

	LEGISLATIVE ACTION	
Senate	•	House
	•	
	•	
Floor: 1/AD/3R	•	
03/03/2018 10:05 AM	•	
	•	

Senator Brandes moved the following:

Senate Amendment (with directory and title amendments)

Between lines 833 and 834 3 4 insert:

(6)

10 11

1 2

5

6

8

9

(b) A specialty-licensed children's hospital that has licensed neonatal intensive care unit beds and is located in District 5 or District 11, as defined in s. 408.032, as of January 1, 2018, a county with a population of 1,750,000 or more may provide obstetrical services, in accordance with the pertinent guidelines promulgated by the American College of

13

14

15

16 17

18 19

20

21

22

23

24

25

26

27

28

29 30

31 32 33

34

35

36

37 38

39

40



Obstetricians and Gynecologists and with verification of quidelines and compliance with internal safety standards by the Voluntary Review for Quality of Care Program of the American College of Obstetricians and Gynecologists and in compliance with the agency's rules pertaining to the obstetrical department in a hospital and offer healthy mothers all necessary critical care equipment, services, and the capability of providing up to 10 beds for labor and delivery care, which services are restricted to the diagnosis, care, and treatment of pregnant women of any age who have documentation by an examining physician that includes information regarding:

- 1. At least one fetal characteristic or condition diagnosed intra-utero that would characterize the pregnancy or delivery as high risk including structural abnormalities of the digestive, central nervous, and cardiovascular systems and disorders of genetic malformations and skeletal dysplasia, acute metabolic emergencies, and babies of mothers with rheumatologic disorders;
- 2. Medical advice or a diagnosis indicating that the fetus may require at least one perinatal intervention.

This paragraph shall not preclude a specialty-licensed children's hospital from complying with s. 395.1041 or the Emergency Medical Treatment and Active Labor Act, 42 U.S.C. 1395dd.

===== D I R E C T O R Y C L A U S E A M E N D M E N T ====== And the directory clause is amended as follows:

Delete lines 799 - 800



and insert:

Section 1. Paragraphs (a) and (b) of subsection (1), paragraph (b) of subsection (2), and paragraph (b) of subsection (6) of section 395.003, Florida

44 45 46

47

48 49

50 51

52

53

54

55 56

57

58 59

60

61 62

63 64

65

66

67

68

69

41

42

43

======= T I T L E A M E N D M E N T ==========

And the title is amended as follows:

Delete lines 27 - 299

and insert:

amending s. 395.003, F.S.; conforming provisions to changes made by the act; authorizing certain specialty-licensed children's hospitals to provide obstetrical services under certain circumstances: creating the public health trust; amending ss. 381.0031, 381.004, 384.31, 395.009, 400.0625, and 409.905, F.S.; eliminating state licensure requirements for clinical laboratories; requiring clinical laboratories to be federally certified; amending s. 381.915, F.S.; increasing the number of years that a cancer center may participate in Tier 3 of the Florida Consortium of National Cancer Institute Centers Program; increasing the number of years after qualification that a certain Tier 3 cancer center may pursue specified NCI designations; amending s. 383.313, F.S.; requiring a birth center to be federally certified and meet specified requirements to perform certain laboratory tests; repealing s. 383.335, F.S., relating to partial exemptions from licensure requirements for certain facilities that

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89 90

91

92

93 94

95

96

97

98



provide obstetrical and gynecological surgical services; amending s. 395.002, F.S.; revising and deleting definitions to remove the term "mobile surgical facility"; conforming a cross-reference; creating s. 395.0091, F.S.; requiring the Agency for Health Care Administration, in consultation with the Board of Clinical Laboratory Personnel, to adopt rules establishing criteria for alternate-site laboratory testing; requiring specifications to be included in the criteria; defining the term "alternate-site testing"; amending ss. 395.0161 and 395.0163, F.S.; deleting licensure and inspection requirements for mobile surgical facilities to conform to changes made by the act; amending s. 395.0197, F.S.; requiring the manager of a hospital or ambulatory surgical center internal risk management program to demonstrate competence in specified administrative and health care service areas; conforming provisions to changes made by the act; repealing s. 395.1046, F.S., relating to hospital complaint investigation procedures; amending s. 395.1055, F.S.; requiring hospitals that provide specified services to meet agency licensure requirements; providing standards to be included in licensure requirements; conforming a provision to changes made by the act; requiring a level 2 background screening for personnel of distinct part nursing units; requiring the agency to adopt rules establishing standards for pediatric cardiac catheterization and pediatric cardiovascular surgery

100 101

102

103

104

105 106

107

108

109

110

111 112

113

114

115

116

117 118

119

120

121

122 123

124

125

126

127



programs; providing requirements for such programs; requiring pediatric cardiac programs to participate in the clinical outcome reporting systems; revising duties and membership of the pediatric cardiac technical advisory panel; repealing ss. 395.10971 and 395.10972, F.S., relating to the purpose and the establishment of the Health Care Risk Manager Advisory Council, respectively; amending s. 395.10973, F.S.; removing requirements relating to agency standards for health care risk managers to conform provisions to changes made by the act; repealing s. 395.10974, F.S., relating to licensure of health care risk managers, qualifications, licensure, and fees; repealing s. 395.10975, F.S., relating to grounds for denial, suspension, or revocation of a health care risk manager's license and an administrative fine; amending s. 395.602, F.S.; deleting definitions for the terms "emergency care hospital," "essential access community hospital," "inactive rural hospital bed," and "rural primary care hospital"; amending s. 395.603, F.S.; deleting provisions relating to deactivation of general hospital beds by certain rural and emergency care hospitals; repealing s. 395.604, F.S., relating to other rural hospital programs; repealing s. 395.605, F.S., relating to emergency care hospitals; amending s. 395.701, F.S.; revising the definition of the term "hospital" to exclude hospitals operated by a state agency; amending s. 400.191, F.S.; removing the 30-month reporting timeframe for the Nursing Home

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145 146

147

148

149 150

151

152

153

154

155

156



Guide; amending s. 400.464, F.S.; requiring that a license issued to a home health agency on or after a specified date specify the services the organization is authorized to perform and whether the services constitute skilled care; providing that the provision or advertising of certain services constitutes unlicensed activity under certain circumstances; authorizing certain persons, entities or organizations providing home health services to voluntarily apply for a certificate of exemption from licensure by providing certain information to the agency; providing that the certificate is valid for a specified time and is nontransferable; authorizing the agency to charge a fee for the certificate; amending s. 400.471, F.S.; revising home health agency licensure requirements; providing requirements for proof of accreditation for home health agencies applying for change of ownership or the addition of skilled care services; removing a provision prohibiting the agency from issuing a license to a home health agency that fails to satisfy the requirements of a Medicare certification survey from the agency; amending s. 400.474, F.S.; revising conditions for the imposition of a fine against a home health agency; amending s. 400.476, F.S.; requiring a home health agency providing skilled nursing care to have a director of nursing; amending s. 400.484, F.S.; imposing administrative fines on home health agencies for specified classes of violations; amending s. 400.497, F.S.; requiring the agency to adopt, publish,

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172 173

174

175 176

177

178

179

180

181

182

183

184

185



and enforce rules establishing standards for certificates of exemption; amending s. 400.506, F.S.; specifying a criminal penalty for any person who owns, operates, or maintains an unlicensed nurse registry that fails to cease operation immediately and apply for a license after notification from the agency; revising provisions authorizing the agency to impose a fine on a nurse registry that fails to cease operation after agency notification; revising circumstances under which the agency is authorized to deny, suspend, or revoke a license or impose a fine on a nurse registry; prohibiting a nurse registry from monitoring, supervising, managing, or training a certain caregiver who is an independent contractor; amending s. 400.606, F.S.; removing a requirement that an existing licensed health care provider's hospice licensure application be accompanied by a copy of the most recent profit-loss statement and licensure inspection report; amending s. 400.925, F.S.; revising the definition of the term "home medical equipment"; amending s. 400.931, F.S.; requiring a home medical equipment provider to notify the agency of certain personnel changes within a specified timeframe; amending s. 400.933, F.S.; requiring the agency to accept the submission of a valid medical oxygen retail establishment permit issued by the Department of Business and Professional Regulation in lieu of an agency inspection for licensure; amending s. 400.980, F.S.; revising the timeframe within which a health

187

188 189

190

191

192

193

194

195

196

197

198

199

200

201

202

203

204 205

206

207

208

209

210 211

212

213

214



care services pool registrant must provide the agency with certain changes of information; amending s. 400.9935, F.S.; specifying that a voluntary certificate of exemption may be valid for up to 2 years; amending s. 408.036, F.S.; conforming provisions to changes made by the act; deleting obsolete provisions relating to certificate of need requirements for specified services; amending s. 408.0361, F.S.; providing an exception for a hospital to become a Level I Adult Cardiovascular provider if certain requirements are met; amending s. 408.05, F.S.; requiring the agency to contract with the Society of Thoracic Surgeons and the American College of Cardiology for the collection of certain data for publication on the agency's website for certain purposes; amending s. 408.061, F.S.; excluding hospitals operated by state agencies from certain financial reporting requirements; conforming a crossreference; amending s. 408.07, F.S.; deleting the definition for the term "clinical laboratory"; amending s. 408.20, F.S.; exempting hospitals operated by any state agency from assessments against the Health Care Trust Fund to fund certain agency activities; repealing s. 408.7056, F.S., relating to the Subscriber Assistance Program; amending s. 408.803, F.S.; defining the term "relative" for purposes of the Health Care Licensing Procedures Act; amending s. 408.806, F.S.; authorizing licensees who hold licenses for multiple providers to request that

216

217 218

219

220

221

222

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242

243



the agency align related license expiration dates; authorizing the agency to issue licenses for an abbreviated licensure period and to charge a prorated licensure fee; amending s. 408.809, F.S.; expanding the scope of persons subject to a level 2 background screening to include any employee of a licensee who is a controlling interest and certain part-time contractors; amending s. 408.810, F.S.; providing that an applicant for change of ownership licensure is exempt from furnishing proof of financial ability to operate if certain conditions are met; authorizing the agency to adopt rules governing circumstances under which a controlling interest may act in certain legal capacities on behalf of a patient or client; requiring a licensee to ensure that certain persons do not hold an ownership interest if the licensee is not organized as or owned by a publicly traded corporation; defining the term "publicly traded corporation"; amending s. 408.812, F.S.; providing that certain unlicensed activity by a provider constitutes abuse and neglect; clarifying that the agency may impose a fine or penalty, as prescribed in an authorizing statute, if an unlicensed provider who has received notification fails to cease operation; authorizing the agency to revoke all licenses and impose a fine or penalties upon a controlling interest or licensee who has an interest in more than one provider and who fails to license a provider rendering services that require licensure in certain circumstances; amending s.

245

246 247

248

249

250

251

252

253

254

255

256

257

258

259

260

261

262

263

264

265

266

2.67 268

269

270

271

272



408.820, F.S.; deleting certain exemptions from part II of ch. 408, F.S., for specified providers to conform provisions to changes made by the act; amending s. 409.907, F.S.; removing the agency's authority to consider certain factors in determining whether to enter into, and in maintaining, a Medicaid provider agreement; amending s. 429.02, F.S.; revising definitions of the terms "assisted living facility" and "personal services"; amending s. 429.04, F.S.; providing additional exemptions from licensure as an assisted living facility; requiring a person or entity asserting the exemption to provide documentation that substantiates the claim upon agency investigation of unlicensed activity; amending s. 429.08, F.S.; providing criminal penalties and fines for a person who rents or otherwise maintains a building or property used as an unlicensed assisted living facility; providing criminal penalties and fines for a person who owns, operates, or maintains an unlicensed assisted living facility after receiving notice from the agency; amending s. 429.176, F.S.; prohibiting an assisted living facility from operating for more than a specified time without an administrator who has completed certain educational requirements; amending s. 429.24, F.S.; providing that 30-day written notice of rate increase for residency in an assisted living facility is not required in certain situations; amending s. 429.28, F.S.; revising the assisted living facility resident bill of rights to include assistance

274

275

276

277

278

279

280

2.81

282

283

284

285

286

2.87

288

289

290

291

292

293

294

295

296

297

298

299

300

301



with obtaining access to adequate and appropriate health care; defining the term "adequate and appropriate health care"; deleting a requirement that the agency conduct at least one monitoring visit under certain circumstances; deleting provisions authorizing the agency to conduct periodic followup inspections and complaint investigations under certain circumstances; amending s. 429.294, F.S.; deleting the specified timeframe within which an assisted living facility must provide complete copies of a resident's records in an investigation of resident's rights; amending s. 429.34, F.S.; authorizing the agency to inspect and investigate assisted living facilities as necessary to determine compliance with certain laws; removing a provision requiring the agency to inspect each licensed assisted living facility at least biennially; authorizing the agency to conduct monitoring visits of each facility cited for prior violations under certain circumstances; amending s. 429.52, F.S.; requiring an assisted living facility administrator to complete required training and education within a specified timeframe; amending s. 435.04, F.S.; providing that security background investigations must ensure that a person has not been arrested for, and is not awaiting final disposition of, certain offenses; requiring that security background investigations for purposes of participation in the Medicaid program screen for violations of federal or state law, rule, or

303

304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320 321

322

323

324

325 326

327

328

329

330



regulation governing any state Medicaid program, the Medicare program, or any other publicly funded federal or state health care or health insurance program; specifying offenses under federal law or any state law that the security background investigations must screen for; amending s. 456.054, F.S.; prohibiting any person or entity from paying or receiving a kickback for referring patients to a clinical laboratory; prohibiting a clinical laboratory from providing personnel to perform certain functions or duties in a health care practitioner's office or dialysis facility; providing an exception; prohibiting a clinical laboratory from leasing space in any part of a health care practitioner's office or dialysis facility; repealing part I of ch. 483, F.S., relating to clinical laboratories; amending s. 483.294, F.S.; removing a requirement that the agency inspect multiphasic health testing centers at least once annually; amending s. 483.801, F.S.; providing an exemption from regulation for certain persons employed by certain laboratories; amending s. 483.803, F.S.; revising definitions of the terms "clinical laboratory" and "clinical laboratory examination"; removing a cross-reference; amending s. 641.511, F.S.; revising health maintenance organization subscriber grievance reporting requirements; repealing s. 641.60, F.S., relating to the Statewide Managed Care Ombudsman Committee; repealing s. 641.65, F.S., relating to district managed care ombudsman committees; repealing

332

333

334

335

336

337

338

339

340

341

342

343

344

345

346



s. 641.67, F.S., relating to a district managed care ombudsman committee, exemption from public records requirements, and exceptions; repealing s. 641.68, F.S., relating to a district managed care ombudsman committee and exemption from public meeting requirements; repealing s. 641.70, F.S., relating to agency duties relating to the Statewide Managed Care Ombudsman Committee and the district managed care ombudsman committees; repealing s. 641.75, F.S., relating to immunity from liability and limitation on testimony; amending s. 945.36, F.S.; authorizing law enforcement personnel to conduct drug tests on certain inmates and releasees; amending ss. 20.43, 220.1845, 376.30781, 376.86, 381.0034, 381.0405, 383.14, 383.30, 383.301, 383.302, 383.305, 383.309, 383.33, 385.211, 394.4787, 395.001, 395.7015, 400.9905,