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LEGISLATIVE ACTION

Senate

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House

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The Committee on Appropriations (Harrell) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Effective July 1, 2024, subsections (9), (10),  
and (11) of section 395.003, Florida Statutes, as amended by  
this act, are amended to read:

395.003 Licensure; denial, suspension, and revocation.—

~~(9) A hospital may not be licensed or relicensed if:~~

~~(a) The diagnosis-related groups for 65 percent or more of~~



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11 ~~the discharges from the hospital, in the most recent year for~~  
12 ~~which data is available to the Agency for Health Care~~  
13 ~~Administration pursuant to s. 408.061, are for diagnosis, care,~~  
14 ~~and treatment of patients who have:~~

15 ~~1. Cardiac-related diseases and disorders classified as~~  
16 ~~diagnosis-related groups in major diagnostic category 5;~~

17 ~~2. Orthopedic-related diseases and disorders classified as~~  
18 ~~diagnosis-related groups in major diagnostic category 8;~~

19 ~~3. Cancer-related diseases and disorders classified as~~  
20 ~~discharges in which the principal diagnosis is neoplasm or~~  
21 ~~carcinoma or is for an admission for radiotherapy or~~  
22 ~~antineoplastic chemotherapy or immunotherapy; or~~

23 ~~4. Any combination of the above discharges.~~

24 ~~(b) The hospital restricts its medical and surgical~~  
25 ~~services to primarily or exclusively cardiac, orthopedic,~~  
26 ~~surgical, or oncology specialties.~~

27 ~~(c) A hospital classified as an exempt cancer center~~  
28 ~~hospital pursuant to 42 C.F.R. s. 412.23(f) as of December 31,~~  
29 ~~2005, is exempt from the licensure restrictions of this~~  
30 ~~subsection.~~

31 ~~(10) A hospital licensed as of June 1, 2004, shall be~~  
32 ~~exempt from subsection (8) as long as the hospital maintains the~~  
33 ~~same ownership, facility street address, and range of services~~  
34 ~~that were in existence on June 1, 2004. Any transfer of beds, or~~  
35 ~~other agreements that result in the establishment of a hospital~~  
36 ~~or hospital services within the intent of this section, shall be~~  
37 ~~subject to subsection (8). Unless the hospital is otherwise~~  
38 ~~exempt under subsection (8), the agency shall deny or revoke the~~  
39 ~~license of a hospital that violates any of the criteria set~~



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40 ~~forth in that subsection.~~

41 ~~(11) The agency may adopt rules implementing the licensure~~  
42 ~~requirements set forth in subsection (8). Within 14 days after~~  
43 ~~rendering its decision on a license application or revocation,~~  
44 ~~the agency shall publish its proposed decision in the Florida~~  
45 ~~Administrative Register. Within 21 days after publication of the~~  
46 ~~agency's decision, any authorized person may file a request for~~  
47 ~~an administrative hearing. In administrative proceedings~~  
48 ~~challenging the approval, denial, or revocation of a license~~  
49 ~~pursuant to subsection (8), the hearing must be based on the~~  
50 ~~facts and law existing at the time of the agency's proposed~~  
51 ~~agency action. Existing hospitals may initiate or intervene in~~  
52 ~~an administrative hearing to approve, deny, or revoke licensure~~  
53 ~~under subsection (8) based upon a showing that an established~~  
54 ~~program will be substantially affected by the issuance or~~  
55 ~~renewal of a license to a hospital within the same district or~~  
56 ~~service area.~~

57 Section 2. Effective July 1, 2024, subsection (10) of  
58 section 395.0191, Florida Statutes, is amended to read:

59 395.0191 Staff membership and clinical privileges.—

60 ~~(10) Nothing herein shall be construed by the agency as~~  
61 ~~requiring an applicant for a certificate of need to establish~~  
62 ~~proof of discrimination in the granting of or denial of hospital~~  
63 ~~staff membership or clinical privileges as a precondition to~~  
64 ~~obtaining such certificate of need under the provisions of s.~~  
65 ~~408.043.~~

66 Section 3. Effective July 1, 2024, present subsection (12)  
67 of section 395.1055, Florida Statutes, is redesignated as  
68 subsection (15), paragraph (f) of subsection (1) and paragraph



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69 (b) of subsection (9) are amended, and a new subsection (12) and  
70 subsections (13) and (14) are added to that section, to read:

71 395.1055 Rules and enforcement.—

72 (1) The agency shall adopt rules pursuant to ss. 120.536(1)  
73 and 120.54 to implement the provisions of this part, which shall  
74 include reasonable and fair minimum standards for ensuring that:

75 ~~(f) All hospitals submit such data as necessary to conduct~~  
76 ~~certificate-of-need reviews required under part I of chapter~~  
77 ~~408. Such data shall include, but shall not be limited to,~~  
78 ~~patient origin data, hospital utilization data, type of service~~  
79 ~~reporting, and facility staffing data. The agency may not~~  
80 ~~collect data that identifies or could disclose the identity of~~  
81 ~~individual patients. The agency shall utilize existing uniform~~  
82 ~~statewide data sources when available and shall minimize~~  
83 ~~reporting costs to hospitals.~~

84 (9) The agency shall establish a technical advisory panel,  
85 pursuant to s. 20.052, to develop procedures and standards for  
86 measuring outcomes of pediatric cardiac catheterization programs  
87 and pediatric cardiovascular surgery programs.

88 (b) Voting members of the panel shall include: 3 at-large  
89 members, including 1 cardiologist who is board certified in  
90 caring for adults with congenital heart disease and 2 board-  
91 certified pediatric cardiologists, neither of whom may be  
92 employed by any of the hospitals specified in subparagraphs 1.-  
93 10. or their affiliates, each of whom is appointed by the  
94 Secretary of Health Care Administration, and 10 members, and an  
95 alternate for each member, each of whom is a pediatric  
96 cardiologist or a pediatric cardiovascular surgeon, each  
97 appointed by the chief executive officer of the following



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98 hospitals:

- 99 1. Johns Hopkins All Children's Hospital in St. Petersburg.  
100 2. Arnold Palmer Hospital for Children in Orlando.  
101 3. Joe DiMaggio Children's Hospital in Hollywood.  
102 4. Nicklaus Children's Hospital in Miami.  
103 5. St. Joseph's Children's Hospital in Tampa.  
104 6. University of Florida Health Shands Hospital in  
105 Gainesville.  
106 7. University of Miami Holtz Children's Hospital in Miami.  
107 8. Wolfson Children's Hospital in Jacksonville.  
108 9. Florida Hospital for Children in Orlando.  
109 10. Nemours Children's Hospital in Orlando.  
110

111 Appointments made under subparagraphs 1.-10. are contingent upon  
112 ~~the hospital's maintenance of pediatric certificates of need and~~  
113 the hospital's compliance with this section and rules adopted  
114 thereunder, as determined by the Secretary of Health Care  
115 Administration. A member appointed under subparagraphs 1.-10.  
116 whose hospital fails to ~~maintain such certificates or~~ comply  
117 with such standards may serve only as a nonvoting member until  
118 the hospital ~~restores such certificates or~~ complies with such  
119 standards.

120 (12) Each provider of diagnostic cardiac catheterization  
121 services shall comply with rules adopted by the agency which  
122 establish licensure standards governing the operation of adult  
123 inpatient diagnostic cardiac catheterization programs. The rules  
124 must ensure that such programs:

125 (a) Comply with the most recent guidelines of the American  
126 College of Cardiology and American Heart Association Guidelines



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127 for Cardiac Catheterization and Cardiac Catheterization  
128 Laboratories.

129 (b) Perform only adult inpatient diagnostic cardiac  
130 catheterization services and will not provide therapeutic  
131 cardiac catheterization or any other cardiology services.

132 (c) Maintain sufficient appropriate equipment and health  
133 care personnel to ensure quality and safety.

134 (d) Maintain appropriate times of operation and protocols  
135 to ensure availability and appropriate referrals in the event of  
136 emergencies.

137 (e) Demonstrate a plan to provide services to Medicaid and  
138 charity care patients.

139 (13) Each provider of adult cardiovascular services or  
140 operator of a burn unit shall comply with rules adopted by the  
141 agency which establish licensure standards that govern the  
142 provision of adult cardiovascular services or the operation of a  
143 burn unit. Such rules shall consider, at a minimum, staffing,  
144 equipment, physical plant, operating protocols, the provision of  
145 services to Medicaid and charity care patients, accreditation,  
146 licensure period and fees, and enforcement of minimum standards.

147 (14) In establishing rules for adult cardiovascular  
148 services, the agency shall include provisions that allow for:

149 (a) Establishment of two hospital program licensure levels:  
150 a Level I program authorizing the performance of adult  
151 percutaneous cardiac intervention without onsite cardiac surgery  
152 and a Level II program authorizing the performance of  
153 percutaneous cardiac intervention with onsite cardiac surgery.

154 (b)1. For a hospital seeking a Level I program,  
155 demonstration that, for the most recent 12-month period as



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156 reported to the agency, the hospital has provided a minimum of  
157 300 adult inpatient and outpatient diagnostic cardiac  
158 catheterizations or, for the most recent 12-month period, has  
159 discharged or transferred at least 300 patients with the  
160 principal diagnosis of ischemic heart disease and that it has a  
161 formalized, written transfer agreement with a hospital that has  
162 a Level II program, including written transport protocols to  
163 ensure safe and efficient transfer of a patient within 60  
164 minutes.

165 2.a. A hospital located more than 100 road miles from the  
166 closest Level II adult cardiovascular services program does not  
167 need to meet the diagnostic cardiac catheterization volume and  
168 ischemic heart disease diagnosis volume requirements in  
169 subparagraph 1. if the hospital demonstrates that it has, for  
170 the most recent 12-month period as reported to the agency,  
171 provided a minimum of 100 adult inpatient and outpatient  
172 diagnostic cardiac catheterizations or that, for the most recent  
173 12-month period, it has discharged or transferred at least 300  
174 patients with the principal diagnosis of ischemic heart disease.

175 b. A hospital located more than 100 road miles from the  
176 closest Level II adult cardiovascular services program does not  
177 need to meet the 60-minute transfer time protocol requirement in  
178 subparagraph 1. if the hospital demonstrates that it has a  
179 formalized, written transfer agreement with a hospital that has  
180 a Level II program. The agreement must include written transport  
181 protocols to ensure the safe and efficient transfer of a  
182 patient, taking into consideration the patient's clinical and  
183 physical characteristics, road and weather conditions, and  
184 viability of ground and air ambulance service to transfer the



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185 patient.

186 3. At a minimum, the rules for adult cardiovascular  
187 services must require nursing and technical staff to have  
188 demonstrated experience in handling acutely ill patients  
189 requiring intervention, based on the staff member's previous  
190 experience in dedicated cardiac interventional laboratories or  
191 surgical centers. If a staff member's previous experience is in  
192 a dedicated cardiac interventional laboratory at a hospital that  
193 does not have an approved adult open heart surgery program, the  
194 staff member's previous experience qualifies only if, at the  
195 time the staff member acquired his or her experience, the  
196 dedicated cardiac interventional laboratory:

197 a. Had an annual volume of 500 or more percutaneous cardiac  
198 intervention procedures.

199 b. Achieved a demonstrated success rate of 95 percent or  
200 greater for percutaneous cardiac intervention procedures.

201 c. Experienced a complication rate of less than 5 percent  
202 for percutaneous cardiac intervention procedures.

203 d. Performed diverse cardiac procedures, including, but not  
204 limited to, balloon angioplasty and stenting, rotational  
205 atherectomy, cutting balloon atheroma remodeling, and procedures  
206 relating to left ventricular support capability.

207 (c) For a hospital seeking a Level II program,  
208 demonstration that, for the most recent 12-month period as  
209 reported to the agency, the hospital has performed a minimum of  
210 1,100 adult inpatient and outpatient cardiac catheterizations,  
211 of which at least 400 must be therapeutic catheterizations, or,  
212 for the most recent 12-month period, has discharged at least 800  
213 patients with the principal diagnosis of ischemic heart disease.





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214 (d) Compliance with the most recent guidelines of the  
215 American College of Cardiology and American Heart Association  
216 guidelines for staffing, physician training and experience,  
217 operating procedures, equipment, physical plant, and patient  
218 selection criteria to ensure patient quality and safety.

219 (e) Establishment of appropriate hours of operation and  
220 protocols to ensure availability and timely referral in the  
221 event of emergencies.

222 (f) Demonstration of a plan to provide services to Medicaid  
223 and charity care patients.

224 Section 4. Effective July 1, 2024, subsection (5) of  
225 section 395.1065, Florida Statutes, is amended to read:

226 395.1065 Criminal and administrative penalties;  
227 moratorium.—

228 (5) The agency shall impose a fine of \$500 for each  
229 instance of the facility's failure to provide the information  
230 required by rules adopted pursuant to s. 395.1055(1)(g) ~~s.~~  
231 ~~395.1055(1)(h)~~.

232 Section 5. Section 395.6025, Florida Statutes, is repealed.

233 Section 6. Subsections (8) and (13) of section 408.032,  
234 Florida Statutes, are amended to read:

235 408.032 Definitions relating to Health Facility and  
236 Services Development Act.—As used in ss. 408.031-408.045, the  
237 term:

238 (8) "Health care facility" means a hospital, ~~long-term care~~  
239 ~~hospital~~, skilled nursing facility, hospice, or intermediate  
240 care facility for the developmentally disabled. A facility  
241 relying solely on spiritual means through prayer for healing is  
242 not included as a health care facility.



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243 ~~(13) "Long term care hospital" means a hospital licensed~~  
244 ~~under chapter 395 which meets the requirements of 42 C.F.R. s.~~  
245 ~~412.23(e) and seeks exclusion from the acute care Medicare~~  
246 ~~prospective payment system for inpatient hospital services.~~

247 Section 7. Effective July 1, 2024, subsections (8) through  
248 (17) of section 408.032, Florida Statutes, as amended by this  
249 act, are amended to read:

250 408.032 Definitions relating to Health Facility and  
251 Services Development Act.—As used in ss. 408.031-408.045, the  
252 term:

253 (8) "Health care facility" means a ~~hospital~~, skilled  
254 nursing facility, hospice, or intermediate care facility for the  
255 developmentally disabled. A facility relying solely on spiritual  
256 means through prayer for healing is not included as a health  
257 care facility.

258 ~~(9) "Health services" means inpatient diagnostic, curative,~~  
259 ~~or comprehensive medical rehabilitative services and includes~~  
260 ~~mental health services. Obstetric services are not health~~  
261 ~~services for purposes of ss. 408.031-408.045.~~

262 (9) ~~(10)~~ "Hospice" or "hospice program" means a hospice as  
263 defined in part IV of chapter 400.

264 ~~(11) "Hospital" means a health care facility licensed under~~  
265 ~~chapter 395.~~

266 (10) ~~(12)~~ "Intermediate care facility for the  
267 developmentally disabled" means a residential facility licensed  
268 under part VIII of chapter 400.

269 ~~(13) "Mental health services" means inpatient services~~  
270 ~~provided in a hospital licensed under chapter 395 and listed on~~  
271 ~~the hospital license as psychiatric beds for adults; psychiatric~~



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272 ~~beds for children and adolescents; intensive residential~~  
273 ~~treatment beds for children and adolescents; substance abuse~~  
274 ~~beds for adults; or substance abuse beds for children and~~  
275 ~~adolescents.~~

276 ~~(11)-(14)~~ "Nursing home geographically underserved area"  
277 means:

278 (a) A county in which there is no existing or approved  
279 nursing home;

280 (b) An area with a radius of at least 20 miles in which  
281 there is no existing or approved nursing home; or

282 (c) An area with a radius of at least 20 miles in which all  
283 existing nursing homes have maintained at least a 95 percent  
284 occupancy rate for the most recent 6 months or a 90 percent  
285 occupancy rate for the most recent 12 months.

286 ~~(12)-(15)~~ "Skilled nursing facility" means an institution,  
287 or a distinct part of an institution, which is primarily engaged  
288 in providing, to inpatients, skilled nursing care and related  
289 services for patients who require medical or nursing care, or  
290 rehabilitation services for the rehabilitation of injured,  
291 disabled, or sick persons.

292 ~~(16)~~ "Tertiary health service" means a health service  
293 ~~which, due to its high level of intensity, complexity,~~  
294 ~~specialized or limited applicability, and cost, should be~~  
295 ~~limited to, and concentrated in, a limited number of hospitals~~  
296 ~~to ensure the quality, availability, and cost-effectiveness of~~  
297 ~~such service. Examples of such service include, but are not~~  
298 ~~limited to, pediatric cardiac catheterization, pediatric open-~~  
299 ~~heart surgery, organ transplantation, neonatal intensive care~~  
300 ~~units, comprehensive rehabilitation, and medical or surgical~~



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301 ~~services which are experimental or developmental in nature to~~  
302 ~~the extent that the provision of such services is not yet~~  
303 ~~contemplated within the commonly accepted course of diagnosis or~~  
304 ~~treatment for the condition addressed by a given service. The~~  
305 ~~agency shall establish by rule a list of all tertiary health~~  
306 ~~services.~~

307 Section 8. Effective July 1, 2024, paragraph (b) of  
308 subsection (1) of section 408.033, Florida Statutes, is amended  
309 to read:

310 408.033 Local and state health planning.—

311 (1) LOCAL HEALTH COUNCILS.—

312 (b) Each local health council may:

313 1. Develop a district area health plan that permits each  
314 local health council to develop strategies and set priorities  
315 for implementation based on its unique local health needs.

316 2. Advise the agency on health care issues and resource  
317 allocations.

318 3. Promote public awareness of community health needs,  
319 emphasizing health promotion and cost-effective health service  
320 selection.

321 4. Collect data and conduct analyses and studies related to  
322 health care needs of the district, including the needs of  
323 medically indigent persons, and assist the agency and other  
324 state agencies in carrying out data collection activities that  
325 relate to the functions in this subsection.

326 5. Monitor the onsite construction progress, if any, of  
327 certificate-of-need approved projects and report council  
328 findings to the agency on forms provided by the agency.

329 6. Advise and assist any regional planning councils within



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330 each district that have elected to address health issues in  
331 their strategic regional policy plans with the development of  
332 the health element of the plans to address the health goals and  
333 policies in the State Comprehensive Plan.

334 7. Advise and assist local governments within each district  
335 on the development of an optional health plan element of the  
336 comprehensive plan provided in chapter 163, to assure  
337 compatibility with the health goals and policies in the State  
338 Comprehensive Plan and district health plan. To facilitate the  
339 implementation of this section, the local health council shall  
340 annually provide the local governments in its service area, upon  
341 request, with:

342 a. A copy and appropriate updates of the district health  
343 plan;

344 b. A report of health facility ~~hospital~~ and nursing home  
345 utilization statistics for facilities within the local  
346 government jurisdiction; and

347 c. Applicable agency rules and calculated need  
348 methodologies for health facilities and services regulated under  
349 s. 408.034 for the district served by the local health council.

350 8. Monitor and evaluate the adequacy, appropriateness, and  
351 effectiveness, within the district, of local, state, federal,  
352 and private funds distributed to meet the needs of the medically  
353 indigent and other underserved population groups.

354 9. In conjunction with the Department of Health, plan for  
355 services at the local level for persons infected with the human  
356 immunodeficiency virus.

357 10. Provide technical assistance to encourage and support  
358 activities by providers, purchasers, consumers, and local,



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359 regional, and state agencies in meeting the health care goals,  
360 objectives, and policies adopted by the local health council.

361 11. Provide the agency with data required by rule for the  
362 review of certificate-of-need applications and the projection of  
363 need for health ~~services and~~ facilities in the district.

364 Section 9. Subsection (2) of section 408.034, Florida  
365 Statutes, is amended to read:

366 408.034 Duties and responsibilities of agency; rules.—

367 (2) In the exercise of its authority to issue licenses to  
368 health care facilities and health service providers, as provided  
369 under chapters 393 and 395 and parts II, IV, and VIII of chapter  
370 400, the agency may not issue a license to any health care  
371 facility or health service provider that fails to receive a  
372 certificate of need or an exemption for the licensed facility or  
373 service, except that the agency may issue a license to a general  
374 hospital that has not been issued a certificate of need if that  
375 hospital meets the criteria established in s. 395.003(8).

376 Section 10. Effective July 1, 2024, subsection (2) of  
377 section 408.034, Florida Statutes, as amended by this act, and  
378 subsection (3) of that section, are amended to read:

379 408.034 Duties and responsibilities of agency; rules.—

380 (2) In the exercise of its authority to issue licenses to  
381 health care facilities and health service providers, as provided  
382 under chapter ~~chapters~~ 393 and ~~395~~ and parts II, IV, and VIII of  
383 chapter 400, the agency may not issue a license to any health  
384 care facility or health service provider that fails to receive a  
385 certificate of need or an exemption for the licensed facility or  
386 service, ~~except that the agency may issue a license to a general~~  
387 ~~hospital that has not been issued a certificate of need if that~~



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388 ~~hospital meets the criteria established in s. 395.003(8).~~

389 (3) The agency shall establish, by rule, uniform need  
390 methodologies for ~~health services and~~ health facilities. In  
391 developing uniform need methodologies, the agency shall, at a  
392 minimum, consider the demographic characteristics of the  
393 population, the health status of the population, service use  
394 patterns, standards and trends, geographic accessibility, and  
395 market economics.

396 Section 11. Section 408.035, Florida Statutes, is amended  
397 to read:

398 408.035 Review criteria.—

399 ~~(1)~~ The agency shall determine the reviewability of  
400 applications and shall review applications for certificate-of-  
401 need determinations for health care facilities and health  
402 services in context with the following criteria, ~~except for~~  
403 ~~general hospitals as defined in s. 395.002:~~

404 (1) ~~(a)~~ The need for the health care facilities and health  
405 services being proposed.

406 (2) ~~(b)~~ The availability, quality of care, accessibility,  
407 and extent of utilization of existing health care facilities and  
408 health services in the service district of the applicant.

409 (3) ~~(c)~~ The ability of the applicant to provide quality of  
410 care and the applicant's record of providing quality of care.

411 (4) ~~(d)~~ The availability of resources, including health  
412 personnel, management personnel, and funds for capital and  
413 operating expenditures, for project accomplishment and  
414 operation.

415 (5) ~~(e)~~ The extent to which the proposed services will  
416 enhance access to health care for residents of the service



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417 district.

418 ~~(6)-(f)~~ The immediate and long-term financial feasibility of  
419 the proposal.

420 ~~(7)-(g)~~ The extent to which the proposal will foster  
421 competition that promotes quality and cost-effectiveness.

422 ~~(8)-(h)~~ The costs and methods of the proposed construction,  
423 including the costs and methods of energy provision and the  
424 availability of alternative, less costly, or more effective  
425 methods of construction.

426 ~~(9)-(i)~~ The applicant's past and proposed provision of  
427 health care services to Medicaid patients and the medically  
428 indigent.

429 ~~(10)-(j)~~ The applicant's designation as a Gold Seal Program  
430 nursing facility pursuant to s. 400.235, when the applicant is  
431 requesting additional nursing home beds at that facility.

432 ~~(2) For a general hospital, the agency shall consider only~~  
433 ~~the criteria specified in paragraph (1)(a), paragraph (1)(b),~~  
434 ~~except for quality of care in paragraph (1)(b), and paragraphs~~  
435 ~~(1)(c), (g), and (i).~~

436 Section 12. Effective July 1, 2024, section 408.035,  
437 Florida Statutes, as amended by this act, is amended to read:

438 408.035 Review criteria.—

439 The agency shall determine the reviewability of  
440 applications and shall review applications for certificate-of-  
441 need determinations for health care facilities ~~and health~~  
442 ~~services~~ in context with the following criteria:

443 (1) The need for the health care facilities ~~and health~~  
444 ~~services~~ being proposed.

445 (2) The availability, quality of care, accessibility, and





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446 extent of utilization of existing health care facilities ~~and~~  
447 ~~health services~~ in the service district of the applicant.

448 (3) The ability of the applicant to provide quality of care  
449 and the applicant's record of providing quality of care.

450 (4) The availability of resources, including health  
451 personnel, management personnel, and funds for capital and  
452 operating expenditures, for project accomplishment and  
453 operation.

454 (5) The extent to which the proposed services will enhance  
455 access to health care for residents of the service district.

456 (6) The immediate and long-term financial feasibility of  
457 the proposal.

458 (7) The extent to which the proposal will foster  
459 competition that promotes quality and cost-effectiveness.

460 (8) The costs and methods of the proposed construction,  
461 including the costs and methods of energy provision and the  
462 availability of alternative, less costly, or more effective  
463 methods of construction.

464 (9) The applicant's past and proposed provision of health  
465 care services to Medicaid patients and the medically indigent.

466 (10) The applicant's designation as a Gold Seal Program  
467 nursing facility pursuant to s. 400.235, when the applicant is  
468 requesting additional nursing home beds at that facility.

469 Section 13. Paragraphs (b) and (c) of subsection (1) of  
470 section 408.036, Florida Statutes, are amended to read:

471 408.036 Projects subject to review; exemptions.—

472 (1) APPLICABILITY.—Unless exempt under subsection (3), all  
473 health-care-related projects, as described in paragraphs (a)-  
474 (f), are subject to review and must file an application for a



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475 certificate of need with the agency. The agency is exclusively  
476 responsible for determining whether a health-care-related  
477 project is subject to review under ss. 408.031-408.045.

478 (b) The new construction or establishment of additional  
479 health care facilities, except for the construction of or  
480 establishment of a general hospital or ~~including~~ a replacement  
481 health care facility when the proposed project site is ~~not~~  
482 located on the same site as or within 1 mile of the existing  
483 health care facility, ~~if the number of beds in each licensed bed~~  
484 category will not increase.

485 (c) The conversion from one type of health care facility to  
486 another, including the conversion from a general hospital or, a  
487 specialty hospital, except that the conversion of a specialty  
488 hospital to a general hospital is not subject to review if, once  
489 converted, the hospital meets the licensure criteria in s.  
490 395.003(8) ~~or a long-term care hospital.~~

491 Section 14. Effective July 1, 2024, section 408.036,  
492 Florida Statutes, as amended by this act, is amended to read:

493 408.036 Projects subject to review; exemptions.—

494 (1) APPLICABILITY.—Unless exempt under subsection (3), all  
495 health-care-related projects, as described in this subsection  
496 ~~paragraphs (a)–(f)~~, are subject to review and must file an  
497 application for a certificate of need with the agency. The  
498 agency is exclusively responsible for determining whether a  
499 health-care-related project is subject to review under ss.  
500 408.031-408.045.

501 (a) The addition of beds in community nursing homes or  
502 intermediate care facilities for the developmentally disabled by  
503 new construction or alteration.



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504 (b) The new construction or establishment of additional  
505 health care facilities, except for ~~the construction of or~~  
506 ~~establishment of a general hospital or~~ a replacement health care  
507 facility when the proposed project site is located on the same  
508 site as or within 1 mile of the existing health care facility if  
509 the number of beds in each licensed bed category will not  
510 increase.

511 (c) The conversion from one type of health care facility to  
512 another, ~~including the conversion from a general hospital or a~~  
513 ~~specialty hospital except that the conversion of a specialty~~  
514 ~~hospital to a general hospital is not subject to review if, once~~  
515 ~~converted, the hospital meets the licensure criteria in s.~~  
516 ~~395.003(8).~~

517 (d) The establishment of a hospice or hospice inpatient  
518 facility, except as provided in s. 408.043.

519 ~~(e) An increase in the number of beds for comprehensive~~  
520 ~~rehabilitation.~~

521 ~~(f) The establishment of tertiary health services,~~  
522 ~~including inpatient comprehensive rehabilitation services.~~

523 (2) PROJECTS SUBJECT TO EXPEDITED REVIEW.—Unless exempt  
524 pursuant to subsection (3), the following projects are subject  
525 to expedited review:

526 (a) Transfer of a certificate of need, ~~except that when an~~  
527 ~~existing hospital is acquired by a purchaser, all certificates~~  
528 ~~of need issued to the hospital which are not yet operational~~  
529 ~~shall be acquired by the purchaser without need for a transfer.~~

530 (b) Replacement of a nursing home, if the proposed project  
531 site is within a 30-mile radius of the replaced nursing home. If  
532 the proposed project site is outside the subdistrict where the



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533 replaced nursing home is located, the prior 6-month occupancy  
534 rate for licensed community nursing homes in the proposed  
535 subdistrict must be at least 85 percent in accordance with the  
536 agency's most recently published inventory.

537 (c) Replacement of a nursing home within the same district,  
538 if the proposed project site is outside a 30-mile radius of the  
539 replaced nursing home but within the same subdistrict or a  
540 geographically contiguous subdistrict. If the proposed project  
541 site is in the geographically contiguous subdistrict, the prior  
542 6-month occupancy rate for licensed community nursing homes for  
543 that subdistrict must be at least 85 percent in accordance with  
544 the agency's most recently published inventory.

545 (d) Relocation of a portion of a nursing home's licensed  
546 beds to another facility or to establish a new facility within  
547 the same district or within a geographically contiguous  
548 district, if the relocation is within a 30-mile radius of the  
549 existing facility and the total number of nursing home beds in  
550 the state does not increase.

551 (e) New construction of a community nursing home in a  
552 retirement community as further provided in this paragraph.

553 1. Expedited review under this paragraph is available if  
554 all of the following criteria are met:

555 a. The residential use area of the retirement community is  
556 deed-restricted as housing for older persons as defined in s.  
557 760.29(4)(b).

558 b. The retirement community is located in a county in which  
559 25 percent or more of its population is age 65 and older.

560 c. The retirement community is located in a county that has  
561 a rate of no more than 16.1 beds per 1,000 persons age 65 years



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562 or older. The rate shall be determined by using the current  
563 number of licensed and approved community nursing home beds in  
564 the county per the agency's most recent published inventory.

565 d. The retirement community has a population of at least  
566 8,000 residents within the county, based on a population data  
567 source accepted by the agency.

568 e. The number of proposed community nursing home beds in an  
569 application does not exceed the projected bed need after  
570 applying the rate of 16.1 beds per 1,000 persons aged 65 years  
571 and older projected for the county 3 years into the future using  
572 the estimates adopted by the agency reduced by the agency's most  
573 recently published inventory of licensed and approved community  
574 nursing home beds in the county.

575 2. No more than 120 community nursing home beds shall be  
576 approved for a qualified retirement community under each request  
577 for expedited review. Subsequent requests for expedited review  
578 under this process may not be made until 2 years after  
579 construction of the facility has commenced or 1 year after the  
580 beds approved through the initial request are licensed,  
581 whichever occurs first.

582 3. The total number of community nursing home beds which  
583 may be approved for any single deed-restricted community  
584 pursuant to this paragraph may not exceed 240, regardless of  
585 whether the retirement community is located in more than one  
586 qualifying county.

587 4. Each nursing home facility approved under this paragraph  
588 must be dually certified for participation in the Medicare and  
589 Medicaid programs.

590 5. Each nursing home facility approved under this paragraph



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591 must be at least 1 mile, as measured over publicly owned  
592 roadways, from an existing approved and licensed community  
593 nursing home.

594         6. A retirement community requesting expedited review under  
595 this paragraph shall submit a written request to the agency for  
596 expedited review. The request must include the number of beds to  
597 be added and provide evidence of compliance with the criteria  
598 specified in subparagraph 1.

599         7. After verifying that the retirement community meets the  
600 criteria for expedited review specified in subparagraph 1., the  
601 agency shall publicly notice in the Florida Administrative  
602 Register that a request for an expedited review has been  
603 submitted by a qualifying retirement community and that the  
604 qualifying retirement community intends to make land available  
605 for the construction and operation of a community nursing home.  
606 The agency's notice must identify where potential applicants can  
607 obtain information describing the sales price of, or terms of  
608 the land lease for, the property on which the project will be  
609 located and the requirements established by the retirement  
610 community. The agency notice must also specify the deadline for  
611 submission of the certificate-of-need application, which may not  
612 be earlier than the 91st day or later than the 125th day after  
613 the date the notice appears in the Florida Administrative  
614 Register.

615         8. The qualified retirement community shall make land  
616 available to applicants it deems to have met its requirements  
617 for the construction and operation of a community nursing home  
618 but may sell or lease the land only to the applicant that is  
619 issued a certificate of need by the agency under this paragraph.



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620 a. A certificate-of-need application submitted under this  
621 paragraph must identify the intended site for the project within  
622 the retirement community and the anticipated costs for the  
623 project based on that site. The application must also include  
624 written evidence that the retirement community has determined  
625 that both the provider submitting the application and the  
626 project satisfy its requirements for the project.

627 b. If the retirement community determines that more than  
628 one provider satisfies its requirements for the project, it may  
629 notify the agency of the provider it prefers.

630 9. The agency shall review each submitted application. If  
631 multiple applications are submitted for a project published  
632 pursuant to subparagraph 7., the agency shall review the  
633 competing applications.

634  
635 The agency shall develop rules to implement the expedited review  
636 process, including time schedule, application content that may  
637 be reduced from the full requirements of s. 408.037(1), and  
638 application processing.

639 (3) EXEMPTIONS.—Upon request, the following projects are  
640 subject to exemption from ~~the provisions of~~ subsection (1):

641 (a) For hospice services ~~or for swing beds in a rural~~  
642 ~~hospital, as defined in s. 395.602, in a number that does not~~  
643 ~~exceed one-half of its licensed beds,~~ or for a hospice program  
644 established by an entity that shares a controlling interest, as  
645 defined in s. 408.803, with a not-for-profit retirement  
646 community that offers independent living, assisted living, and  
647 skilled nursing services provided in a facility on the same  
648 premises and designated by the agency as a teaching nursing home



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649 for a minimum of 5 years, in accordance with s. 430.80. Only one  
650 hospice program per teaching nursing home may be established  
651 under the exemption in this paragraph, and such program shall be  
652 limited to serving patients residing in communities located  
653 within the not-for-profit retirement community, including home  
654 and community-based service providers.

655 ~~(b) For the conversion of licensed acute care hospital beds~~  
656 ~~to Medicare and Medicaid certified skilled nursing beds in a~~  
657 ~~rural hospital, as defined in s. 395.602, so long as the~~  
658 ~~conversion of the beds does not involve the construction of new~~  
659 ~~facilities. The total number of skilled nursing beds, including~~  
660 ~~swing beds, may not exceed one-half of the total number of~~  
661 ~~licensed beds in the rural hospital as of July 1, 1993.~~  
662 ~~Certified skilled nursing beds designated under this paragraph,~~  
663 ~~excluding swing beds, shall be included in the community nursing~~  
664 ~~home bed inventory. A rural hospital that subsequently~~  
665 ~~decertifies any acute care beds exempted under this paragraph~~  
666 ~~shall notify the agency of the decertification, and the agency~~  
667 ~~shall adjust the community nursing home bed inventory~~  
668 ~~accordingly.~~

669 ~~(b)(e)~~ For the addition of nursing home beds at a skilled  
670 nursing facility that is part of a retirement community that  
671 provides a variety of residential settings and supportive  
672 services and that has been incorporated and operated in this  
673 state for at least 65 years on or before July 1, 1994. All  
674 nursing home beds must not be available to the public but must  
675 be for the exclusive use of the community residents.

676 ~~(c)(d)~~ For an inmate health care facility built by or for  
677 the exclusive use of the Department of Corrections as provided





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678 in chapter 945. This exemption expires when such facility is  
679 converted to other uses.

680 (d)~~(e)~~ For the addition of nursing home beds licensed under  
681 chapter 400 in a number not exceeding 30 total beds or 25  
682 percent of the number of beds licensed in the facility being  
683 replaced under paragraph (2) (b), paragraph (2) (c), or paragraph  
684 (i) ~~(m)~~, whichever is less.

685 (e)~~(f)~~ For state veterans' nursing homes operated by or on  
686 behalf of the Florida Department of Veterans' Affairs in  
687 accordance with part II of chapter 296 for which at least 50  
688 percent of the construction cost is federally funded and for  
689 which the Federal Government pays a per diem rate not to exceed  
690 one-half of the cost of the veterans' care in such state nursing  
691 homes. These beds shall not be included in the nursing home bed  
692 inventory.

693 (f)~~(g)~~ For combination within one nursing home facility of  
694 the beds or services authorized by two or more certificates of  
695 need issued in the same planning subdistrict. An exemption  
696 granted under this paragraph shall extend the validity period of  
697 the certificates of need to be consolidated by the length of the  
698 period beginning upon submission of the exemption request and  
699 ending with issuance of the exemption. The longest validity  
700 period among the certificates shall be applicable to each of the  
701 combined certificates.

702 (g)~~(h)~~ For division into two or more nursing home  
703 facilities of beds or services authorized by one certificate of  
704 need issued in the same planning subdistrict. An exemption  
705 granted under this paragraph shall extend the validity period of  
706 the certificate of need to be divided by the length of the



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707 period beginning upon submission of the exemption request and  
708 ending with issuance of the exemption.

709 ~~(i) For the addition of hospital beds licensed under~~  
710 ~~chapter 395 for comprehensive rehabilitation in a number that~~  
711 ~~may not exceed 10 total beds or 10 percent of the licensed~~  
712 ~~capacity, whichever is greater.~~

713 ~~1. In addition to any other documentation otherwise~~  
714 ~~required by the agency, a request for exemption submitted under~~  
715 ~~this paragraph must:~~

716 ~~a. Certify that the prior 12-month average occupancy rate~~  
717 ~~for the licensed beds being expanded meets or exceeds 80~~  
718 ~~percent.~~

719 ~~b. Certify that the beds have been licensed and operational~~  
720 ~~for at least 12 months.~~

721 ~~2. The timeframes and monitoring process specified in s.~~  
722 ~~408.040(2)(a)-(c) apply to any exemption issued under this~~  
723 ~~paragraph.~~

724 ~~3. The agency shall count beds authorized under this~~  
725 ~~paragraph as approved beds in the published inventory of~~  
726 ~~hospital beds until the beds are licensed.~~

727 ~~(h)-(j)~~ For the addition of nursing home beds licensed under  
728 chapter 400 in a number not exceeding 10 total beds or 10  
729 percent of the number of beds licensed in the facility being  
730 expanded, whichever is greater; or, for the addition of nursing  
731 home beds licensed under chapter 400 at a facility that has been  
732 designated as a Gold Seal nursing home under s. 400.235 in a  
733 number not exceeding 20 total beds or 10 percent of the number  
734 of licensed beds in the facility being expanded, whichever is  
735 greater.



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736           1. In addition to any other documentation required by the  
737 agency, a request for exemption submitted under this paragraph  
738 must certify that:

739           a. The facility has not had any class I or class II  
740 deficiencies within the 30 months preceding the request.

741           b. The prior 12-month average occupancy rate for the  
742 nursing home beds at the facility meets or exceeds 94 percent.

743           c. Any beds authorized for the facility under this  
744 paragraph before the date of the current request for an  
745 exemption have been licensed and operational for at least 12  
746 months.

747           2. The timeframes and monitoring process specified in s.  
748 408.040(2)(a)-(c) apply to any exemption issued under this  
749 paragraph.

750           3. The agency shall count beds authorized under this  
751 paragraph as approved beds in the published inventory of nursing  
752 home beds until the beds are licensed.

753           ~~(k) For the establishment of:~~

754           ~~1. A Level II neonatal intensive care unit with at least 10~~  
755 ~~beds, upon documentation to the agency that the applicant~~  
756 ~~hospital had a minimum of 1,500 births during the previous 12~~  
757 ~~months;~~

758           ~~2. A Level III neonatal intensive care unit with at least~~  
759 ~~15 beds, upon documentation to the agency that the applicant~~  
760 ~~hospital has a Level II neonatal intensive care unit of at least~~  
761 ~~10 beds and had a minimum of 3,500 births during the previous 12~~  
762 ~~months; or~~

763           ~~3. A Level III neonatal intensive care unit with at least 5~~  
764 ~~beds, upon documentation to the agency that the applicant~~



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765 ~~hospital is a verified trauma center pursuant to s.~~  
766 ~~395.4001(15), and has a Level II neonatal intensive care unit,~~  
767  
768 ~~if the applicant demonstrates that it meets the requirements for~~  
769 ~~quality of care, nurse staffing, physician staffing, physical~~  
770 ~~plant, equipment, emergency transportation, and data reporting~~  
771 ~~found in agency certificate of need rules for Level II and Level~~  
772 ~~III neonatal intensive care units and if the applicant commits~~  
773 ~~to the provision of services to Medicaid and charity patients at~~  
774 ~~a level equal to or greater than the district average. Such a~~  
775 ~~commitment is subject to s. 408.040.~~

776 ~~(l) For the addition of mental health services or beds if~~  
777 ~~the applicant commits to providing services to Medicaid or~~  
778 ~~charity care patients at a level equal to or greater than the~~  
779 ~~district average. Such a commitment is subject to s. 408.040.~~

780 ~~(i) For replacement of a licensed nursing home on the~~  
781 ~~same site, or within 5 miles of the same site if within the same~~  
782 ~~subdistrict, if the number of licensed beds does not increase~~  
783 ~~except as permitted under paragraph (d) (e).~~

784 ~~(j) For consolidation or combination of licensed nursing~~  
785 ~~homes or transfer of beds between licensed nursing homes within~~  
786 ~~the same planning district, by nursing homes with any shared~~  
787 ~~controlled interest within that planning district, if there is~~  
788 ~~no increase in the planning district total number of nursing~~  
789 ~~home beds and the site of the relocation is not more than 30~~  
790 ~~miles from the original location.~~

791 ~~(k) For beds in state mental health treatment facilities~~  
792 ~~defined in s. 394.455 and state mental health forensic~~  
793 ~~facilities operated under chapter 916.~~



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794           (1)~~(p)~~ For beds in state developmental disabilities centers  
795 as defined in s. 393.063.

796           (m)~~(q)~~ For the establishment of a health care facility or  
797 project that meets all of the following criteria:

798           1. The applicant was previously licensed within the past 21  
799 days as a health care facility or provider that is subject to  
800 subsection (1).

801           2. The applicant failed to submit a renewal application and  
802 the license expired on or after January 1, 2015.

803           3. The applicant does not have a license denial or  
804 revocation action pending with the agency at the time of the  
805 request.

806           4. The applicant's request is for the same service type,  
807 district, service area, and site for which the applicant was  
808 previously licensed.

809           5. The applicant's request, if applicable, includes the  
810 same number and type of beds as were previously licensed.

811           6. The applicant agrees to the same conditions that were  
812 previously imposed on the certificate of need or on an exemption  
813 related to the applicant's previously licensed health care  
814 facility or project.

815           7. The applicant applies for initial licensure as required  
816 under s. 408.806 within 21 days after the agency approves the  
817 exemption request. If the applicant fails to apply in a timely  
818 manner, the exemption expires on the 22nd day following the  
819 agency's approval of the exemption.

820

821 ~~Notwithstanding subparagraph 1., an applicant whose license~~  
822 ~~expired between January 1, 2015, and the effective date of this~~



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823 ~~act may apply for an exemption within 30 days of this act~~  
824 ~~becoming law.~~

825 (4) REQUESTS FOR EXEMPTION.—A request for exemption under  
826 subsection (3) may be made at any time and is not subject to the  
827 batching requirements of this section. The request shall be  
828 supported by such documentation as the agency requires by rule.  
829 The agency shall assess a fee of \$250 for each request for  
830 exemption submitted under subsection (3).

831 (5) NOTIFICATION.—Health care facilities and providers must  
832 provide to the agency notification of:

833 ~~(a)~~ replacement of a health care facility when the proposed  
834 project site is located in the same district and on the existing  
835 site or within a 1-mile radius of the replaced health care  
836 facility, if the number and type of beds do not increase.

837 ~~(b) The termination of a health care service, upon 30 days'~~  
838 ~~written notice to the agency.~~

839 ~~(c) The addition or delicensure of beds.~~ Notification under  
840 ~~this subsection~~ may be made by electronic, facsimile, or written  
841 means at any time before the described action has been taken.

842 Section 15. Effective July 1, 2024, section 408.0361,  
843 Florida Statutes, is repealed.

844 Section 16. Section 408.037, Florida Statutes, is amended  
845 to read:

846 408.037 Application content.—

847 (1) ~~Except as provided in subsection (2) for a general~~  
848 ~~hospital,~~ An application for a certificate of need must contain:

849 (a) A detailed description of the proposed project and  
850 statement of its purpose and need in relation to the district  
851 health plan.



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852 (b) A statement of the financial resources needed by and  
853 available to the applicant to accomplish the proposed project.  
854 This statement must include:

855 1. A complete listing of all capital projects, including  
856 new health facility development projects and health facility  
857 acquisitions applied for, pending, approved, or underway in any  
858 state at the time of application, regardless of whether or not  
859 that state has a certificate-of-need program or a capital  
860 expenditure review program pursuant to s. 1122 of the Social  
861 Security Act. The agency may, by rule, require less-detailed  
862 information from major health care providers. This listing must  
863 include the applicant's actual or proposed financial commitment  
864 to those projects and an assessment of their impact on the  
865 applicant's ability to provide the proposed project.

866 2. A detailed listing of the needed capital expenditures,  
867 including sources of funds.

868 3. A detailed financial projection, including a statement  
869 of the projected revenue and expenses for the first 2 years of  
870 operation after completion of the proposed project. This  
871 statement must include a detailed evaluation of the impact of  
872 the proposed project on the cost of other services provided by  
873 the applicant.

874 (c) An audited financial statement of the applicant or the  
875 applicant's parent corporation if audited financial statements  
876 of the applicant do not exist. In an application submitted by an  
877 existing health care facility, health maintenance organization,  
878 or hospice, financial condition documentation must include, but  
879 need not be limited to, a balance sheet and a profit-and-loss  
880 statement of the 2 previous fiscal years' operation.



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881       ~~(2) An application for a certificate of need for a general~~  
882 ~~hospital must contain a detailed description of the proposed~~  
883 ~~general hospital project and a statement of its purpose and the~~  
884 ~~needs it will meet. The proposed project's location, as well as~~  
885 ~~its primary and secondary service areas, must be identified by~~  
886 ~~zip code. Primary service area is defined as the zip codes from~~  
887 ~~which the applicant projects that it will draw 75 percent of its~~  
888 ~~discharges. Secondary service area is defined as the zip codes~~  
889 ~~from which the applicant projects that it will draw its~~  
890 ~~remaining discharges. If, subsequent to issuance of a final~~  
891 ~~order approving the certificate of need, the proposed location~~  
892 ~~of the general hospital changes or the primary service area~~  
893 ~~materially changes, the agency shall revoke the certificate of~~  
894 ~~need. However, if the agency determines that such changes are~~  
895 ~~deemed to enhance access to hospital services in the service~~  
896 ~~district, the agency may permit such changes to occur. A party~~  
897 ~~participating in the administrative hearing regarding the~~  
898 ~~issuance of the certificate of need for a general hospital has~~  
899 ~~standing to participate in any subsequent proceeding regarding~~  
900 ~~the revocation of the certificate of need for a hospital for~~  
901 ~~which the location has changed or for which the primary service~~  
902 ~~area has materially changed. In addition, the application for~~  
903 ~~the certificate of need for a general hospital must include a~~  
904 ~~statement of intent that, if approved by final order of the~~  
905 ~~agency, the applicant shall within 120 days after issuance of~~  
906 ~~the final order or, if there is an appeal of the final order,~~  
907 ~~within 120 days after the issuance of the court's mandate on~~  
908 ~~appeal, furnish satisfactory proof of the applicant's financial~~  
909 ~~ability to operate. The agency shall establish documentation~~





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910 ~~requirements, to be completed by each applicant, which show~~  
911 ~~anticipated provider revenues and expenditures, the basis for~~  
912 ~~financing the anticipated cash flow requirements of the~~  
913 ~~provider, and an applicant's access to contingency financing. A~~  
914 ~~party participating in the administrative hearing regarding the~~  
915 ~~issuance of the certificate of need for a general hospital may~~  
916 ~~provide written comments concerning the adequacy of the~~  
917 ~~financial information provided, but such party does not have~~  
918 ~~standing to participate in an administrative proceeding~~  
919 ~~regarding proof of the applicant's financial ability to operate.~~  
920 ~~The agency may require a licensee to provide proof of financial~~  
921 ~~ability to operate at any time if there is evidence of financial~~  
922 ~~instability, including, but not limited to, unpaid expenses~~  
923 ~~necessary for the basic operations of the provider.~~

924 (2)~~(3)~~ The applicant must certify that it will license and  
925 operate the health care facility. For an existing health care  
926 facility, the applicant must be the licenseholder of the  
927 facility.

928 Section 17. Paragraphs (c) and (d) of subsection (3),  
929 paragraphs (b) and (c) of subsection (5), and paragraph (d) of  
930 subsection (6) of section 408.039, Florida Statutes, are amended  
931 to read:

932 408.039 Review process.—The review process for certificates  
933 of need shall be as follows:

934 (3) APPLICATION PROCESSING.—

935 ~~(c) Except for competing applicants, in order to be~~  
936 ~~eligible to challenge the agency decision on a general hospital~~  
937 ~~application under review pursuant to paragraph (5) (c), existing~~  
938 ~~hospitals must submit a detailed written statement of opposition~~



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939 ~~to the agency and to the applicant. The detailed written~~  
940 ~~statement must be received by the agency and the applicant~~  
941 ~~within 21 days after the general hospital application is deemed~~  
942 ~~complete and made available to the public.~~

943 ~~(d) In those cases where a written statement of opposition~~  
944 ~~has been timely filed regarding a certificate of need~~  
945 ~~application for a general hospital, the applicant for the~~  
946 ~~general hospital may submit a written response to the agency.~~  
947 ~~Such response must be received by the agency within 10 days of~~  
948 ~~the written statement due date.~~

949 (5) ADMINISTRATIVE HEARINGS.-

950 (b) Hearings shall be held in Tallahassee unless the  
951 administrative law judge determines that changing the location  
952 will facilitate the proceedings. The agency shall assign  
953 proceedings requiring hearings to the Division of Administrative  
954 Hearings of the Department of Management Services within 10 days  
955 after the time has expired for requesting a hearing. Except upon  
956 unanimous consent of the parties or upon the granting by the  
957 administrative law judge of a motion of continuance, hearings  
958 shall commence within 60 days after the administrative law judge  
959 has been assigned. ~~For an application for a general hospital,~~  
960 ~~administrative hearings shall commence within 6 months after the~~  
961 ~~administrative law judge has been assigned, and a continuance~~  
962 ~~may not be granted absent a finding of extraordinary~~  
963 ~~circumstances by the administrative law judge. All parties,~~  
964 except the agency, shall bear their own expense of preparing a  
965 transcript. In any application for a certificate of need which  
966 is referred to the Division of Administrative Hearings for  
967 hearing, the administrative law judge shall complete and submit



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968 to the parties a recommended order as provided in ss. 120.569  
969 and 120.57. The recommended order shall be issued within 30 days  
970 after the receipt of the proposed recommended orders or the  
971 deadline for submission of such proposed recommended orders,  
972 whichever is earlier. The division shall adopt procedures for  
973 administrative hearings which shall maximize the use of  
974 stipulated facts and shall provide for the admission of prepared  
975 testimony.

976 (c) In administrative proceedings challenging the issuance  
977 or denial of a certificate of need, only applicants considered  
978 by the agency in the same batching cycle are entitled to a  
979 comparative hearing on their applications. Existing health care  
980 facilities may initiate or intervene in an administrative  
981 hearing upon a showing that an established program will be  
982 substantially affected by the issuance of any certificate of  
983 need, whether reviewed under s. 408.036(1) or (2), to a  
984 competing proposed facility or program within the same district.  
985 ~~With respect to an application for a general hospital, competing~~  
986 ~~applicants and only those existing hospitals that submitted a~~  
987 ~~detailed written statement of opposition to an application as~~  
988 ~~provided in this paragraph may initiate or intervene in an~~  
989 ~~administrative hearing. Such challenges to a general hospital~~  
990 ~~application shall be limited in scope to the issues raised in~~  
991 ~~the detailed written statement of opposition that was provided~~  
992 ~~to the agency. The administrative law judge may, upon a motion~~  
993 ~~showing good cause, expand the scope of the issues to be heard~~  
994 ~~at the hearing. Such motion shall include substantial and~~  
995 ~~detailed facts and reasons for failure to include such issues in~~  
996 ~~the original written statement of opposition.~~



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997 (6) JUDICIAL REVIEW.—

998 ~~(d) The party appealing a final order that grants a general~~  
999 ~~hospital certificate of need shall pay the appellee's attorney's~~  
1000 ~~fees and costs, in an amount up to \$1 million, from the~~  
1001 ~~beginning of the original administrative action if the appealing~~  
1002 ~~party loses the appeal, subject to the following limitations and~~  
1003 ~~requirements:~~

1004 1. ~~The party appealing a final order must post a bond in~~  
1005 ~~the amount of \$1 million in order to maintain the appeal.~~

1006 2. ~~Except as provided under s. 120.595(5), in no event~~  
1007 ~~shall the agency be held liable for any other party's attorney's~~  
1008 ~~fees or costs.~~

1009 Section 18. Subsection (1) of section 408.043, Florida  
1010 Statutes, is amended to read:

1011 408.043 Special provisions.—

1012 ~~(1) OSTEOPATHIC ACUTE CARE HOSPITALS. When an application~~  
1013 ~~is made for a certificate of need to construct or to expand an~~  
1014 ~~osteopathic acute care hospital, the need for such hospital~~  
1015 ~~shall be determined on the basis of the need for and~~  
1016 ~~availability of osteopathic services and osteopathic acute care~~  
1017 ~~hospitals in the district. When a prior certificate of need to~~  
1018 ~~establish an osteopathic acute care hospital has been issued in~~  
1019 ~~a district, and the facility is no longer used for that purpose,~~  
1020 ~~the agency may continue to count such facility and beds as an~~  
1021 ~~existing osteopathic facility in any subsequent application for~~  
1022 ~~construction of an osteopathic acute care hospital.~~

1023 Section 19. Subsection (3) of section 408.808, Florida  
1024 Statutes, is amended to read:

1025 408.808 License categories.—



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1026           (3) INACTIVE LICENSE.—An inactive license may be issued to  
1027 a hospital or a health care provider subject to the certificate-  
1028 of-need provisions in part I of this chapter when the provider  
1029 is currently licensed, does not have a provisional license, and  
1030 will be temporarily unable to provide services but is reasonably  
1031 expected to resume services within 12 months. Such designation  
1032 may be made for a period not to exceed 12 months but may be  
1033 renewed by the agency for up to 12 additional months upon  
1034 demonstration by the licensee of the provider's progress toward  
1035 reopening. However, if after 20 months in an inactive license  
1036 status, a statutory rural hospital, as defined in s. 395.602,  
1037 has demonstrated progress toward reopening, but may not be able  
1038 to reopen prior to the inactive license expiration date, the  
1039 inactive designation may be renewed again by the agency for up  
1040 to 12 additional months. For purposes of such a second renewal,  
1041 if construction or renovation is required, the licensee must  
1042 have had plans approved by the agency and construction must have  
1043 already commenced pursuant to s. 408.032(4); however, if  
1044 construction or renovation is not required, the licensee must  
1045 provide proof of having made an enforceable capital expenditure  
1046 greater than 25 percent of the total costs associated with the  
1047 hiring of staff and the purchase of equipment and supplies  
1048 needed to operate the facility upon opening. A request by a  
1049 licensee for an inactive license or to extend the previously  
1050 approved inactive period must be submitted to the agency and  
1051 must include a written justification for the inactive license  
1052 with the beginning and ending dates of inactivity specified, a  
1053 plan for the transfer of any clients to other providers, and the  
1054 appropriate licensure fees. The agency may not accept a request



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1055 that is submitted after initiating closure, after any suspension  
1056 of service, or after notifying clients of closure or suspension  
1057 of service, unless the action is a result of a disaster at the  
1058 licensed premises. For the purposes of this section, the term  
1059 "disaster" means a sudden emergency occurrence beyond the  
1060 control of the licensee, whether natural, technological, or  
1061 manmade, which renders the provider inoperable at the premises.  
1062 Upon agency approval, the provider shall notify clients of any  
1063 necessary discharge or transfer as required by authorizing  
1064 statutes or applicable rules. The beginning of the inactive  
1065 license period is the date the provider ceases operations. The  
1066 end of the inactive license period shall become the license  
1067 expiration date. All licensure fees must be current, must be  
1068 paid in full, and may be prorated. Reactivation of an inactive  
1069 license requires the approval of a renewal application,  
1070 including payment of licensure fees and agency inspections  
1071 indicating compliance with all requirements of this part,  
1072 authorizing statutes, and applicable rules.

1073 Section 20. Except as otherwise expressly provided in this  
1074 act, this act shall take effect July 1, 2021.

1075  
1076 ===== T I T L E A M E N D M E N T =====

1077 And the title is amended as follows:

1078 Delete everything before the enacting clause  
1079 and insert:

1080 A bill to be entitled

1081 An act relating to hospital licensure; amending s.

1082 395.003, F.S.; deleting provisions relating to the

1083 licensure of certain hospitals; amending s. 395.0191,



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1084 F.S.; deleting provisions relating to certificate of  
1085 need applications; amending s. 395.1055, F.S.;  
1086 revising the agency's rulemaking authority with  
1087 respect to minimum standards for hospitals; requiring  
1088 hospitals that provide certain services to meet  
1089 specified licensure requirements; conforming  
1090 provisions to changes made by the act; amending s.  
1091 395.1065, F.S.; conforming a cross-reference;  
1092 repealing s. 395.6025, F.S., relating to rural  
1093 hospital replacement facilities; amending s. 408.032,  
1094 F.S.; revising and deleting definitions; amending s.  
1095 408.033, F.S.; conforming provisions to changes made  
1096 by the act; amending s. 408.034; authorizing the  
1097 agency to issue a license to a general hospital that  
1098 has not been issued a certificate of need under  
1099 certain circumstances; revising duties and  
1100 responsibilities of the agency relating to issuance of  
1101 licenses to health care facilities and health service  
1102 providers; conforming provisions to changes made by  
1103 the act; amending s. 408.035, F.S.; deleting  
1104 provisions related to the agency's consideration and  
1105 review of applications for certificates of need for  
1106 general hospitals and health services; amending s.  
1107 408.036, F.S.; providing an exception from certificate  
1108 of need review requirements for the construction or  
1109 establishment of a general hospital and the conversion  
1110 of a specialty hospital to a general hospital;  
1111 revising health-care-related projects subject to  
1112 agency review for a certificate of need and exemptions



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1113           therefrom; deleting provisions requiring health care  
1114           facilities and providers to provide certain notice to  
1115           the agency upon termination of a health care service  
1116           or the addition or delicensure of beds; conforming a  
1117           provision to changes made by the act; repealing s.  
1118           408.0361, F.S., relating to cardiovascular services  
1119           and burn unit licensure; amending ss. 408.037 and  
1120           408.039, F.S.; deleting provisions relating to  
1121           certificate of need applications for general  
1122           hospitals; amending s. 408.043, F.S.; deleting  
1123           provisions relating to certificates of need for  
1124           osteopathic acute care hospitals; amending s. 408.808,  
1125           F.S.; authorizing the agency to issue an inactive  
1126           license to a certain hospital under certain  
1127           circumstances; providing effective dates.