander)

The bill creates the “Gordon and Miulli Act” to provide the Department of Health authority to award emergency medical services grants to youth athletic organizations to expand the use of automated external defibrillators and allows individual boards of county commissioners to distribute county emergency medical services grant funds to youth athletic organizations. The bill defines “youth athletic organization” as a private not-for-profit organization that promotes and provides organized athletic activities to youth.

“Automated external defibrillator device” is defined to have the same meaning as the term is defined in the Cardiac Arrest Survival Act. The Cardiac Arrest Survival Act is revised to provide that the immunity under that act does not apply to a person who acquires an automated external defibrillator device who fails to maintain and test the device or fails to provide appropriate training in the use of the device to his or her employee or agent when the employee or agent is the person who used the device on the victim. The bill requires the Department of Health to educate persons who acquire an automated external defibrillator device about the liability provisions of the Cardiac Arrest Survival Act.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 39-0; House 119-0

HB 93 — Automated External Defibrillators

by Rep. Henriquez and others (CS/SB 976 by Health Care Committee and Senator Geller)

This bill clarifies the legislative intent regarding the use of automated external defibrillators and provides definitions for the terms “automated external defibrillator” and “defibrillation.” The bill creates a criminal offense for certain acts involving tampering with an automated external defibrillator. The bill amends the Cardiac Arrest Survival Act (s. 768.1325, F.S.) to revise the definition of the term “automated external defibrillator” to specify that an automated external defibrillator is a lifesaving device. The bill requires the Department of Health to implement an educational campaign to inform persons who acquire an automated external defibrillator of the scope and limitations of the immunity from liability under s. 768.1325, F.S.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 39-0; House 120-0

CS/SB 274 — Defibrillators in State Parks

by General Government Appropriations Committee and Senators Jones and Crist

The bill encourages each state park to have on the premises at all times a functioning automated external defibrillator. The bill requires state parks that have an automated external defibrillator to ensure that employees and volunteers are properly trained in the use of the automated external defibrillator. The location of the automated external defibrillator must be registered with the local emergency medical services medical director. Employees and volunteers who use an automated external defibrillator are covered by the immunity granted under the Good Samaritan Act and the Cardiac Arrest Survival Act. The Division of Recreation and Parks, under the Department of Environmental Protection, is authorized to adopt rules to implement the bill.

The bill provides for a one-time appropriation of \$92,000 during FY 2006-2007 from the State Park Trust Fund to the Division of Recreation and Parks for the purpose of implementing this act and for purchasing automated external defibrillators.

If approved by the Governor, these provisions take effect July 1, 2006.

Vote: Senate 38-0; House 118-0

PUBLIC RECORDS AND MEETINGS EXEMPTIONS

SB 512 — Personal Identifying Information Held by the Department of Health/OGSR

by Health Care Committee

Pursuant to an Open Government Sunset Review, the bill reenacts the public records exemption under s. 119.0712(1), F. S., relating to personal identifying information; bank account numbers; and debit, charge, and credit card numbers of clients of the Department of Health. The bill deletes the exemption for bank account numbers and debit, charge, and credit card numbers, which are covered by another exemption in ch. 119, F.S.

If approved by the Governor, these provisions take effect October 1, 2006.

Vote: Senate 40-0; House 118-0

HB 1451 — Brain Tumor Research/Public Records Exemption

by Rep. Gannon and others (SB 2564 by Senator Atwater)

The bill creates a public records exemption for certain information contained in records of the Florida Center for Brain Tumor Research. The following information is confidential and exempt from public records requirements: an individual's medical record and any information received from an individual from another state or nation or the federal government that is otherwise confidential or exempt. The bill provides for future review and repeal of the exemption, provides a statement of public necessity, and provides a contingent effective date.

If approved by the Governor, these provisions take effect July 1, 2006, if House Bill 1449 or similar legislation is adopted in the same legislative session or an extension thereof.

Vote: Senate 39-0; House 117-0

HB 7027 — Long-term Care Facilities/OGSR

by Governmental Operations Committee and Rep. Rivera (CS/SB 510 by Governmental Oversight and Productivity Committee and Health Care Committee)

This bill is the result of an Open Government Sunset Review of public records and meetings exemptions relating to risk management and quality assurance activities of nursing homes and assisted living facilities. The bill reenacts open government exemptions for:

- Meetings of nursing home and assisted living facility internal risk management and quality assurance committees;
- Records pertaining to those meetings;

- Adverse incident reports filed with the risk manager and administrator of these facilities; and
- Adverse incident reports filed with the Agency for Health Care Administration.

Records disclosed to a law enforcement agency remain confidential and exempt until criminal charges are filed. The bill clarifies these exemptions and reorganizes the exemptions within the section of statute dealing with the exemptions.

If approved by the Governor, these provisions take effect October 1, 2006.

Vote: Senate 39-0; House 92-25

HB 7043 — Elderly Affairs/Health Information/OGSR

by Governmental Operations Committee and Rep. Rivera (CS/SB 514 by Governmental Oversight and Productivity Committee and Health Care Committee)

This bill reenacts and amends s. 430.105, F.S., to continue the public records exemption for personal identifying information in health-related records about clients of the Department of Elderly Affairs. The bill removes redundant language and authorizes the department to provide this information to other government agencies for the purpose of administering the department's programs for the elderly.

If approved by the Governor, these provisions take effect October 1, 2006.

Vote: Senate 39-0; House 118-0

HB 7045 – Public Records and Meetings/AHCA/OGSR

by Governmental Operations Committee and Rep. Rivera (CS/SB 516 by Governmental Oversight and Productivity Committee and Health Care Committee)

This bill reenacts and amends s. 409.91196, F.S., to continue the public records and meetings exemption for records and meetings related to the supplemental rebate negotiations in the Medicaid prescription drug program. The bill removes redundant language, corrects statutory cross references, and specifies that records of exempt portions of a Medicaid Pharmaceutical and Therapeutics Committee meeting must be created and maintained by the Agency for Health Care Administration. No exempt portion of a meeting may be held off the record.

If approved by the Governor, these provisions take effect October 1, 2006.

Vote: Senate 38-0; House 117-1