Amendment No. strike all

COMMITTEE/SUBCOMMITTEE ACTION ADOPTED ___ (Y/N) ADOPTED AS AMENDED ___ (Y/N) ADOPTED W/O OBJECTION ___ (Y/N) FAILED TO ADOPT ___ (Y/N) WITHDRAWN ___ (Y/N) OTHER

Committee/Subcommittee hearing bill: Health Care Appropriations Subcommittee

Representative Gaetz offered the following:

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Amendment (with title amendment)

Remove everything after the enacting clause and insert:

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

Section 1. An act relating to health care.—

- (1) The Department of Health shall convene a study group to evaluate the need for a statewide primary source verification repository for the core credentials data of health practitioners.
- (2) The study group shall perform an assessment to evaluate the need for a statewide primary source verification repository for the core credentials data of health practitioners. The assessment shall address factors including, but not limited to, potential costs, timelines for implementation, procurement options, and the impact on the private sector. The study group shall submit recommendations to

Amendment No. strike all the Governor, the President of the Senate, and the Speaker of the House of Representatives by July 1, 2014.

Section 2. This act shall take effect July 1, 2013.

0.0

TITLE AMENDMENT

Remove everything before the enacting clause and insert:

A bill to be entitled

An act relating to health care; requiring the Department of Health to convene a study group to evaluate the need for a statewide repository for the core credentials data of health practitioners; providing requirements for the study group; requiring the study group to submit recommendations to the Governor and Legislature; providing an effective date.

WHEREAS, the Legislature recognizes that an efficient and effective health care practitioner credentialing program helps ensure access to quality health care and the demand for health care practitioner credentialing activities has increased as a result of health care reform and recent changes affecting the delivery of and reimbursement for health care, and

WHEREAS, the resulting duplication of health care practitioner credentialing activities is costly and cumbersome for both the practitioner and the entity granting practice privileges, NOW, THEREFORE,