Amendment No. ____ (for drafter's use only)

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5	ORIGINAL STAMP BELOW
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11	Representative(s) Frankel offered the following:
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13	Substitute Amendment for Amendment (121137) (with title
14	amendment)
15	Remove everything after the enacting clause
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17	and insert:
18	Section 1. (1) Effective July 1, 2002, all powers,
19	duties, functions, records, personnel, property, and
20	unexpended balances of appropriations, allocations, and other
21	funds of the Agency for Health Care Administration that relate
22	to consumer complaint services, investigations, and
23	prosecutorial services currently provided by the Agency for
24	Health Care Administration under a contract with the
25	Department of Health are transferred to the Department of
26	Health by a type two transfer, as defined in s. 20.06(2),
27	Florida Statutes. This transfer of funds shall include all
28 29	advance payments made from the Medical Quality Assurance Trust Fund to the Agency for Health Care Administration.
30	(2)(a) Effective July 1, 2002, 279 full-time
31	equivalent positions are eliminated from the Agency for Health
) <u> </u>	equivatent positions are criminated from the Agency for health

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Care Administration's total number of authorized positions.
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    Effective July 1, 2002, 279 full-time equivalent positions are
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    authorized for the Department of Health, to be added to the
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    department's total number of authorized positions. However,
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    should the General Appropriations Act for fiscal year
    2002-2003 reduce the number of positions from the practitioner
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    regulation component at the Agency for Health Care
    Administration, that provision shall be construed to eliminate
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    the full-time equivalent positions from the practitioner
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    regulation component which is hereby transferred to the
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    Department of Health, thereby resulting in no more than 279
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    positions being eliminated from the agency and no more than
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    279 positions being authorized to the department.
          (b) All records, personnel, and funds of the consumer
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    complaint and investigative services units of the agency are
    transferred and assigned to the Division of Medical Quality
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    Assurance of the Department of Health.
          (c) All records, personnel, and funds of the health
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    care practitioner prosecutorial unit of the agency are
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    transferred and assigned to the Office of the General Counsel
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    of the Department of Health.
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               The Department of Health is deemed the successor
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    in interest in all legal proceedings and contracts currently
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    involving the Agency for Health Care Administration and
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    relating to health care practitioner regulation. Except as
   provided herein, no legal proceeding shall be dismissed, nor
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    any contract terminated, on the basis of this type two
    transfer. The interagency agreement between the Department of
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    Health and the Agency for Health Care Administration shall
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terminate on June 30, 2002.

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Section 2. Paragraph (g) of subsection (3) of section

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1	20.43, Florida Statutes, is amended to read:	
2	20.43 Department of HealthThere is created a	
3	Department of Health.	
4	(3) The following divisions of the Department of	
5	Health are established:	
6	(g) Division of Medical Quality Assurance, which is	
7	responsible for the following boards and professions	
8	established within the division:	
9	1. The Board of Acupuncture, created under chapter	
10	457.	
11	2. The Board of Medicine, created under chapter 458.	
12	3. The Board of Osteopathic Medicine, created under	
13	chapter 459.	
14	4. The Board of Chiropractic Medicine, created under	
15	chapter 460.	
16	5. The Board of Podiatric Medicine, created under	
17	chapter 461.	
18	6. Naturopathy, as provided under chapter 462.	
19	7. The Board of Optometry, created under chapter 463.	
20	8. The Board of Nursing, created under part I of	
21	chapter 464.	
22	9. Nursing assistants, as provided under part II of	
23	chapter 464.	
24	10. The Board of Pharmacy, created under chapter 465.	
25	11. The Board of Dentistry, created under chapter 466	·
26	12. Midwifery, as provided under chapter 467.	
27	13. The Board of Speech-Language Pathology and	
28	Audiology, created under part I of chapter 468.	
29	14. The Board of Nursing Home Administrators, created	l

30 under part II of chapter 468.

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15. The Board of Occupational Therapy, created under

part III of chapter 468.

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- 16. <u>The Board of Respiratory Care therapy</u>, as <u>created</u> provided under part V of chapter 468.
- 17. Dietetics and nutrition practice, as provided under part X of chapter 468.
- 18. The Board of Athletic Training, created under part XIII of chapter 468.
- 19. The Board of Orthotists and Prosthetists, created under part XIV of chapter 468.
 - 20. Electrolysis, as provided under chapter 478.
- 21. The Board of Massage Therapy, created under chapter 480.
- 22. The Board of Clinical Laboratory Personnel, created under part III of chapter 483.
 - 23. Medical physicists, as provided under part IV of chapter 483.
 - 24. The Board of Opticianry, created under part I of chapter 484.
- 25. The Board of Hearing Aid Specialists, created under part II of chapter 484.
 - 26. The Board of Physical Therapy Practice, created under chapter 486.
- 27. The Board of Psychology, created under chapter 490.
- 28. School psychologists, as provided under chapter 26 490.
 - 29. The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, created under chapter 491.

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The department may contract with the Agency for Health Care

Administration who shall provide consumer complaint, 1 2 investigative, and prosecutorial services required by the 3 Division of Medical Quality Assurance, councils, or boards, as 4 appropriate. 5 Section 3. The Office of Legislative Services shall 6 contract for a business case study of the feasibility of 7 outsourcing the administrative, investigative, legal, and prosecutorial functions and other tasks and services that are 8 necessary to carry out the regulatory responsibilities of the 9 10 Board of Dentistry; employing its own executive director and other staff; and obtaining authority over collections and 11 12 expenditures of funds paid by professions regulated by the 13 board of Dentistry into the Medical Quality Assurance Trust 14 Fund. This feasibility study must include a business plan and 15 an assessment of the direct and indirect costs associated with outsourcing these functions. The sum of \$50,000 is 16 17 appropriated from the Board of Dentistry account within the 18 Medical Quality Assurance Trust Fund to the Office of Legislative Services for the purpose of contracting for the 19 study. The Office of Legislative Services shall submit the 20 completed study to the Governor, the President of the Senate, 21 22 and the Speaker of the House of Representatives by January 1, 23 2003. 24 Section 4. (1) On or before October 1, 2002, the 25 Department of Health shall contract with one or more private entities to implement the electronic continuing education 26 27 tracking system required under s. 456.025(7), Florida Statutes. The electronic continuing education tracking system 28 29 or systems must be compatible with the Department of Health's 30 licensure and renewal system no later than March 1, 2003. or before July 1, 2003, the Department of Health shall 31

integrate such system or systems into the Department of Health's licensure and renewal system.

- (2) The continuing education tracking system shall provide access for a licensee to review the licensee's continuing education credits or courses which have been reported by providers of continuing education and shall provide a mechanism for a licensee to self-report courses or credits which have not yet been reported by a provider of continuing education.
- (3) The private entities under contract with the

 Department of Health may fund the development and operation of
 the continuing education tracking system through private
 grants or funds or through funds paid by a provider of
 continuing education courses. The Department of Health is
 authorized to use continuing education provider fees and
 licensure renewal fees to fund the operation of the continuing
 education tracking system, subject to legislative
 appropriation.
- (4) The Department of Health may enter into more than one contract if the department determines that it would be more efficient, practical, or cost-effective to use one vendor for professions which use board-approved providers and one vendor for professions which allow licensees to take courses approved by other entities.

Section 5. Subsection (19) of section 456.057, Florida Statutes, is amended to read:

456.057 Ownership and control of patient records; report or copies of records to be furnished.--

(19) The board, or department when there is no board, may temporarily or permanently appoint a person or entity as a custodian of medical records in the event of the death of a

practitioner, the mental or physical incapacitation of the 1 2 practitioner, or the abandonment of medical records by a 3 practitioner. The custodian appointed shall comply with all 4 provisions of this section, including the release of patient 5 Any person or entity having possession or physical control of the medical records may release them to the 6 7 custodian upon presentment of an order signed by the board 8 giving the custodian access to the records. A person or entity is not liable in tort or contract for providing the 9 10 records to a validly appointed custodian. Section 6. Subsection (7) is added to section 456.072, 11 12 Florida Statutes, to read: 13 456.072 Grounds for discipline; penalties; 14 enforcement. --15 (7) In addition to any other discipline imposed through final order or citation entered on or after July 1, 16 17 2002, pursuant to this section or for a violation of any practice act, the board, or the department when there is no 18 19 board, shall require, in appropriate cases, any licensee who is a records owner, as defined in s. 456.057, to notify his or 20 21 her patients of the requirements imposed by s. 456.057(11). 22 Section 7. Paragraph (a) of subsection (3) of section 23 456.076, Florida Statutes, is amended to read: 24 456.076 Treatment programs for impaired 25 practitioners.--(3)(a) Whenever the department receives a written or 26 27 oral legally sufficient complaint alleging that a licensee under the jurisdiction of the Division of Medical Quality 28 29 Assurance within the department is impaired as a result of the 30 misuse or abuse of alcohol or drugs, or both, or due to a mental or physical condition which could affect the licensee's

ability to practice with skill and safety, and no complaint against the licensee other than impairment exists, the reporting of such information shall not constitute grounds for discipline pursuant to s. 456.072 or the corresponding grounds for discipline within the applicable practice act if the probable cause panel of the appropriate board, or the department when there is no board, finds:

- 1. The licensee has acknowledged the impairment problem.
- 2. The licensee has voluntarily enrolled in an appropriate, approved treatment program.
- 3. The licensee has voluntarily withdrawn from practice or limited the scope of practice as required by the consultant, in each case, until such time as the panel, or the department when there is no board, is satisfied the licensee has successfully completed an approved treatment program.
- 4. The licensee has executed releases for medical records, authorizing the release of all records of evaluations, diagnoses, and treatment of the licensee, including records of treatment for emotional or mental conditions, to the consultant. The consultant shall make no copies or reports of records that do not regard the issue of the licensee's impairment and his or her participation in a treatment program.
- 5. The licensee has voluntarily notified his or her patients of the requirements imposed by s. 456.057(11) on a records owner who is terminating practice, retiring, or relocating and is no longer available to patients.
- Section 8. Paragraph (b) of subsection (1) of section 456.0375, Florida Statutes, is amended to read:
 - 456.0375 Registration of certain clinics;

requirements; discipline; exemptions.--

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- (b) For purposes of this section, the term "clinic" does not include and the registration requirements herein do not apply to:
- 1. Entities licensed or registered by the state pursuant to chapter 390, chapter 394, chapter 395, chapter 397, chapter 400, chapter 463, chapter 465, chapter 466, chapter 478, chapter 480, or chapter 484.
- 2. Entities exempt from federal taxation under 26 U.S.C. s. 501(c)(3), as well as all public college and university clinics.
- Sole proprietorships, group practices, partnerships, or corporations that provide health care services by licensed health care practitioners pursuant to chapters 457, 458, 459, 460, 461, 462, 463, 466, 467, 480, 484, 486, 490, 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, or s. 464.012, which are wholly owned by licensed health care practitioners or the licensed health care practitioner and the spouse, parent, or child of a licensed health care practitioner, so long as one of the owners who is a licensed health care practitioner is supervising the services performed therein and is legally responsible for the entity's compliance with all federal and state laws. However, no health care practitioner may supervise the delivery of health care services beyond the scope of the practitioner's license. Nothing in this section shall be construed to prohibit a health care practitioner from providing administrative or managerial supervision for personnel purposes.
 - 4. Massage establishments licensed pursuant to s.

480.043 so long as the massage establishment is only providing massage as defined in s. 480.033(3) and no other medical or health care service.

Section 9. Paragraphs (aa) and (bb) of subsection (1) of section 456.072, Florida Statutes, are amended to read:

456.072 Grounds for discipline; penalties;

enforcement.--

- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (aa) Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition. For the purposes of this paragraph, performing or attempting to perform health care services includes the preparation of the patient.
- (bb) Leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in surgical, examination, or other diagnostic procedures, unless leaving the foreign body is medically indicated and documented in the patient record. For the purposes of this paragraph, it shall be legally presumed that retention of a foreign body is not in the best interest of the patient and is not within the standard of care of the profession, unless medically indicated and documented in the patient record regardless of the intent of the professional.

Section 10. Subsection (7) is added to section 631.57, Florida Statutes, to read:

- 631.57 Powers and duties of the association.--
- (7) Notwithstanding any other provision of law, the

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net direct written premiums of medical malpractice insurance 1 2 are not subject to assessment under this section to cover claims and administrative costs for the type of insurance 3 4 defined in s. 624.604. 5 Section 11. Subsections (22) through (33) of section 6 395.002, Florida Statutes, are renumbered as subsections (23) 7 through (34), respectively, and a new subsection (22) is added to said section to read: 8 9 395.002 Definitions. -- As used in this chapter: 10 (22) "Medically unnecessary procedure" means a 11 surgical or other invasive procedure that a reasonable 12 physician, in light of the patient's history and available 13 diagnostic information, would not deem to be indicated in order to treat, cure, or palliate the patient's condition or 14 15 disease. 16 Section 12. Subsection (7) of section 394.4787, 17 Florida Statutes, is amended to read: 394.4787 Definitions; ss. 394.4786, 394.4787, 18 394.4788, and 394.4789.--As used in this section and ss. 19 20 394.4786, 394.4788, and 394.4789: 21 "Specialty psychiatric hospital" means a hospital 22 licensed by the agency pursuant to s. $395.002(30)\frac{(29)}{300}$ as a specialty psychiatric hospital. 23 24 Section 13. Subsection (5) is added to section 25 395.0161, Florida Statutes, to read: 26 395.0161 Licensure inspection.--27 (5)(a) The agency shall adopt rules governing the 28 conduct of inspections or investigations it initiates in 29 response to: 30 1. Reports filed pursuant to s. 395.0197.

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2. Complaints alleging violations of state or federal

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emergency access laws.

- 3. Complaints made by the public alleging violations of law by licensed facilities or personnel.
- (b) Such rules shall set forth the procedures to be used in such investigations or inspections in order to protect the due process rights of licensed facilities and personnel and to minimize, to the greatest reasonable extent possible, the disruption of facility operations and the cost to facilities resulting from such investigations.

Section 14. Subsections (2), (14), and (16) of section 395.0197, Florida Statutes, are amended to read:

395.0197 Internal risk management program.--

- (2) The internal risk management program is the responsibility of the governing board of the health care facility. Each licensed facility shall utilize the services of hire a risk manager, licensed under s. 395.10974, who is responsible for implementation and oversight of such facility's internal risk management program as required by this section. A risk manager must not be made responsible for more than four internal risk management programs in separate licensed facilities, unless the facilities are under one corporate ownership or the risk management programs are in rural hospitals.
- rules adopted pursuant to s. 395.0161(5), to all licensed facility records necessary to carry out the provisions of this section. The records obtained by the agency under subsection (6), subsection (8), or subsection (10) are not available to the public under s. 119.07(1), nor shall they be discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or the appropriate

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regulatory board, nor shall records obtained pursuant to s. 456.071 be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the public by the agency or the appropriate regulatory board. However, the agency or the appropriate regulatory board shall make available, upon written request by a health care professional against whom probable cause has been found, any such records which form the basis of the determination of probable cause, except that, with respect to medical review committee records, s. 766.101 controls.

(16) The agency shall review, as part of its licensure inspection process, the internal risk management program at each licensed facility regulated by this section to determine whether the program meets standards established in statutes and rules, whether the program is being conducted in a manner designed to reduce adverse incidents, and whether the program is appropriately reporting incidents under this section. Only a risk manager licensed under s. 395.10974 and employed by or under contract with the agency may conduct inspections to determine whether a program meets the requirements of this section. Such determination shall be based on that level of care, skill, and judgment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar licensed risk managers. By July 1, 2004, the Agency for Health Care Administration shall employ or contract with a minimum of three licensed risk managers in each district to conduct inspections pursuant to this section.

Section 15. Paragraph (b) of subsection (2) of section 465.019, Florida Statutes, is amended to read:

465.019 Institutional pharmacies; permits.--

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- (2) The following classes of institutional pharmacies are established:
- "Class II institutional pharmacies" are those institutional pharmacies which employ the services of a registered pharmacist or pharmacists who, in practicing institutional pharmacy, shall provide dispensing and consulting services on the premises to patients of that institution and to patients receiving care in a hospice licensed under part VI of chapter 400 which is located or providing services on the premises of that institution, for use on the premises of that institution. However, an institutional pharmacy located in an area or county included in an emergency order or proclamation of a state of emergency declared by the Governor may provide dispensing and consulting services to individuals who are not patients of the institution. However, a single dose of a medicinal drug may be obtained and administered to a patient on a valid physician's drug order under the supervision of a physician or charge nurse, consistent with good institutional practice procedures. The obtaining and administering of such single dose of a medicinal drug shall be pursuant to drug-handling procedures established by a consultant pharmacist. Medicinal drugs may be dispensed in a Class II institutional pharmacy, but only in accordance with the provisions of this section.

Section 16. Responsiveness to emergencies and disasters; legislative findings.--The Legislature finds that it is critical that Florida be prepared to respond appropriately to a health crisis and injuries in the event of an emergency or disaster. The Legislature finds that there is a need to better educate health care practitioners on diseases

and conditions that might be caused by nuclear, biological,

and chemical terrorism so that health care practitioners can more effectively care for patients and better educate patients as to prevention and treatment. Additionally, the Legislature finds that not all health care practitioners have been recently trained in life support and first aid and that all health care practitioners should be encouraged to obtain such training. The Legislature finds that health care practitioners who are willing to respond in emergencies or disasters should not be penalized for providing their assistance.

Section 17. Section 381.0011, Florida Statutes, is amended to read:

381.0011 Duties and powers of the Department of Health; authority of State Health Officer.--

(1) It is the duty of the Department of Health to:

(a)(1) Assess the public health status and needs of the state through statewide data collection and other appropriate means, with special attention to future needs that may result from population growth, technological advancements, new societal priorities, or other changes.

 $\underline{\text{(b)}(2)}$ Formulate general policies affecting the public health of the state.

 $\underline{\text{(c)}(3)}$ Include in the department's strategic plan developed under s. 186.021 a summary of all aspects of the public health mission and health status objectives to direct the use of public health resources with an emphasis on prevention.

 $\underline{(d)}$ (4) Administer and enforce laws and rules relating to sanitation, control of communicable diseases, illnesses and hazards to health among humans and from animals to humans, and the general health of the people of the state.

(e) (e) (5) Cooperate with and accept assistance from

federal, state, and local officials for the prevention and 1 2 suppression of communicable and other diseases, illnesses, 3 injuries, and hazards to human health. 4 (f) Declare, enforce, modify, and abolish quarantine of persons, animals, and premises as the 5 circumstances indicate for controlling communicable diseases 6 7 or providing protection from unsafe conditions that pose a 8 threat to public health, except as provided in ss. 384.28 and 9 392.545-392.60. 10 1.(a) The department shall adopt rules to specify the 11 conditions and procedures for imposing and releasing a 12 quarantine. The rules must include provisions related to: 13 a.1. The closure of premises. 14 b.2. The movement of persons or animals exposed to or 15 infected with a communicable disease. 16 c.3. The tests or prophylactic treatment, including 17 vaccination, for communicable disease required prior to 18 employment or admission to the premises or to comply with a 19 quarantine. 20 d.4. Testing or destruction of animals with or suspected of having a disease transmissible to humans. 21 22 e.5. Access by the department to quarantined premises. f.6. The disinfection of quarantined animals, persons, 23 24 or premises. 25 g. Methods of quarantine. 2.(b) Any health regulation that restricts travel or 26 27 trade within the state may not be adopted or enforced in this state except by authority of the department. 28 (g) (7) Provide for a thorough investigation and study 29

transmission, and means of prevention, control, and cure of

of the incidence, causes, modes of propagation and

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diseases, illnesses, and hazards to human health. (h) (8) Provide for the dissemination of information to the public relative to the prevention, control, and cure of diseases, illnesses, and hazards to human health. department shall conduct a workshop before issuing any health alert or advisory relating to food-borne illness or communicable disease in public lodging or food service establishments in order to inform persons, trade associations, and businesses of the risk to public health and to seek the input of affected persons, trade associations, and businesses on the best methods of informing and protecting the public, except in an emergency, in which case the workshop must be held within 14 days after the issuance of the emergency alert or advisory. (i)(9) Act as registrar of vital statistics. (j)(10) Cooperate with and assist federal health

 $\underline{(j)}$ (10) Cooperate with and assist federal health officials in enforcing public health laws and regulations.

 $\underline{\text{(k)}}$ (11) Cooperate with other departments, local officials, and private boards and organizations for the improvement and preservation of the public health.

(1) (12) Cooperate with other departments, local officials, and private organizations in developing and implementing a statewide injury control program.

(m)(13) Adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of law conferring duties upon it. This paragraph subsection does not authorize the department to require a permit or license unless such requirement is specifically provided by law.

(n)(14) Perform any other duties prescribed by law.

(2) The State Health Officer is authorized to take the following actions to protect the public health:

- (a) Notwithstanding chapters 465 and 499 and rules adopted thereunder, the State Health Officer may direct pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to county health department physicians, physician assistants, and nurses for administration to persons as part of a prophylactic or treatment regimen when there is a significant risk to the public health from a disease, an environmental contaminant, or a suspected act of nuclear, biological, or chemical terrorism.
- (b) The State Health Officer, upon declaration of a public health emergency pursuant to s. 381.00315, may take such actions as are necessary to protect the public health. Such actions shall include, but are not limited to:
- 1. Directing Florida manufacturers and wholesalers of prescription and over-the-counter drugs permitted under chapter 499 to give priority to shipping such drugs to pharmacies and health care providers located in geographic areas identified by the State Health Officer. Florida manufacturers and wholesalers must respond to the State Health Officer's priority shipping directive before shipping the specified drugs to other pharmacies or health care providers in Florida.
- 2. Notwithstanding s. 456.036, temporarily reactivating the inactive licenses of physicians licensed under chapter 458 or chapter 459; physician assistants licensed under chapter 458 or chapter 459; licensed practical nurses, registered nurses, and advanced registered nurse practitioners licensed under chapter 464; respiratory therapists licensed under part V of chapter 468; and emergency medical technicians and paramedics licensed under chapter 401

when such practitioners are needed to respond to the public 1 2 health emergency. Only those licensees referenced in this 3 subparagraph who request reactivation and have unencumbered 4 inactive licenses are eligible for reactivation. Any inactive 5 license reactivated pursuant to this subparagraph shall return to inactive status when the public health emergency ends or 6 7 prior to the end of the public health emergency if the State Health Officer determines that the health care practitioner is 8 no longer needed to provide services during the emergency. The 9 10 license may only be reactivated for a period not to exceed 90 11 days without meeting the requirements of s. 456.036 or chapter 12 401. If a physician assistant or advanced registered nurse 13 practitioner requests reactivation and volunteers during the declared public health emergency, the county health department 14 15 medical director, if appropriate, shall serve as the supervising physician for the physician assistant and shall be 16 17 authorized to delegate acts of medical diagnosis and treatment to the advanced registered nurse practitioner. 18

- 3. Notwithstanding any law to the contrary, compelling an individual to be examined, tested, vaccinated, treated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. Prior to taking action under this subparagraph, the State Health Officer shall, to the extent possible, consult with the Governor.
- a. Examination, testing, or treatment may be performed by any qualified person authorized by the State Health Officer. Individuals who are unable or unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to quarantine.

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b. If the individual poses a danger to public health, 1 the State Health Officer may subject the individual to quarantine. If there is no practicable method to quarantine 3 the individual, the State Health Officer may use any means necessary to vaccinate or treat the individual. c. Any order of the State Health Officer given to effectuate this subparagraph shall be immediately enforceable by law enforcement. 10 Individuals who assist the State Health Officer at his or her request on a volunteer basis during a public health emergency 11 12 declared pursuant to s. 381.00315 shall be entitled to the benefits in s. 110.504(2), (3), (4), and (5). 13 Section 18. Section 381.0034, Florida Statutes, is 14 15 amended to read: 381.0034 Requirement for instruction on conditions 16 17 caused by nuclear, biological, and chemical terrorism and on human immunodeficiency virus and acquired immune deficiency 18 syndrome. --19 (1) As of July 1, 1991, The Department of Health shall 20 21 require each person licensed or certified under chapter 401, chapter 467, part IV of chapter 468, or chapter 483, as a 22 condition of biennial relicensure, to complete an educational 23 24 course approved by the department on conditions caused by nuclear, biological, and chemical terrorism. The course shall 25 26 consist of education on diagnosis and treatment, the modes of 27 transmission, infection control procedures, and clinical 28 management. Such course shall also include information on 29 reporting suspected cases of conditions caused by nuclear,

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biological, or chemical terrorism to the appropriate health and law enforcement authorities, and prevention of human

immunodeficiency virus and acquired immune deficiency syndrome. Such course shall include information on current Florida law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results, and treatment of patients. Each such licensee or certificateholder shall submit confirmation of having completed said course, on a form provided by the department, when submitting fees or application for each biennial renewal.

- (2) Failure to complete the requirements of this section shall be grounds for disciplinary action contained in the chapters specified in subsection (1). In addition to discipline by the department, the licensee or certificateholder shall be required to complete the required said course or courses.
- (3) The department shall require, as a condition of granting a license under the chapters specified in subsection (1), that an applicant making initial application for licensure complete respective an educational courses course acceptable to the department on conditions caused by nuclear, biological, and chemical terrorism and on human immunodeficiency virus and acquired immune deficiency syndrome. An applicant who has not taken such courses a course at the time of licensure shall, upon an affidavit showing good cause, be allowed 6 months to complete this requirement.
- (4) The department shall have the authority to adopt rules to carry out the provisions of this section.
- (5) Any professional holding two or more licenses or certificates subject to the provisions of this section shall be permitted to show proof of having taken one
- department-approved course on conditions caused by nuclear,

biological, and chemical terrorism human immunodeficiency 1 2 virus and acquired immune deficiency syndrome, for purposes of 3 relicensure or recertification for the additional licenses. 4 Section 19. Section 381.0035, Florida Statutes, is 5 amended to read: 6 381.0035 Educational courses course on human 7 immunodeficiency virus and acquired immune deficiency syndrome and on conditions caused by nuclear, biological, and chemical 8 9 terrorism; employees and clients of certain health care 10 facilities .--11 (1)(a) The Department of Health shall require all 12 employees and clients of facilities licensed under chapters 13 393, 394, and 397 and employees of facilities licensed under chapter 395 and parts II, III, IV, and VI of chapter 400 to 14 15 complete, biennially, a continuing educational course on the modes of transmission, infection control procedures, clinical 16 17 management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome with an emphasis on 18 appropriate behavior and attitude change. Such instruction 19 shall include information on current Florida law and its 20 21 impact on testing, confidentiality of test results, and treatment of patients and any protocols and procedures 22 applicable to human immunodeficiency counseling and testing, 23 24 reporting, the offering of HIV testing to pregnant women, and 25 partner notification issues pursuant to ss. 381.004 and 26 384.25. 27 (b) The department shall require all employees of facilities licensed under chapters 393, 394, 395, and 397 and 28 29 parts II, III, IV, and VI of chapter 400 to complete, 30 biennially, a continuing educational course on conditions caused by nuclear, biological, and chemical terrorism. The 31

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course shall consist of education on diagnosis and treatment, modes of transmission, infection control procedures, and clinical management. Such course shall also include information on reporting suspected cases of conditions caused by nuclear, biological, or chemical terrorism to the appropriate health and law enforcement authorities.

- chapters 393, 394, 395, and 397 and parts II, III, IV, and VI of chapter 400 shall be required to complete a course on human immunodeficiency virus and acquired immune deficiency syndrome, with instruction to include information on current Florida law and its impact on testing, confidentiality of test results, and treatment of patients. New employees of such facilities shall also be required to complete a course on conditions caused by nuclear, biological, and chemical terrorism, with instruction to include information on reporting suspected cases to the appropriate health and law enforcement authorities.
- (3) Facilities licensed under chapters 393, 394, 395, and 397, and parts II, III, IV, and VI of chapter 400 shall maintain a record of employees and dates of attendance at human immunodeficiency virus and acquired immune deficiency syndrome educational courses on human immunodeficiency virus and acquired immune deficiency syndrome and on conditions caused by nuclear, biological, and chemical terrorism.
- (4) The department shall have the authority to review the records of each facility to determine compliance with the requirements of this section. The department may adopt rules to carry out the provisions of this section.
- (5) In lieu of completing a course as required in paragraph (1)(b), the employee may complete a course on

end-of-life care and palliative health care or a course on 1 2 HIV/AIDS so long as the employee completed an approved course 3 on conditions caused by nuclear, biological, and chemical 4 terrorism in the immediately preceding biennium. 5 Section 20. Section 381.0421, Florida Statutes, is 6 created to read: 7 381.0421 Vaccination against meningococcal meningitis 8 and hepatitis B.--9 (1) A postsecondary educational institution shall 10 provide detailed information concerning the risks associated with meningococcal meningitis and hepatitis B and the 11 12 availability, effectiveness, and known contraindications of 13 any required or recommended vaccine against meningococcal 14 meningitis and hepatitis B to every student, or to the 15 student's parent or guardian if the student is a minor, who has been accepted for admission. 16 17 (2) An individual enrolled in a postsecondary 18 educational institution who will be residing in on-campus housing shall provide documentation of vaccinations against 19 meningococcal meningitis and hepatitis B unless the 20 individual, if the individual is 18 years of age or older, or 21 the individual's parent or guardian, if the individual is a 22 minor, declines the vaccinations by signing a separate waiver 23 24 for each of these vaccines provided by the institution acknowledging receipt and review of the information provided. 25 This section does not require any postsecondary 26 27 educational institution to provide or pay for vaccinations against meningococcal meningitis or hepatitis B. 28 29 Section 21. Subsection (4) of section 395.1027, Florida Statutes, is amended to read: 30 395.1027 Regional poison control centers.--31

(4) By October 1, 1999, each regional poison control center shall develop a prehospital emergency dispatch protocol with each licensee defined by s. 401.23(14)(13)in the geographic area covered by the regional poison control center. The prehospital emergency dispatch protocol shall be developed by each licensee's medical director in conjunction with the designated regional poison control center responsible for the geographic area in which the licensee operates. The protocol shall define toxic substances and describe the procedure by which the designated regional poison control center may be consulted by the licensee. If a call is transferred to the designated regional poison control center in accordance with the protocol established under this section and s. 401.268, the designated regional poison control center shall assume responsibility and liability for the call.

Section 22. Section 401.23, Florida Statutes, is amended to read:

401.23 Definitions.--As used in this part, the term:

(1) "Advanced life support" means the use of skills and techniques described in the most recent United States

Department of Transportation National Standard Paramedic

Curriculum by a paramedic under the supervision of a licensee's medical director as required by rules of the department. The term "advanced life support" also includes other techniques that have been approved and are performed under conditions specified by rules of the department. The term "advanced life support" also includes provision of care by a paramedic under the supervision of a licensee's medical director to a person experiencing an emergency medical condition as defined in subsection (11) treatment of

life-threatening medical emergencies through the use of

techniques such as endotracheal intubation, the administration of drugs or intravenous fluids, telemetry, cardiac monitoring, and cardiac defibrillation by a qualified person, pursuant to rules of the department.

- (2) "Advanced life support service" means any emergency medical transport or nontransport service which uses advanced life support techniques.
- (3) "Air ambulance" means any fixed-wing or rotary-wing aircraft used for, or intended to be used for, air transportation of sick or injured persons requiring or likely to require medical attention during transport.
- (4) "Air ambulance service" means any publicly or privately owned service, licensed in accordance with the provisions of this part, which operates air ambulances to transport persons requiring or likely to require medical attention during transport.
- (5) "Ambulance" or "emergency medical services vehicle" means any privately or publicly owned land or water vehicle that is designed, constructed, reconstructed, maintained, equipped, or operated for, and is used for, or intended to be used for, land or water transportation of sick or injured persons requiring or likely to require medical attention during transport.
- (6) "Ambulance driver" means any person who meets the requirements of s. 401.281.
- (7) "Basic life support" means the use of skills and techniques described in the most recent United States

 Department of Transportation National Standard EMT-Basic

 Curriculum by an emergency medical technician or paramedic under the supervision of a licensee's medical director as required by rules of the department. The term "basic life"

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support" also includes other techniques that have been approved and are performed under conditions specified by rules of the department. The term "basic life support" also includes provision of care by a paramedic or emergency medical technician under the supervision of a licensee's medical director to a person experiencing an emergency medical condition as defined in subsection (11) treatment of medical emergencies by a qualified person through the use of techniques such as patient assessment, cardiopulmonary resuscitation (CPR), splinting, obstetrical assistance, bandaging, administration of oxygen, application of medical antishock trousers, administration of a subcutaneous injection using a premeasured autoinjector of epinephrine to a person suffering an anaphylactic reaction, and other techniques described in the Emergency Medical Technician Basic Training Course Curriculum of the United States Department of Transportation. The term "basic life support" also includes other techniques which have been approved and are performed under conditions specified by rules of the department.

- (8) "Basic life support service" means any emergency medical service which uses only basic life support techniques.
- (9) "Certification" means any authorization issued pursuant to this part to a person to act as an emergency medical technician or a paramedic.
 - (10) "Department" means the Department of Health.
 - (11) "Emergency medical condition" means:
- (a) A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, psychiatric disturbances, symptoms of substance abuse, or other acute symptoms, such that the absence of immediate medical attention could reasonably be expected to result in

1	any of the following:
2	1. Serious jeopardy to the health of a patient,
3	including a pregnant woman or fetus.
4	2. Serious impairment to bodily functions.
5	3. Serious dysfunction of any bodily organ or part.
6	(b) With respect to a pregnant woman, that there is
7	evidence of the onset and persistence of uterine contractions
8	or rupture of the membranes.
9	(c) With respect to a person exhibiting acute
10	psychiatric disturbance or substance abuse, that the absence
11	of immediate medical attention could reasonably be expected to
12	result in:
13	1. Serious jeopardy to the health of a patient; or
14	2. Serious jeopardy to the health of others.
15	(12) (11) "Emergency medical technician" means a person
16	who is certified by the department to perform basic life
17	support pursuant to this part.
18	(13) (12) "Interfacility transfer" means the
19	transportation by ambulance of a patient between two
20	facilities licensed under chapter 393, chapter 395, or chapter
21	400, pursuant to this part.
22	(14) (13) "Licensee" means any basic life support
23	service, advanced life support service, or air ambulance
24	service licensed pursuant to this part.
25	(15) (14) "Medical direction" means direct supervision
26	by a physician through two-way voice communication or, when
27	such voice communication is unavailable, through established

employed or contracted by a licensee and who provides medical

standing orders, pursuant to rules of the department.

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(16)(15) "Medical director" means a physician who is

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including administrative and managerial functions, for daily operations and training pursuant to this part.

(17)(16) "Mutual aid agreement" means a written agreement between two or more entities whereby the signing parties agree to lend aid to one another under conditions specified in the agreement and as sanctioned by the governing body of each affected county.

(18)(17) "Paramedic" means a person who is certified by the department to perform basic and advanced life support pursuant to this part.

(19)(18) "Permit" means any authorization issued pursuant to this part for a vehicle to be operated as a basic life support or advanced life support transport vehicle or an advanced life support nontransport vehicle providing basic or advanced life support.

(20)(19) "Physician" means a practitioner who is licensed under the provisions of chapter 458 or chapter 459. For the purpose of providing "medical direction" as defined in subsection(15) $\frac{(14)}{(14)}$ for the treatment of patients immediately prior to or during transportation to a United States Department of Veterans Affairs medical facility, "physician" also means a practitioner employed by the United States Department of Veterans Affairs.

(21)(20) "Registered nurse" means a practitioner who is licensed to practice professional nursing pursuant to part I of chapter 464.

(22) (21) "Secretary" means the Secretary of Health.

(23)(22) "Service location" means any permanent location in or from which a licensee solicits, accepts, or conducts business under this part.

Section 23. Paragraph (b) of subsection (2) of section

401.245, Florida Statutes, is amended to read: 1 2 401.245 Emergency Medical Services Advisory Council. --3 (2)4 Representation on the Emergency Medical Services 5 Advisory Council shall include: two licensed physicians who 6 are "medical directors" as defined in s. 401.23(16)(15)or 7 whose medical practice is closely related to emergency medical 8 services; two emergency medical service administrators, one of 9 whom is employed by a fire service; two certified paramedics, 10 one of whom is employed by a fire service; two certified emergency medical technicians, one of whom is employed by a 11 12 fire service; one emergency medical services educator; one 13 emergency nurse; one hospital administrator; one representative of air ambulance services; one representative 14 15 of a commercial ambulance operator; and two laypersons who are 16 in no way connected with emergency medical services, one of 17 whom is a representative of the elderly. Ex officio members of the advisory council from state agencies shall include, but 18 shall not be limited to, representatives from the Department 19 20 of Education, the Department of Management Services, the Department of Insurance, the Department of Highway Safety and 21 22 Motor Vehicles, the Department of Transportation, and the Department of Community Affairs. 23 24 Section 24. Subsection (1) of section 401.252, Florida 25 Statutes, is amended to read: 401.252 Interfacility transfer.--26 27 (1) A licensed basic or advanced life support ambulance service may conduct interfacility transfers in a 28

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permitted ambulance, using a registered nurse or physician

assistant in place of an emergency medical technician or

paramedic, if:

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- (a) The registered nurse <u>or physician assistant</u> holds a current certificate of successful course completion in advanced cardiac life support;
- (b) The physician in charge has granted permission for such a transfer, has designated the level of service required for such transfer, and has deemed the patient to be in such a condition appropriate to this type of ambulance staffing; and
- (c) The registered nurse operates within the scope of part I of chapter 464 or the physician assistant operates within the physician assistant's scope of practice under chapter 458 or chapter 459.

Section 25. Subsection (6) of section 401.27, Florida Statutes, is amended to read:

- 401.27 Personnel; standards and certification.--
- (6)(a) The department shall establish by rule a procedure for biennial renewal certification of emergency medical technicians. Such rules must require a United States Department of Transportation refresher training program of at least 30 hours as approved by the department every 2 years.

 Completion of the course required by s. 381.0034(1) shall count toward the 30 hours. The refresher program may be offered in multiple presentations spread over the 2-year period. The rules must also provide that the refresher course requirement may be satisfied by passing a challenge examination.
- (b) The department shall establish by rule a procedure for biennial renewal certification of paramedics. Such rules must require candidates for renewal to have taken at least 30 hours of continuing education units during the 2-year period. Completion of the course required by s. 381.0034(1) shall

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continuing education requirement may be satisfied by passing a challenge examination.

Section 26. Section 456.033, Florida Statutes, is amended to read:

456.033 Requirement for instruction for certain licensees on conditions caused by nuclear, biological, and chemical terrorism and on HIV and AIDS.--

(1) The appropriate board shall require each person licensed or certified under chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; part I of chapter 464; chapter 465; chapter 466; part II, part III, part V, or part X of chapter 468; or chapter 486 to complete a continuing educational course, approved by the board, on conditions caused by nuclear, biological, and chemical terrorism human immunodeficiency virus and acquired immune deficiency syndrome as part of biennial relicensure or recertification. The course shall consist of education on diagnosis and treatment, the modes of transmission, infection control procedures, and clinical management. Such course shall also include information on reporting suspected cases of conditions caused by nuclear, biological, or chemical terrorism to the appropriate health and law enforcement authorities, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome. Such course shall include information on current Florida law on acquired immune deficiency syndrome and its impact on testing, confidentiality of test results, treatment of patients, and any protocols and procedures applicable to human immunodeficiency virus counseling and testing, reporting, the offering of HIV testing to pregnant women, and partner notification issues pursuant to ss. 381.004 and 384.25.

- (2) Each such licensee or certificateholder shall submit confirmation of having completed said course, on a form as provided by the board, when submitting fees for each biennial renewal.
- (3) The board shall have the authority to approve additional equivalent courses that may be used to satisfy the requirements in subsection (1). Each licensing board that requires a licensee to complete an educational course pursuant to this section may count the hours required for completion of the course included in the total continuing educational requirements as required by law.
- (4) Any person holding two or more licenses subject to the provisions of this section shall be permitted to show proof of having taken one board-approved course on conditions caused by nuclear, biological, and chemical terrorism human immunodeficiency virus and acquired immune deficiency syndrome, for purposes of relicensure or recertification for additional licenses.
- (5) Failure to comply with the above requirements of this section shall constitute grounds for disciplinary action under each respective licensing chapter and s. 456.072(1)(e). In addition to discipline by the board, the licensee shall be required to complete the required course or courses.
- (6) The board shall require as a condition of granting a license under the chapters and parts specified in subsection (1) that an applicant making initial application for licensure complete respective an educational courses course acceptable to the board on conditions caused by nuclear, biological, and chemical terrorism and on human immunodeficiency virus and acquired immune deficiency syndrome. An applicant who has not taken such courses a course at the time of licensure shall,

upon an affidavit showing good cause, be allowed 6 months to complete this requirement.

- (7) The board shall have the authority to adopt rules to carry out the provisions of this section.
- (8) The board shall report to the Legislature by March 1 of each year as to the implementation and compliance with the requirements of this section.
- (9)(a) In lieu of completing a course as required in subsection (1), the licensee may complete a course on in end-of-life care and palliative health care or a course on https://h
- (b) In lieu of completing a course as required by subsection (1), a person licensed under chapter 466 who has completed an approved AIDS/HIV course in the immediately preceding 2 years may complete a course approved by the Board of Dentistry.

Section 27. Section 456.0345, Florida Statutes, is created to read:

456.0345 Life support training.--Health care practitioners who obtain training in advanced cardiac life support, cardiopulmonary resuscitation, or emergency first aid shall receive an equivalent number of continuing education course credits which may be applied toward licensure renewal requirements.

Section 28. Paragraph (e) of subsection (1) of section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties; enforcement.--

(1) The following acts shall constitute grounds for

which the disciplinary actions specified in subsection (2) may 2 be taken: 3 (e) Failing to comply with the educational course 4 requirements for conditions caused by nuclear, biological, and chemical terrorism or for human immunodeficiency virus and 5 6 acquired immune deficiency syndrome. 7 Section 29. Section 456.38, Florida Statutes, is amended to read: 8 9 456.38 Practitioner registry for disasters and 10 emergencies. -- The Department of Health shall may include on 11 its application and renewal forms for the licensure or 12 certification of health care practitioners licensed pursuant 13 to chapter 458, chapter 459, chapter 464, or part V of chapter 468, as defined in s. 456.001, who could assist the department 14 15 in the event of a disaster a question asking if the practitioner would be available to provide health care 16 17 services in special needs shelters or to help staff disaster medical assistance teams during times of emergency or major 18 disaster. The names of practitioners who answer affirmatively 19 20 shall be maintained by the department as a health care 21 practitioner registry for disasters and emergencies. A health care practitioner who volunteers his or her services in a 22 special needs shelter or as part of a disaster medical 23 24 assistance team during a time of emergency or disaster shall not be terminated or discriminated against by his or her 25 employer for such volunteer work, provided that the health 26 27 care practitioner returns to his or her regular employment within 2 weeks or within a longer period that has been 28 29 previously approved by the employer in writing. 30 Section 30. Subsection (4) of section 458.319, Florida

Statutes, is amended to read:

458.319 Renewal of license.--

(4) Notwithstanding the provisions of s. 456.033, a physician may complete continuing education on end-of-life care and palliative care in lieu of continuing education in conditions caused by nuclear, biological, and chemical terrorism AIDS/HIV, if that physician has completed the AIDS/HIV continuing education in conditions caused by nuclear, biological, and chemical terrorism in the immediately preceding biennium.

Section 31. Subsection (5) of section 459.008, Florida Statutes, is amended to read:

459.008 Renewal of licenses and certificates.--

(5) Notwithstanding the provisions of s. 456.033, an osteopathic physician may complete continuing education on end-of-life and palliative care in lieu of continuing education in conditions caused by nuclear, biological, and chemical terrorism AIDS/HIV, if that physician has completed the AIDS/HIV continuing education in conditions caused by nuclear, biological, and chemical terrorism in the immediately preceding biennium.

Section 32. Subsections (1), (2), and (6) of section 765.512, Florida Statutes, are amended to read:

765.512 Persons who may make an anatomical gift.--

(1) Any person who may make a will may give all or part of his or her body for any purpose specified in s. 765.510, the gift to take effect upon death. An anatomical gift made by an adult donor and not revoked by the donor as provided in s. 765.516 is irrevocable and does not require the consent or concurrence of any person after the donor's death. A family member, guardian, representative ad litem, or health care surrogate of a decedent who has made an anatomical gift

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may not modify the decedent's wishes or deny or prevent the anatomical gift from being made.

- concerning an anatomical gift, by including signing an organ and tissue donor card, by expressing his or her wish to donate in a living will or advance directive, or by signifying his or her intent to donate on his or her driver's license or in some other written form has indicated his or her wish to make an anatomical gift, and in the absence of actual notice of contrary indications by the decedent, the document is evidence of legally sufficient informed consent to donate an anatomical gift and is legally binding. Any surrogate designated by the decedent pursuant to part II of this chapter may give all or any part of the decedent's body for any purpose specified in s. 765.510.
 - (6) A gift of all or part of a body authorizes:
- (a) Any examination necessary to assure medical acceptability of the gift for the purposes intended.
- (b) The decedent's medical provider, family, or a third party to furnish medical records requested concerning the decedent's medical and social history.

Section 33. Subsection (1) of section 765.516, Florida Statutes, is amended to read:

765.516 Amendment of the terms of or the revocation of the gift.--

- (1) A donor may amend $\underline{\text{the terms of}}$ or revoke an anatomical gift by:
- (a) The execution and delivery to the donee of a signed statement.
 - (b) An oral statement that is:
 - 1. Made to the donor's spouse; or

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- 2. made in the presence of two persons, other than the
 donor's spouse, and communicated to the donor's family or
 attorney or to the donee.

 (c) A statement during a terminal illness or injury
- (c) A statement during a terminal illness or injury addressed to an attending physician, who must communicate the revocation of the gift to the procurement organization that is certified by the state.
- (d) A signed document found on $\underline{\text{or about}}$ the donor's person $\underline{\text{or in the donor's effects}}$.
- Section 34. Subsection (5) of section 456.073, Florida Statutes, is amended to read:
- 456.073 Disciplinary proceedings.--Disciplinary proceedings for each board shall be within the jurisdiction of the department.
- (5)(a) A formal hearing before an administrative law judge from the Division of Administrative Hearings shall be held pursuant to chapter 120 if there are any disputed issues of material fact raised within 60 days after service of the administrative complaint. The administrative law judge shall issue a recommended order pursuant to chapter 120. If any party raises an issue of disputed fact during an informal hearing, the hearing shall be terminated and a formal hearing pursuant to chapter 120 shall be held.
- (b) Notwithstanding s. 120.569(2), the department shall notify the division within 45 days after receipt of a petition or request for a hearing that the department has determined requires a formal hearing before an administrative law judge.
- Section 35. The Office of Program Policy Analysis and Government Accountability and the Auditor General shall conduct a joint audit of all hearings and billings therefor

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conducted by the Division of Administrative Hearings for all
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    state agencies and nonstate agencies and shall present a
    report to the President of the Senate and the Speaker of the
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    House of Representatives on or before January 1, 2003, which
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    contains findings and recommendations regarding the manner in
    which the division charges for its services. The report shall
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    recommend alternative billing formulas.
           Section 36. Subsection (7) is added to section
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    456.076, Florida Statutes, to read:
           456.076 Treatment programs for impaired
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   practitioners.--
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          (7) Each licensee participating in an impaired
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    practitioner program pursuant to this section shall pay a
    portion of the costs of the consultant and impaired
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   practitioner program, as determined by rule of the department,
    incurred as a result of that licensee, unless the consultant
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    finds the licensee to be financially unable to pay in
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    accordance with rules set forth by the department. Payment of
    these costs shall be a condition of the contract between the
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    impaired practitioner program and the impaired practitioner.
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    Failure to pay the required costs shall be a violation of the
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    contract, unless prior arrangements have been made with the
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    impaired practitioner program. If the licensee has entered
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    the impaired practitioner program as a result of a
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    disciplinary investigation, such payment shall be included in
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    the final order imposing discipline. The remaining costs
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    shall be paid out of the Medical Quality Assurance Trust Fund
    or other federal, state, or private program funds. Each
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    licensee shall pay the full cost of the approved treatment
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    program or other treatment plan required by the impaired
   practitioner program, unless private funds are available to
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assist with such payment. 1 2 Section 37. Section 456.047, Florida Statutes, is 3 repealed. 4 Section 38. All revenues associated with s. 456.047, 5 Florida Statutes, and collected by the Department of Health on 6 or before July 1, 2002, shall remain in the Medical Quality 7 Assurance Trust Fund, and no refunds shall be given. Section 39. Paragraph (d) of subsection (4) of section 8 9 456.039, Florida Statutes, is amended to read: 10 456.039 Designated health care professionals; 11 information required for licensure. --12 (4)13 (d) Any applicant for initial licensure or renewal of licensure as a health care practitioner who submits to the 14 15 Department of Health a set of fingerprints or information 16 required for the criminal history check required under this 17 section shall not be required to provide a subsequent set of fingerprints or other duplicate information required for a 18 criminal history check to the Agency for Health Care 19 Administration, the Department of Juvenile Justice, or the 20 Department of Children and Family Services for employment or 21 licensure with such agency or department if the applicant has 22 undergone a criminal history check as a condition of initial 23 24 licensure or licensure renewal as a health care practitioner 25 with the Department of Health or any of its regulatory boards, notwithstanding any other provision of law to the contrary. In 26 27 lieu of such duplicate submission, the Agency for Health Care 28 Administration, the Department of Juvenile Justice, and the Department of Children and Family Services shall obtain 29 30 criminal history information for employment or licensure of

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the Department of <u>Health</u> Health's health care practitioner credentialing system.

Section 40. Paragraph (d) of subsection (4) of section 456.0391, Florida Statutes, is amended to read:

456.0391 Advanced registered nurse practitioners; information required for certification.--

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(d) Any applicant for initial certification or renewal of certification as an advanced registered nurse practitioner who submits to the Department of Health a set of fingerprints and information required for the criminal history check required under this section shall not be required to provide a subsequent set of fingerprints or other duplicate information required for a criminal history check to the Agency for Health Care Administration, the Department of Juvenile Justice, or the Department of Children and Family Services for employment or licensure with such agency or department, if the applicant has undergone a criminal history check as a condition of initial certification or renewal of certification as an advanced registered nurse practitioner with the Department of Health, notwithstanding any other provision of law to the contrary. In lieu of such duplicate submission, the Agency for Health Care Administration, the Department of Juvenile Justice, and the Department of Children and Family Services shall obtain criminal history information for employment or licensure of persons certified under s. 464.012 by such agency or department from the Department of Health Health's health care practitioner credentialing system.

Section 41. Paragraph (v) of subsection (1) of section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties;

enforcement. --

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- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (v) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application.

Section 42. Subsection (2) of section 456.077, Florida Statutes, is amended to read:

456.077 Authority to issue citations.--

(2) The board, or the department if there is no board, shall adopt rules designating violations for which a citation may be issued. Such rules shall designate as citation violations those violations for which there is no substantial threat to the public health, safety, and welfare. Violations for which a citation may be issued shall include violations of continuing education requirements; failure to timely pay required fees and fines; failure to comply with the requirements of ss. 381.026 and 381.0261 regarding the dissemination of information regarding patient rights; failure to comply with advertising requirements; failure to timely update practitioner profile and credentialing files; failure to display signs, licenses, and permits; failure to have required reference books available; and all other violations that do not pose a direct and serious threat to the health and safety of the patient.

Section 43. Subsection (3) of section 458.309, Florida Statutes, is amended to read:

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458.309 Authority to make rules.--

(3) All physicians who perform level 2 procedures lasting more than 5 minutes and all level 3 surgical procedures in an office setting must register the office with the department unless that office is licensed as a facility pursuant to chapter 395. Each office that is required under this subsection to be registered must be The department shall inspect the physician's office annually unless the office is accredited by a nationally recognized accrediting agency approved by the Board of Medicine by rule or an accrediting organization subsequently approved by the Board of Medicine by rule. Each office registered but not accredited as required by this subsection must achieve full and unconditional accreditation no later than July 1, 2003, and must maintain unconditional accreditation as long as procedures described in this subsection that require the office to be registered and accredited are performed. Accreditation reports shall be submitted to the department. The actual costs for registration and inspection or accreditation shall be paid by the person seeking to register and operate the office setting in which office surgery is performed. The board may adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this subsection.

Section 44. Subsection (2) of section 459.005, Florida Statutes, is amended to read:

459.005 Rulemaking authority.--

(2) All <u>osteopathic</u> physicians who perform level 2 procedures lasting more than 5 minutes and all level 3 surgical procedures in an office setting must register the office with the department unless that office is licensed as a facility pursuant to chapter 395. Each office that is

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1	required under this subsection to be registered must be The
2	department shall inspect the physician's office annually
3	unless the office is accredited by a nationally recognized
4	accrediting agency approved by the Board of Medicine or the
5	Board of Osteopathic Medicine by rule or an accrediting
6	organization subsequently approved by the Board of Medicine or
7	the Board of Osteopathic Medicine by rule. Each office
8	registered but not accredited as required by this subsection
9	must achieve full and unconditional accreditation no later
10	than July 1, 2003, and must maintain unconditional
11	accreditation as long as procedures described in this
12	subsection that require the office to be registered and
13	accredited are performed. Accreditation reports shall be
14	submitted to the department. The actual costs for
15	registration and inspection or accreditation shall be paid by
16	the person seeking to register and operate the office setting
17	in which office surgery is performed. The Board of
18	Osteopathic Medicine may adopt rules pursuant to ss.
19	120.536(1) and 120.54 to implement this subsection.
20	Section 45. Subsections (11) and (12) are added to
21	section 456.004, Florida Statutes, to read:
22	456.004 Department; powers and dutiesThe
23	department, for the professions under its jurisdiction, shall:
24	(11) Require objective performance measures for all
25	bureaus, units, boards, contracted entities, and board
26	executive directors that reflect the expected quality and
27	quantity of services.
28	(12) Consider all board requests to use private
29	vendors for particular regulatory functions. In considering a
30	board request, the department shall conduct an analysis to
31	determine if the function could be appropriately and

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successfully performed by a private entity at a lower cost or with improved efficiency. If after reviewing the department's analysis the board desires to contract with a vendor for a particular regulatory function and the board has a positive cash balance, the department shall enter into a contract for the service. The contract shall include objective performance measures that reflect the expected quality and quantity of the service and shall include a provision that terminates the contract if the service falls below expected levels. For purposes of this subsection, a "regulatory function" shall be defined to include licensure, licensure renewal, examination, complaint analysis, investigation, or prosecution.

Section 46. Subsection (1) of section 456.009, Florida Statutes, is amended to read:

456.009 Legal and investigative services.--

(1) The department shall provide board counsel for boards within the department by contracting with the Department of Legal Affairs, by retaining private counsel pursuant to s. 287.059, or by providing department staff counsel. The primary responsibility of board counsel shall be to represent the interests of the citizens of the state. A board shall provide for the periodic review and evaluation of the services provided by its board counsel. Fees and costs of such counsel shall be paid from a trust fund used by the department to implement this chapter, subject to the provisions of s. 456.025. All contracts for independent counsel shall provide for periodic review and evaluation by the board and the department of services provided. All legal and investigative services shall be reviewed by the department annually to determine if such services are meeting the

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contracts for legal and investigative services must include 1 2 objective performance measures that reflect the expected 3 quality and quantity of the contracted services. 4 Section 47. Subsection (6) is added to section 5 456.011, Florida Statutes, to read: 456.011 Boards; organization; meetings; compensation 6 7 and travel expenses. --8 (6) Meetings of board committees, including probable cause panels, shall be conducted electronically unless held 9 10 concurrently with, or on the day immediately before or after, 11 a regularly scheduled in-person board meeting. However, if a 12 particular committee meeting is expected to last more than 5 13 hours and cannot be held before or after the in-person board meeting, the chair of the committee may request special 14 15 permission from the director of the Division of Medical Quality Assurance to hold an in-person committee meeting. The 16 17 meeting shall be held in Tallahassee unless the chair of the committee determines that another location is necessary due to 18 19 the subject matter to be discussed at the meeting and the director authorizes the additional costs, if any. 20 Section 48. Subsection (11) is added to section 21 22 456.026, Florida Statutes, to read: 23 456.026 Annual report concerning finances, 24 administrative complaints, disciplinary actions, and 25 recommendations. -- The department is directed to prepare and submit a report to the President of the Senate and the Speaker 26 27 of the House of Representatives by November 1 of each year. In addition to finances and any other information the Legislature 28 29 may require, the report shall include statistics and relevant 30 information, profession by profession, detailing: 31 (11) The performance measures for all bureaus, units,

boards, and contracted entities required by the department to 1 2 reflect the expected quality and quantity of services, and a 3 description of any effort to improve the performance of such 4 services. 5 Section 49. Section 458.3093, Florida Statutes, is 6 created to read: 7 458.3093 Licensure credentials verification.--All 8 applicants for initial physician licensure pursuant to this chapter must submit their credentials to the Federation of 9 10 State Medical Boards. Effective January 1, 2003, the board and the department shall only consider applications for 11 12 initial physician licensure pursuant to this chapter that have 13 been verified by the Federation of State Medical Boards Credentials Verification Service or an equivalent program 14 15 approved by the board. Section 50. Section 459.0053, Florida Statutes, is 16 17 created to read: 18 459.0053 Licensure credentials verification.--All 19 applicants for initial osteopathic physician licensure pursuant to this chapter must submit their credentials to the 20 Federation of State Medical Boards. Effective January 1, 21 22 2003, the board and the department shall only consider applications for initial osteopathic physician licensure 23 24 pursuant to this chapter that have been verified by the 25 Federation of State Medical Boards Credentials Verification Service, the American Osteopathic Association, or an 26 27 equivalent program approved by the board. Section 51. Paragraph (t) of subsection (1) of section 28 29 458.331, Florida Statutes, is amended to read: 30 458.331 Grounds for disciplinary action; action by the board and department. --

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The following acts constitute grounds for denial
of a license or disciplinary action, as specified in s.
456.072(2):
       (t) Gross or repeated malpractice or the failure to
practice medicine with that level of care, skill, and
treatment which is recognized by a reasonably prudent similar
physician as being acceptable under similar conditions and
circumstances. The board shall give great weight to the
provisions of s. 766.102 when enforcing this paragraph.
used in this paragraph, "repeated malpractice" includes, but
is not limited to, three or more claims for medical
malpractice within the previous 5-year period resulting in
indemnities being paid in excess of $50,000 $25,000 each to
the claimant in a judgment or settlement and which incidents
involved negligent conduct by the physician. As used in this
paragraph, "gross malpractice" or "the failure to practice
medicine with that level of care, skill, and treatment which
is recognized by a reasonably prudent similar physician as
being acceptable under similar conditions and circumstances,"
shall not be construed so as to require more than one
instance, event, or act. Nothing in this paragraph shall be
construed to require that a physician be incompetent to
practice medicine in order to be disciplined pursuant to this
paragraph.
       Section 52. Paragraph (x) of subsection (1) of section
459.015, Florida Statutes, is amended to read:
       459.015 Grounds for disciplinary action; action by the
board and department. --
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of a license or disciplinary action, as specified in s.

(1)

456.072(2):

The following acts constitute grounds for denial

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(x) Gross or repeated malpractice or the failure to
practice osteopathic medicine with that level of care, skill,
and treatment which is recognized by a reasonably prudent
similar osteopathic physician as being acceptable under
similar conditions and circumstances. The board shall give
great weight to the provisions of s. 766.102 when enforcing
this paragraph. As used in this paragraph, "repeated
malpractice" includes, but is not limited to, three or more
claims for medical malpractice within the previous 5-year
period resulting in indemnities being paid in excess of
$50,000
settlement and which incidents involved negligent conduct by
the osteopathic physician. As used in this paragraph, "gross
malpractice" or "the failure to practice osteopathic medicine
with that level of care, skill, and treatment which is
recognized by a reasonably prudent similar osteopathic
physician as being acceptable under similar conditions and
circumstances" shall not be construed so as to require more
than one instance, event, or act. Nothing in this paragraph
shall be construed to require that an osteopathic physician be
incompetent to practice osteopathic medicine in order to be
disciplined pursuant to this paragraph. A recommended order
by an administrative law judge or a final order of the board
finding a violation under this paragraph shall specify whether
the licensee was found to have committed "gross malpractice,"
"repeated malpractice," or "failure to practice osteopathic
medicine with that level of care, skill, and treatment which
is recognized as being acceptable under similar conditions and
circumstances," or any combination thereof, and any
publication by the board shall so specify.
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Statutes, is amended to read:

627.912 Professional liability claims and actions; reports by insurers.--

- (1) Each self-insurer authorized under s. 627.357 and each insurer or joint underwriting association providing professional liability insurance to a practitioner of medicine licensed under chapter 458, to a practitioner of osteopathic medicine licensed under chapter 459, to a podiatric physician licensed under chapter 461, to a dentist licensed under chapter 466, to a hospital licensed under chapter 395, to a crisis stabilization unit licensed under part IV of chapter 394, to a health maintenance organization certificated under part I of chapter 641, to clinics included in chapter 390, to an ambulatory surgical center as defined in s. 395.002, or to a member of The Florida Bar shall report in duplicate to the Department of Insurance any claim or action for damages for personal injuries claimed to have been caused by error, omission, or negligence in the performance of such insured's professional services or based on a claimed performance of professional services without consent, if the claim resulted in:
 - (a) A final judgment in any amount.
 - (b) A settlement in any amount.

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Reports shall be filed with the Department of Insurance.and, If the insured party is licensed under chapter 458, chapter 459, or chapter 461, or chapter 466, with the Department of Health, and the final judgment or settlement was in an amount exceeding \$50,000, the report shall also be filed with the Department of Health. If the insured is licensed under chapter

466 and the final judgment or settlement was in an amount

exceeding \$25,000, the report shall also be filed with the Department of Health. Reports must be filed no later than 30 days following the occurrence of any event listed in this subsection paragraph (a) or paragraph (b). The Department of Health shall review each report and determine whether any of the incidents that resulted in the claim potentially involved conduct by the licensee that is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply. The Department of Health, as part of the annual report required by s. 456.026, shall publish annual statistics, without identifying licensees, on the reports it receives, including final action taken on such reports by the Department of Health or the appropriate regulatory board.

Section 54. Subsections (14) and (15) are added to section 456.073, Florida Statutes, to read:

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

(14) When the probable cause panel determines that probable cause exists that a violation of law occurred but decides to issue a letter of guidance in lieu of finding probable cause as a result of mitigating circumstances, the probable cause panel may require the subject to pay up to \$300 of the costs of the investigation and prosecution of the case within a time certain but not less than 30 days after the execution of the closing order. If the subject fails to pay the costs within the time set by the probable cause panel, the case may be reopened and the department may file an administrative complaint against the subject based on the underlying case. No additional charges may be added as a result of the subject failing to pay the costs. The issuance

of a letter of guidance and the assessment of costs under this subsection shall not be considered discipline, nor shall it be considered a final order of discipline.

(15) All cases in which no probable cause is found shall be closed within 14 days following the probable cause panel meeting at which such determination was made. The department shall mail a copy of the closing order to the subject within 14 days after such probable cause panel meeting.

Section 55. The Office of Program Policy Analysis and Governmental Accountability shall review the investigative field office structure and organization of the Agency for Health Care Administration to determine the feasibility of eliminating all or some field offices, the feasibility of combining field offices, and the feasibility of requiring field inspectors and investigators to telecommute from home in lieu of paying for office space. The review shall include all agency programs that have field offices, including health practitioner regulation even if health practitioner regulation is transferred to the Department of Health. The review shall be completed and a report issued to the President of the Senate and the Speaker of the House of Representatives no later than January 1, 2003.

Section 56. Subsection (1) of section 456.025, Florida Statutes, is amended to read:

456.025 Fees; receipts; disposition.--

(1) It is the intent of the Legislature that all costs of regulating health care professions and practitioners shall be borne solely by licensees and licensure applicants. It is also the intent of the Legislature that fees should be reasonable and not serve as a barrier to licensure. Moreover,

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it is the intent of the Legislature that the department operate as efficiently as possible and regularly report to the Legislature additional methods to streamline operational costs. Therefore, the boards in consultation with the department, or the department if there is no board, shall, by rule, set renewal fees which: (a) Shall be based on revenue projections prepared using generally accepted accounting procedures; (b) Shall be adequate to cover all expenses relating to that board identified in the department's long-range policy plan, as required by s. 456.005; (c) Shall be reasonable, fair, and not serve as a barrier to licensure; Shall be based on potential earnings from working under the scope of the license; (e) Shall be similar to fees imposed on similar licensure types; and (f) Shall not be more than 10 percent greater than the fee imposed for the previous biennium; (g) Shall not be more than 10 percent greater than the actual cost to regulate that profession for the previous biennium; and (f) (h) Shall be subject to challenge pursuant to chapter 120. Section 57. Section 456.0165, Florida Statutes, is created to read: 456.0165 Examination location. -- A college, university, or vocational school in this state may serve as the host school for a health care practitioner licensure examination.

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charge the department for rent, space, reusable equipment,

However, the college, university, or vocational school may not

utilities, or janitorial services. The college, university, 1 2 or vocational school may only charge the department the actual 3 cost of nonreusable supplies provided by the school at the 4 request of the department. 5 Effective July 1, 2002, all licensure and Section 58. 6 licensure renewal fees for professions within the Division of 7 Medical Quality Assurance shall be set at a level equal to at 8 least 85 percent of the profession's statutory fee cap or at a level equal to at least 85 percent of the actual per licensee 9 10 cost to regulate that profession, whichever is less. Effective July 1, 2005, all licensure and licensure renewal fees shall 11 12 be set at the profession's statutory fee cap or at a level 13 equal to 100 percent of the actual per licensee cost to regulate that profession, whichever is less. 14 15 Section 59. Subsection (6) of section 468.301, Florida 16 Statutes, is amended to read: 17 468.301 Definitions.--As used in this part, the term: 18 "Direct supervision" means supervision and control by a licensed practitioner who assumes legal liability for the 19 20 services rendered. by the basic X-ray machine operator or basic X-ray machine operator-podiatric medicine, which 21 Supervision requires the physical presence of the licensed 22 23 practitioner for consultation and direction of the actions of 24 the basic X-ray machine operator or basic X-ray machine operator-podiatric medicine. 25 Section 60. Paragraph (g) of subsection (3) and 26 27 paragraph (c) of subsection (6) of section 468.302, Florida Statutes, are amended to read: 28 468.302 Use of radiation; identification of certified 29 30 persons; limitations; exceptions. --31 (3)

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- (g) A person holding a certificate as a nuclear medicine technologist may only:
- 1. Conduct in vivo and in vitro measurements of radioactivity and administer radiopharmaceuticals to human beings for diagnostic and therapeutic purposes.
- 2. Administer X radiation from a combination nuclear medicine-computed tomography device if that radiation is administered as an integral part of a nuclear medicine procedure that uses an automated computed tomography protocol and the person has received device-specific training on the combination device.

However, the authority of a nuclear medicine technologist under this paragraph excludes radioimmunoassay and other clinical laboratory testing regulated pursuant to chapter 483.

- (6) Requirement for certification does not apply to:
- (c) A person who is a registered nurse licensed under part I of chapter 464, a respiratory therapist licensed under part V of chapter 468, or a cardiovascular technologist or cardiopulmonary technologist with active certification as a registered cardiovascular invasive specialist from a nationally recognized credentialing organization, or future equivalent should such credentialing be subsequently modified, each of whom is trained and skilled in invasive cardiovascular cardiopulmonary technology, including the radiologic technology duties associated with such procedures, and who provides invasive cardiovascular cardiopulmonary technology services at the direction, and under the direct supervision, of a licensed practitioner. A person requesting this exemption must have successfully completed a didactic and clinical training program in the following areas before performing

1	radiologic technology duties under the direct supervision of a
2	licensed practitioner:
3	1. Principles of X-ray production and equipment
4	operation.
5	2. Biological effects of radiation.
6	3. Radiation exposure and monitoring.
7	4. Radiation safety and protection.
8	5. Evaluation of radiographic equipment and
9	accessories.
10	6. Radiographic exposure and technique factors.
11	7. Film processing.
12	8. Image quality assurance.
13	9. Patient positioning.
14	10. Administration and complications of contrast
15	media.
16	11. Specific fluoroscopic and digital X-ray imaging
17	procedures related to invasive cardiovascular technology.
18	Section 61. Section 468.352, Florida Statutes, is
19	amended to read:
20	(Substantial rewording of section. See
21	s. 468.352, F.S., for present text.)
22	468.352 DefinitionsAs used in this part the term:
23	(1) "Board" means the Board of Respiratory Care.
24	(2) "Certified respiratory therapist" means any person
25	licensed pursuant to this part who is certified by the
26	National Board for Respiratory Care or its successor, who is
27	employed to deliver respiratory care services, under the order
28	of a physician licensed pursuant to chapter 458 or chapter
29	$\underline{459}$, in accordance with protocols established by a hospital or
30	other health care provider or the board, and who functions in
ا 1	situations of unsupervised patient contact requiring

- (3) "Critical care" means care given to a patient in any setting involving a life-threatening emergency.
 - (4) "Department" means the Department of Health.
- (5) "Direct supervision" means practicing under the direction of a licensed, registered, or certified respiratory therapist who is physically on the premises and readily available, as defined by the board.
- control by a physician licensed under chapter 458 or chapter 459 who assumes the legal liability for the services rendered by the personnel employed in his or her office. Except in the case of an emergency, physician supervision requires the easy availability of the physician within the office or the physical presence of the physician for consultation and direction of the actions of the persons who deliver respiratory care services.
- therapy" means the allied health specialty associated with the cardiopulmonary system that is practiced under the orders of a physician licensed under chapter 458 or chapter 459 and in accordance with protocols, policies, and procedures established by a hospital or other health care provider or the board, including the assessment, diagnostic evaluation, treatment, management, control, rehabilitation, education, and care of patients.
- (8) "Registered respiratory therapist" means any person licensed under this part who is registered by the National Board for Respiratory Care or its successor, and who is employed to deliver respiratory care services under the order of a physician licensed under chapter 458 or chapter

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459, in accordance with protocols established by a hospital or 1 other health care provider or the board, and who functions in 2 3 situations of unsupervised patient contact requiring 4 individual judgment. 5 (9) "Respiratory care practitioner" means any person 6 licensed under this part who is employed to deliver 7 respiratory care services, under direct supervision, pursuant to the order of a physician licensed under chapter 458 or 8 9 chapter 459. 10 (10) "Respiratory care services" includes: (a) Evaluation and disease management. 11 12 (b) Diagnostic and therapeutic use of respiratory 13 equipment, devices, or medical gas. Administration of drugs, as duly ordered or 14 (C) 15 prescribed by a physician licensed under chapter 458 or 16 chapter 459 and in accordance with protocols, policies, and 17 procedures established by a hospital or other health care 18 provider or the board. 19 (d) Initiation, management, and maintenance of equipment to assist and support ventilation and respiration. 20 21 (e) Diagnostic procedures, research, and therapeutic treatment and procedures, including measurement of ventilatory 22 volumes, pressures, and flows; specimen collection and 23 analysis of blood for gas transport and acid/base 24 determinations; pulmonary-function testing; and other related 25 physiological monitoring of cardiopulmonary systems. 26 27 (f) Cardiopulmonary rehabilitation. (g) Cardiopulmonary resuscitation, advanced cardiac 28 29 life support, neonatal resuscitation, and pediatric advanced

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life support, or equivalent functions.

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Insertion and maintenance of artificial airways

1	and intravascular catheters.
2	(i) Performing sleep-disorder studies.
3	(j) Education of patients, families, the public, or
4	other health care providers, including disease process and
5	management programs and smoking prevention and cessation
6	programs.
7	(k) Initiation and management of hyperbaric oxygen.
8	Section 62. Section 468.355, Florida Statutes, is
9	amended to read:
10	(Substantial rewording of section. See
11	s. 468.355, F.S., for present text.)
12	468.355 Licensure requirementsTo be eligible for
13	licensure by the board, an applicant must be certified as a
14	"Certified Respiratory Therapist" or be registered as a
15	"Registered Respiratory Therapist" by the National Board for
16	Respiratory Care, or its successor.
17	Section 63. Section 468.368, Florida Statutes, is
18	amended to read:
19	(Substantial rewording of section. See
20	s. 468.368, F.S., for present text.)
21	468.368 ExemptionsThis part may not be construed to
22	prevent or restrict the practice, service, or activities of:
23	(1) Any person licensed in this state by any other law
24	from engaging in the profession or occupation for which he or
25	she is licensed.
26	(2) Any legally qualified person in the state or
27	another state or territory who is employed by the United
28	States Government or any agency thereof while such person is
29	discharging his or her official duties.
30	(3) A friend or family member who is providing
31	respiratory care services to an ill person and who does not

represent himself or herself to be a respiratory care practitioner or respiratory therapist.

- (4) An individual providing respiratory care services in an emergency who does not represent himself or herself as a respiratory care practitioner or respiratory therapist.
- (5) Any individual employed to deliver, assemble, set up, or test equipment for use in a home, upon the order of a physician licensed pursuant to chapter 458 or chapter 459.

 This subsection does not, however, authorize the practice of respiratory care without a license.
- (6) Any individual credentialed by the Board of Registered Polysomnographic Technologists, as a registered polysomnographic technologist, as related to the diagnosis and evaluation of treatment for sleep disorders.
- (7) Any individual certified or registered as a pulmonary function technologist who is credentialed by the National Board for Respiratory Care from performing cardiopulmonary diagnostic studies.
- (8) Any student who is enrolled in an accredited respiratory care program approved by the board, while performing respiratory care as an integral part of a required course.
- (9) The delivery of incidental respiratory care to noninstitutionalized persons by surrogate family members who do not represent themselves as registered or certified respiratory care therapists.
- (10) Any individual credentialed by the Underseas

 Hyperbaric Society in hyperbaric medicine or its equivalent as determined by the board, while performing related duties. This subsection does not, however, authorize the practice of respiratory care without a license.

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Section 64. Sections 468.356 and 468.357, Florida
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    Statutes, are repealed.
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           Section 65. (1) Beginning July 1, 2003, application
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    forms for initial licensure and licensure renewal for the
    professions regulated by the Department of Health, Division of
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    Medical Quality Assurance, shall be submitted electronically
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    through the World Wide Web unless the applicant states on the
    application form that he or she does not have access to the
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    World Wide Web, in which case a paper application may be
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    submitted. The department shall issue the license or renew a
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    license only if the licensee provides satisfactory evidence
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    that all conditions and requirements of licensure or renewal
    have been met, including, but not limited to, the payment of
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    required fees, the completion of required continuing education
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    coursework, and, if applicable, the maintenance of financial
    responsibility. This section shall not be construed to reduce
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    or eliminate any requirement set forth in chapter 456, Florida
    Statutes, or the applicable practice act.
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          (2) In order to maximize the state's return on
    investment, to increase the efficiency and timeliness of the
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    conversion, and to promote fiscal responsibility during the
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    transition to electronic licensure, the Department of Health
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    shall redirect its current resources and contracts which
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    support the existing practitioner credentialing system towards
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    the development and operation of an electronic licensure and
    licensure renewal system effective upon this bill becoming
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    law.
           Section 66. (1) Effective July 1, 2004, and each July
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    1 thereafter, the fee caps established in the following
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    sections are increased by 2.5 percent: ss. 456.025, 457.105,
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    457.107, 458.313, 458.3135, 458.3145, 458.317, 458.319,
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Bill No. CS/HB 507

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458.347, 459.0092, 459.022, 460.406, 460.407, 460.4165,
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    460.4166, 461.006, 461.007, 462.16, 462.19, 463.0057, 463.006,
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    463.007, 464.008, 464.009, 464.012, 464.019, 465.007,
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    465.0075, 465.008, 465.0125, 465.0126, 465.022, 465.0276,
    466.006, 466.007, 466.008, 466.013, 466.032, 467.0125,
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    467.0135, 468.1145, 468.1695, 468.1705, 468.1715, 468.1735,
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    468.221, 468.364, 468.508, 468.709, 468.803, 468.806, 478.55,
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    480.043, 480.044, 483.807, 483.901, 484.002, 484.007, 484.008,
    484.009, 484.0447, 486.041, 486.061, 486.081, 486.085,
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    486.103, 486.106, 486.107, 486.108, 490.005, 490.0051,
    490.007, 491.0045, 491.0046, 491.005, 491.007, 491.008,
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    491.0085, and 491.0145, Florida Statutes.
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          (2) The increases in fees provided in this section are
    in addition to any other change in the fees which are enacted
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    into law. The actual amount of a fee shall be rounded to the
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    nearest dollar.
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           Section 67. Sections 381.0602, 381.6021, 381.6022,
    381.6023, 381.6024, and 381.6026, Florida Statutes, are
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    renumbered as sections 765.53, 765.541, 765.542, 765.544,
    765.545, and 765.547, Florida Statutes, respectively.
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           Section 68. Section 381.60225, Florida Statutes, is
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    renumbered as section 765.543, Florida Statutes, and
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    subsection (2) of said section is amended to read:
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           765.543 381.60225 Background screening.--
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           (2) An organ procurement organization, tissue bank, or
    eye bank certified by the Agency for Health Care
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    Administration in accordance with ss. 381.6021 and 765.542
    381.6022 is not subject to the requirements of this section if
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    the entity has no direct patient care responsibilities and
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    does not bill patients or insurers directly for services under
    the Medicare or Medicaid programs, or for privately insured
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services.

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Section 69. Section 381.6025, Florida Statutes, is renumbered as section 765.546, Florida Statutes, and amended to read:

765.546 381.6025 Physician supervision of cadaveric organ and tissue procurement coordinators. -- Organ procurement organizations, tissue banks, and eye banks may employ coordinators, who are registered nurses, physician's assistants, or other medically trained personnel who meet the relevant standards for organ procurement organizations, tissue banks, or eye banks as adopted by the Agency for Health Care Administration under s. 765.541 381.6021, to assist in the medical management of organ donors or in the surgical procurement of cadaveric organs, tissues, or eyes for transplantation or research. A coordinator who assists in the medical management of organ donors or in the surgical procurement of cadaveric organs, tissues, or eyes for transplantation or research must do so under the direction and supervision of a licensed physician medical director pursuant to rules and quidelines to be adopted by the Agency for Health Care Administration. With the exception of organ procurement surgery, this supervision may be indirect supervision. For purposes of this section, the term "indirect supervision" means that the medical director is responsible for the medical actions of the coordinator, that the coordinator is operating under protocols expressly approved by the medical director, and that the medical director or his or her physician designee is always available, in person or by telephone, to provide medical direction, consultation, and advice in cases of organ, tissue, and eye donation and procurement. Although indirect supervision is authorized under this section, direct physician

supervision is to be encouraged when appropriate. 1 2 Section 70. Subsection (2) of section 395.2050, 3 Florida Statutes, is amended to read: 4 395.2050 Routine inquiry for organ and tissue 5 donation; certification for procurement activities .--6 (2) Every hospital licensed under this chapter that is 7 engaged in the procurement of organs, tissues, or eyes shall 8 comply with the certification requirements of ss. 9 765.541-765.547 381.6021-381.6026. 10 Section 71. Paragraph (e) of subsection (2) of section 409.815, Florida Statutes, is amended to read: 11 12 409.815 Health benefits coverage; limitations .--(2) BENCHMARK BENEFITS. -- In order for health benefits 13 14 coverage to qualify for premium assistance payments for an 15 eliqible child under ss. 409.810-409.820, the health benefits 16 coverage, except for coverage under Medicaid and Medikids, 17 must include the following minimum benefits, as medically 18 necessary. (e) Organ transplantation services. -- Covered services 19 20 include pretransplant, transplant, and postdischarge services 21 and treatment of complications after transplantation for transplants deemed necessary and appropriate within the 22 guidelines set by the Organ Transplant Advisory Council under 23 24 s. 765.53 381.0602 or the Bone Marrow Transplant Advisory Panel under s. 627.4236. 25 26 Section 72. Subsection (2) of section 765.5216, 27 Florida Statutes, is amended to read: 765.5216 Organ and tissue donor education panel.--28 29 There is created within the Agency for Health Care Administration a statewide organ and tissue donor education

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the public with regard to increasing the number of organ and tissue donors within the state. The panel and the Organ and Tissue Procurement and Transplantation Advisory Board established in s. 765.544 381.6023 shall jointly develop, subject to the approval of the Agency for Health Care Administration, education initiatives pursuant to s. 732.9215, which the agency shall implement. The membership must be balanced with respect to gender, ethnicity, and other demographic characteristics so that the appointees reflect the diversity of the population of this state. The panel members must include:

- (a) A representative from the Agency for Health Care Administration, who shall serve as chairperson of the panel.
- (b) A representative from a Florida licensed organ procurement organization.
- (c) A representative from a Florida licensed tissue bank.
 - (d) A representative from a Florida licensed eye bank.
 - (e) A representative from a Florida licensed hospital.
- (f) A representative from the Division of Driver Licenses of the Department of Highway Safety and Motor Vehicles, who possesses experience and knowledge in dealing with the public.
- (g) A representative from the family of an organ, tissue, or eye donor.
- (h) A representative who has been the recipient of a transplanted organ, tissue, or eye, or is a family member of a recipient.
- (i) A representative who is a minority person as defined in s. 381.81.
 - (j) A representative from a professional association

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29 30 or public relations or advertising organization.

(k) A representative from a community service club or organization. (1) A representative from the Department of Education. Section 73. Subsection (5) of section 765.522, Florida Statutes, is amended to read: 765.522 Duty of certain hospital administrators; liability of hospital administrators, organ procurement organizations, eye banks, and tissue banks .--10 (5) There shall be no civil or criminal liability 11 against any organ procurement organization, eye bank, or 12 tissue bank certified under s. 765.542 381.6022, or against 13 any hospital or hospital administrator or designee, when 14 complying with the provisions of this part and the rules of 15 the Agency for Health Care Administration or when, in the exercise of reasonable care, a request for organ donation is 16 inappropriate and the gift is not made according to this part and the rules of the Agency for Health Care Administration. 18 Section 74. Subject to the availability of funds and 19 subject to any limitations or directions provided for in the 20 General Appropriations Act or chapter 216, Florida Statutes, 21 the Medicaid program of the Agency for Health Care 22 Administration shall pay for medically necessary lung 23

409.915 County contributions to Medicaid. -- Although the state is responsible for the full portion of the state share of the matching funds required for the Medicaid program, in order to acquire a certain portion of these funds, the

transplant services for Medicaid recipients.

state shall charge the counties for certain items of care and

Statutes, is amended to read:

Section 75. Subsection (1) of section 409.915, Florida

service as provided in this section.

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- (1) Each county shall participate in the following items of care and service:
- (a) For both health maintenance members and fee-for-service beneficiaries, payments for inpatient hospitalization in excess of 10 days, but not in excess of 45 days, with the exception of payments for:
- 1. Pregnant women and children whose income is in excess of the federal poverty level and who do not participate in the Medicaid medically needy program.
 - 2. Adult lung transplant services.
- (b) Payments for nursing home or intermediate facilities care in excess of \$170 per month, with the exception of skilled nursing care for children under age 21.

Section 76. Effective upon becoming law and applicable to any loan or scholarship that is in default on or after the effective date, subsection (4) is added to section 456.074, Florida Statutes, to read:

- 456.074 Certain health care practitioners; immediate suspension of license.--
- (4) Upon receipt of information that a

 Florida-licensed health care practitioner has defaulted on a

 student loan issued or guaranteed by the state or the Federal

 Government, the department shall notify the licensee by

 certified mail that he or she shall be subject to immediate

 suspension of license unless, within 45 days after the date of

 mailing, the licensee provides proof that new payment terms

 have been agreed upon by all parties to the loan. The

 department shall issue an emergency order suspending the

 license of any licensee who, after 45 days following the date

proof. Production of such proof shall not prohibit the
department from proceeding with disciplinary action against
the licensee pursuant to s. 456.073.

Section 77. Effective upon becoming law and applicable to any loan or scholarship that is in default on or after the effective date, paragraph (k) of subsection (1) of section 456.072, Florida Statutes, is amended, and subsection (2) of said section is reenacted, to read:

456.072 Grounds for discipline; penalties; enforcement.--

- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- obligation placed upon a licensee. For purposes of this section, failing to repay a student loan issued or guaranteed by the state or the Federal Government in accordance with the terms of the loan or failing to comply with service scholarship obligations shall be considered a failure to perform a statutory or legal obligation, and the minimum disciplinary action imposed shall be a suspension of the license until new payment terms are agreed upon or the scholarship obligation is resumed, followed by probation for the duration of the student loan or remaining scholarship obligation period, and a fine equal to 10 percent of the defaulted loan amount. Fines collected shall be deposited into the Medical Quality Assurance Trust Fund.
- (2) When the board, or the department when there is no board, finds any person guilty of the grounds set forth in subsection (1) or of any grounds set forth in the applicable practice act, including conduct constituting a substantial

violation of subsection (1) or a violation of the applicable practice act which occurred prior to obtaining a license, it may enter an order imposing one or more of the following penalties:

- (a) Refusal to certify, or to certify with restrictions, an application for a license.
 - (b) Suspension or permanent revocation of a license.
- (c) Restriction of practice or license, including, but not limited to, restricting the licensee from practicing in certain settings, restricting the licensee to work only under designated conditions or in certain settings, restricting the licensee from performing or providing designated clinical and administrative services, restricting the licensee from practicing more than a designated number of hours, or any other restriction found to be necessary for the protection of the public health, safety, and welfare.
- (d) Imposition of an administrative fine not to exceed \$10,000 for each count or separate offense. If the violation is for fraud or making a false or fraudulent representation, the board, or the department if there is no board, must impose a fine of \$10,000 per count or offense.
 - (e) Issuance of a reprimand or letter of concern.
- (f) Placement of the licensee on probation for a period of time and subject to such conditions as the board, or the department when there is no board, may specify. Those conditions may include, but are not limited to, requiring the licensee to undergo treatment, attend continuing education courses, submit to be reexamined, work under the supervision of another licensee, or satisfy any terms which are reasonably tailored to the violations found.
 - (g) Corrective action.

- (h) Imposition of an administrative fine in accordance with s. 381.0261 for violations regarding patient rights.
 (i) Refund of fees billed and collected from the patient or a third party on behalf of the patient.
- (j) Requirement that the practitioner undergo remedial education.

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In determining what action is appropriate, the board, or department when there is no board, must first consider what sanctions are necessary to protect the public or to compensate the patient. Only after those sanctions have been imposed may the disciplining authority consider and include in the order requirements designed to rehabilitate the practitioner. All costs associated with compliance with orders issued under this subsection are the obligation of the practitioner.

Section 78. The Department of Health shall obtain from the United States Department of Health and Human Services information necessary to investigate and prosecute health care practitioners for failing to repay a student loan or comply with scholarship service obligations pursuant to s. 456.072(1)(k), Florida Statutes. The department shall obtain from the United States Department of Health and Human Services a list of default health care practitioners each month, along with the information necessary to investigate a complaint in accordance with s. 456.073, Florida Statutes. The department may obtain evidence to support the investigation and prosecution from any financial institution or educational institution involved in providing the loan or education to the practitioner. The department shall report to the Legislature as part of the annual report required by s. 456.026, Florida Statutes, the number of practitioners in default, along with

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the results of the department's investigations and prosecutions, and the amount of fines collected from practitioners prosecuted for violating s. 456.072(1)(k), Florida Statutes.

Section 79. Section 456.026, Florida Statutes, is reenacted to read:

456.026 Annual report concerning finances, administrative complaints, disciplinary actions, and recommendations.—The department is directed to prepare and submit a report to the President of the Senate and the Speaker of the House of Representatives by November 1 of each year. In addition to finances and any other information the Legislature may require, the report shall include statistics and relevant information, profession by profession, detailing:

- (1) The revenues, expenditures, and cash balances for the prior year, and a review of the adequacy of existing fees.
- (2) The number of complaints received and investigated.
 - (3) The number of findings of probable cause made.
 - (4) The number of findings of no probable cause made.
 - (5) The number of administrative complaints filed.
 - (6) The disposition of all administrative complaints.
 - (7) A description of disciplinary actions taken.
- (8) A description of any effort by the department to reduce or otherwise close any investigation or disciplinary proceeding not before the Division of Administrative Hearings under chapter 120 or otherwise not completed within 1 year after the initial filing of a complaint under this chapter.
- (9) The status of the development and implementation of rules providing for disciplinary guidelines pursuant to s. 456.079.

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(10) Such recommendations for administrative and statutory changes necessary to facilitate efficient and cost-effective operation of the department and the various boards.

Section 80. Section 456.073, Florida Statutes, is reenacted to read:

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

(1) The department, for the boards under its jurisdiction, shall cause to be investigated any complaint that is filed before it if the complaint is in writing, signed by the complainant, and legally sufficient. A complaint is legally sufficient if it contains ultimate facts that show that a violation of this chapter, of any of the practice acts relating to the professions regulated by the department, or of any rule adopted by the department or a regulatory board in the department has occurred. In order to determine legal sufficiency, the department may require supporting information or documentation. The department may investigate, and the department or the appropriate board may take appropriate final action on, a complaint even though the original complainant withdraws it or otherwise indicates a desire not to cause the complaint to be investigated or prosecuted to completion. The department may investigate an anonymous complaint if the complaint is in writing and is legally sufficient, if the alleged violation of law or rules is substantial, and if the department has reason to believe, after preliminary inquiry, that the violations alleged in the complaint are true. The department may investigate a complaint made by a confidential informant if the complaint is legally sufficient, if the

alleged violation of law or rule is substantial, and if the 2 department has reason to believe, after preliminary inquiry, 3 that the allegations of the complainant are true. The 4 department may initiate an investigation if it has reasonable 5 cause to believe that a licensee or a group of licensees has 6 violated a Florida statute, a rule of the department, or a 7 rule of a board. Except as provided in ss. 458.331(9), 8 459.015(9), 460.413(5), and 461.013(6), when an investigation 9 of any subject is undertaken, the department shall promptly 10 furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the 11 12 investigation. The subject may submit a written response to 13 the information contained in such complaint or document within 20 days after service to the subject of the complaint or 14 15 document. The subject's written response shall be considered 16 by the probable cause panel. The right to respond does not 17 prohibit the issuance of a summary emergency order if necessary to protect the public. However, if the secretary, or 18 the secretary's designee, and the chair of the respective 19 board or the chair of its probable cause panel agree in 20 writing that such notification would be detrimental to the 21 22 investigation, the department may withhold notification. The department may conduct an investigation without notification 23 24 to any subject if the act under investigation is a criminal offense. 25

(2) The department shall allocate sufficient and adequately trained staff to expeditiously and thoroughly determine legal sufficiency and investigate all legally sufficient complaints. For purposes of this section, it is the intent of the Legislature that the term "expeditiously" means that the department complete the report of its initial

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investigative findings and recommendations concerning the existence of probable cause within 6 months after its receipt of the complaint. The failure of the department, for disciplinary cases under its jurisdiction, to comply with the time limits of this section while investigating a complaint against a licensee constitutes harmless error in any subsequent disciplinary action unless a court finds that either the fairness of the proceeding or the correctness of the action may have been impaired by a material error in procedure or a failure to follow prescribed procedure. When its investigation is complete and legally sufficient, the department shall prepare and submit to the probable cause panel of the appropriate regulatory board the investigative report of the department. The report shall contain the investigative findings and the recommendations of the department concerning the existence of probable cause. The department shall not recommend a letter of guidance in lieu of finding probable cause if the subject has already been issued a letter of guidance for a related offense. At any time after legal sufficiency is found, the department may dismiss any case, or any part thereof, if the department determines that there is insufficient evidence to support the prosecution of allegations contained therein. The department shall provide a detailed report to the appropriate probable cause panel prior to dismissal of any case or part thereof, and to the subject of the complaint after dismissal of any case or part thereof, under this section. For cases dismissed prior to a finding of probable cause, such report is confidential and exempt from s. 119.07(1). The probable cause panel shall have access, upon request, to the investigative files pertaining to a case prior to dismissal of such case. If the department dismisses a case,

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the probable cause panel may retain independent legal counsel, employ investigators, and continue the investigation and prosecution of the case as it deems necessary.

- (3) As an alternative to the provisions of subsections (1) and (2), when a complaint is received, the department may provide a licensee with a notice of noncompliance for an initial offense of a minor violation. Each board, or the department if there is no board, shall establish by rule those minor violations under this provision which do not endanger the public health, safety, and welfare and which do not demonstrate a serious inability to practice the profession. Failure of a licensee to take action in correcting the violation within 15 days after notice may result in the institution of regular disciplinary proceedings.
- (4) The determination as to whether probable cause exists shall be made by majority vote of a probable cause panel of the board, or by the department, as appropriate. Each regulatory board shall provide by rule that the determination of probable cause shall be made by a panel of its members or by the department. Each board may provide by rule for multiple probable cause panels composed of at least two members. Each board may provide by rule that one or more members of the panel or panels may be a former board member. The length of term or repetition of service of any such former board member on a probable cause panel may vary according to the direction of the board when authorized by board rule. Any probable cause panel must include one of the board's former or present consumer members, if one is available, is willing to serve, and is authorized to do so by the board chair. Any probable cause panel must include a present board member. Any probable cause panel must include a former or present professional

board member. However, any former professional board member 2 serving on the probable cause panel must hold an active valid 3 license for that profession. All proceedings of the panel are 4 exempt from s. 286.011 until 10 days after probable cause has 5 been found to exist by the panel or until the subject of the investigation waives his or her privilege of confidentiality. 6 7 The probable cause panel may make a reasonable request, and upon such request the department shall provide such additional 8 9 investigative information as is necessary to the determination 10 of probable cause. A request for additional investigative information shall be made within 15 days from the date of 11 12 receipt by the probable cause panel of the investigative 13 report of the department or the agency. The probable cause 14 panel or the department, as may be appropriate, shall make its 15 determination of probable cause within 30 days after receipt by it of the final investigative report of the department. The 16 17 secretary may grant extensions of the 15-day and the 30-day time limits. In lieu of a finding of probable cause, the 18 probable cause panel, or the department if there is no board, 19 may issue a letter of guidance to the subject. If, within the 20 30-day time limit, as may be extended, the probable cause 21 panel does not make a determination regarding the existence of 22 probable cause or does not issue a letter of guidance in lieu 23 24 of a finding of probable cause, the department must make a 25 determination regarding the existence of probable cause within 10 days after the expiration of the time limit. 26 27 probable cause panel finds that probable cause exists, it shall direct the department to file a formal complaint against 28 the licensee. The department shall follow the directions of 29 30 the probable cause panel regarding the filing of a formal complaint. If directed to do so, the department shall file a 31

formal complaint against the subject of the investigation and 1 2 prosecute that complaint pursuant to chapter 120. However, the 3 department may decide not to prosecute the complaint if it 4 finds that probable cause has been improvidently found by the 5 panel. In such cases, the department shall refer the matter to 6 the board. The board may then file a formal complaint and 7 prosecute the complaint pursuant to chapter 120. The department shall also refer to the board any investigation or 8 9 disciplinary proceeding not before the Division of 10 Administrative Hearings pursuant to chapter 120 or otherwise completed by the department within 1 year after the filing of 11 12 a complaint. The department, for disciplinary cases under its 13 jurisdiction, must establish a uniform reporting system to quarterly refer to each board the status of any investigation 14 15 or disciplinary proceeding that is not before the Division of 16 Administrative Hearings or otherwise completed by the 17 department within 1 year after the filing of the complaint. Annually, the department, in consultation with the applicable 18 probable cause panel, must establish a plan to expedite or 19 otherwise close any investigation or disciplinary proceeding 20 that is not before the Division of Administrative Hearings or 21 otherwise completed by the department within 1 year after the 22 filing of the complaint. A probable cause panel or a board 23 24 may retain independent legal counsel, employ investigators, 25 and continue the investigation as it deems necessary; all costs thereof shall be paid from a trust fund used by the 26 27 department to implement this chapter. All proceedings of the probable cause panel are exempt from s. 120.525. 28

judge from the Division of Administrative Hearings shall be

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A formal hearing before an administrative law

of material fact. The administrative law judge shall issue a recommended order pursuant to chapter 120. If any party raises an issue of disputed fact during an informal hearing, the hearing shall be terminated and a formal hearing pursuant to chapter 120 shall be held.

- (6) The appropriate board, with those members of the panel, if any, who reviewed the investigation pursuant to subsection (4) being excused, or the department when there is no board, shall determine and issue the final order in each disciplinary case. Such order shall constitute final agency action. Any consent order or agreed-upon settlement shall be subject to the approval of the department.
- (7) The department shall have standing to seek judicial review of any final order of the board, pursuant to s. 120.68.
- (8) Any proceeding for the purpose of summary suspension of a license, or for the restriction of the license, of a licensee pursuant to s. 120.60(6) shall be conducted by the secretary of the Department of Health or his or her designee, as appropriate, who shall issue the final summary order.
- (9)(a) The department shall periodically notify the person who filed the complaint, as well as the patient or the patient's legal representative, of the status of the investigation, indicating whether probable cause has been found and the status of any civil action or administrative proceeding or appeal.
- (b) In any disciplinary case for which probable cause has been found, the department shall provide to the person who filed the complaint a copy of the administrative complaint and:

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- 1. A written explanation of how an administrative complaint is resolved by the disciplinary process.
- 2. A written explanation of how and when the person may participate in the disciplinary process.
- 3. A written notice of any hearing before the Division of Administrative Hearings or the regulatory board at which final agency action may be taken.
- (c) In any disciplinary case for which probable cause is not found, the department shall so inform the person who filed the complaint and notify that person that he or she may, within 60 days, provide any additional information to the department which may be relevant to the decision. To facilitate the provision of additional information, the person who filed the complaint may receive, upon request, a copy of the department's expert report that supported the recommendation for closure, if such a report was relied upon by the department. In no way does this require the department to procure an expert opinion or report if none was used. Additionally, the identity of the expert shall remain confidential. In any administrative proceeding under s. 120.57, the person who filed the disciplinary complaint shall have the right to present oral or written communication relating to the alleged disciplinary violations or to the appropriate penalty.
- (10) The complaint and all information obtained pursuant to the investigation by the department are confidential and exempt from s. 119.07(1) until 10 days after probable cause has been found to exist by the probable cause panel or by the department, or until the regulated professional or subject of the investigation waives his or her privilege of confidentiality, whichever occurs first. Upon

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completion of the investigation and a recommendation by the department to find probable cause, and pursuant to a written request by the subject or the subject's attorney, the department shall provide the subject an opportunity to inspect the investigative file or, at the subject's expense, forward to the subject a copy of the investigative file. Notwithstanding s. 456.057, the subject may inspect or receive a copy of any expert witness report or patient record connected with the investigation if the subject agrees in writing to maintain the confidentiality of any information received under this subsection until 10 days after probable cause is found and to maintain the confidentiality of patient records pursuant to s. 456.057. The subject may file a written response to the information contained in the investigative file. Such response must be filed within 20 days of mailing by the department, unless an extension of time has been granted by the department. This subsection does not prohibit the department from providing such information to any law enforcement agency or to any other regulatory agency.

- (11) A privilege against civil liability is hereby granted to any complainant or any witness with regard to information furnished with respect to any investigation or proceeding pursuant to this section, unless the complainant or witness acted in bad faith or with malice in providing such information.
- (12)(a) No person who reports in any capacity, whether or not required by law, information to the department with regard to the incompetence, impairment, or unprofessional conduct of any health care provider licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 464, chapter 465, or chapter 466 shall be

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held liable in any civil action for reporting against such health care provider if such person acts without intentional fraud or malice.

- (b) No facility licensed under chapter 395, health maintenance organization certificated under part I of chapter 641, physician licensed under chapter 458, or osteopathic physician licensed under chapter 459 shall discharge, threaten to discharge, intimidate, or coerce any employee or staff member by reason of such employee's or staff member's report to the department about a physician licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 who may be guilty of incompetence, impairment, or unprofessional conduct so long as such report is given without intentional fraud or malice.
- (c) In any civil suit brought outside the protections of paragraphs (a) and (b) in which intentional fraud or malice is alleged, the person alleging intentional fraud or malice shall be liable for all court costs and for the other party's reasonable attorney's fees if intentional fraud or malice is not proved.
- (13) Notwithstanding any provision of law to the contrary, an administrative complaint against a licensee shall be filed within 6 years after the time of the incident or occurrence giving rise to the complaint against the licensee. If such incident or occurrence involved criminal actions, diversion of controlled substances, sexual misconduct, or impairment by the licensee, this subsection does not apply to bar initiation of an investigation or filing of an administrative complaint beyond the 6-year timeframe. In those cases covered by this subsection in which it can be shown that fraud, concealment, or intentional misrepresentation of fact

prevented the discovery of the violation of law, the period of 1 2 limitations is extended forward, but in no event to exceed 12 3 years after the time of the incident or occurrence. 4 Section 81. Subsection (8) of section 400.925, Florida 5 Statutes, is amended to read: 400.925 Definitions. -- As used in this part, the term: 6 7 "Home medical equipment" includes any product as defined by the Federal Drug Administration's Drugs, Devices 8 9 and Cosmetics Act, any products reimbursed under the Medicare 10 Part B Durable Medical Equipment benefits, or any products reimbursed under the Florida Medicaid durable medical 11 12 equipment program. Home medical equipment includes, but is not 13 limited to, oxygen and related respiratory equipment; manual, motorized, or. Home medical equipment includes customized 14 15 wheelchairs and related seating and positioning, but does not include prosthetics or orthotics or any splints, braces, or 16 17 aids custom fabricated by a licensed health care practitioner; . Home medical equipment includes assistive 18 19 technology devices, including: manual wheelchairs, motorized 20 wheelchairs, motorized scooters; , voice-synthesized computer modules, optical scanners, talking software, braille printers, 21 22 environmental control devices for use by person with 23 quadriplegia, motor vehicle adaptive transportation aids, 24 devices that enable persons with severe speech disabilities to 25 in effect speak, personal transfer systems; and specialty beds, including demonstrator, for use by a person with a 26 27 medical need. Section 82. Subsections (5), (7), and (9) of section 28 409.91195, Florida Statutes, is amended to read: 29 30 409.91195 Medicaid Pharmaceutical and Therapeutics

Committee. -- There is created a Medicaid Pharmaceutical and

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Therapeutics Committee within the Agency for Health Care Administration for the purpose of developing a preferred drug formulary pursuant to 42 U.S.C. s. 1396r-8.

- (5) Except for mental health-related drugs, antiretroviral drugs, and drugs for nursing home residents and other institutional residents, reimbursement of drugs not included in the formulary is subject to prior authorization.

 If the prior authorization is approved, the approval shall be in effect for the subsequent 12 month period.
- (7) The committee shall ensure that interested parties, including pharmaceutical manufacturers agreeing to provide a supplemental rebate as outlined in this chapter have an opportunity to present public testimony to the committee with information or evidence supporting inclusion of a product on the preferred drug list. Such public testimony shall occur prior to any decisions being made by the Committee for inclusion or exclusion from the drugs available to the Medicaid recipients. Upon timely notice, the agency shall ensure that any drug that has been approved or had any of its particular uses approved by the United States Food and Drug Administration under a priority review classification will be reviewed by the Medicaid Pharmaceutical and Therapeutics Committee at the next regularly scheduled meeting. To the extent possible, upon notice by a manufacturer the agency shall also schedule a product review for any new product at the next regularly scheduled Medicaid Pharmaceutical and Therapeutics Committee.
- (9) The Medicaid Pharmaceutical and Therapeutics Committee shall develop its preferred drug list recommendations by considering the clinical efficacy, safety, and cost-effectiveness of a product. In addition,

recommendations shall include a review and approval by a physician who is board-certified in the specialty that most commonly treats the disease or prescribes the relevant therapeutic class of drugs. When the preferred drug formulary is adopted by the agency, if a product on the formulary is one of the first four brand-name drugs used by a recipient in a month the drug shall not require prior authorization.

Section 83. Subsection (4) is added to section 765.104, Florida Statutes, to read:

765.104 Amendment or revocation. --

(4) Any patient for whom a medical proxy has been recognized under s. 765.401 and for whom any previous legal disability that precluded the patient's ability to consent is removed may amend or revoke the recognition of the medical proxy and any uncompleted decision made by that proxy. The amendment or revocation takes effect when it is communicated to the proxy, the health care provider, or the health care facility in writing or, if communicated orally, in the presence of a third person.

Section 84. Subsections (1) and (3) of section 765.401, Florida Statutes, are amended to read:

765.401 The proxy.--

- the patient has not executed an advance directive, or designated a surrogate to execute an advance directive, or the designated or alternate surrogate is no longer available to make health care decisions, health care decisions may be made for the patient by any of the following individuals, in the following order of priority, if no individual in a prior class is reasonably available, willing, or competent to act:
 - (a) The judicially appointed guardian of the patient

or the guardian advocate of the person having a developmental disability as defined in s. 393.063, who has been authorized to consent to medical treatment, if such guardian has previously been appointed; however, this paragraph shall not be construed to require such appointment before a treatment decision can be made under this subsection;

- (b) The patient's spouse;
- (c) An adult child of the patient, or if the patient has more than one adult child, a majority of the adult children who are reasonably available for consultation;
 - (d) A parent of the patient;
- (e) The adult sibling of the patient or, if the patient has more than one sibling, a majority of the adult siblings who are reasonably available for consultation.
- (f) An adult relative of the patient who has exhibited special care and concern for the patient and who has maintained regular contact with the patient and who is familiar with the patient's activities, health, and religious or moral beliefs; or
 - (g) A close friend of the patient.
- rights to select or decline health care, the proxy must comply with the provisions of ss. 765.205 and 765.305, except that a proxy's decision to withhold or withdraw life-prolonging procedures must be supported by clear and convincing evidence that the decision would have been the one the patient would have chosen had the patient been competent or, if there is no indication of what the patient would have chosen, that the decision is in the patient's best interest. Before exercising the rights of a person who has a developmental disability as defined under s. 393.063(12) to withhold or withdraw

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life-prolonging procedures, a proxy must comply with s. 393.12.

Section 85. Subsection (2) of section 457.105, Florida Statutes, is amended and subsection (3) of section 457.105, Florida Statutes, is created to read:

457.105 Licensure qualifications and fees.--

- (2) A person may become licensed to practice acupuncture if the person applies to the department and:
- (a) Is 21 years of age or older, has good moral character, and has the ability to communicate in English, which is demonstrated by having passed the national written examination in English or, if such examination was passed in a foreign language, by also having passed a nationally recognized English proficiency examination;
- (b) Has completed 60 college credits from an accredited postsecondary institution received a bachelor's degree from an accredited College or University as a prerequisite to enrollment in an authorized 3-year course of study in acupuncture and oriental medicine, and has completed a 3-year course of study in acupuncture and oriental medicine, and effective July 31, 2001, a 4-year course of study in acupuncture and oriental medicine, and effective July 31, 2003, a 4 year, 3200 hour course of study in acupuncture and oriental medicine which meets standards established by the board by rule, which standards include, but are not limited to, successful completion of academic courses in western anatomy, western physiology, western pathology, western biomedical terminology, first aid, and cardiopulmonary resuscitation (CPR). However, any person who enrolled in an authorized course of study in acupuncture before August 1, 1997, and who applies on or before July 1, 2003, must have

completed only a 2-year course of study which meets standards established by the board by rule, which standards must include, but are not limited to, successful completion of academic courses in western anatomy, western physiology, and western pathology;

- (c) Has successfully completed a board-approved national certification process, is actively licensed in a state that has examination requirements that are substantially equivalent to or more stringent than those of this state, or passes an examination administered by the department, which examination tests the applicant's competency and knowledge of the practice of acupuncture and oriental medicine. At the request of any applicant, oriental nomenclature for the points shall be used in the examination. The examination shall include a practical examination of the knowledge and skills required to practice modern and traditional acupuncture and oriental medicine, covering diagnostic and treatment techniques and procedures; and
- (d) Has submitted to the department a set of fingerprints on a form and under procedures specified by the department along with a payment in an amount equal to the costs to be incurred by the Department of Health for the criminal background check of an applicant. The Department of Health shall submit the fingerprints provided by the applicant to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check of the applicant.

 $\frac{(d)(e)}{(e)}$ Pays the required fees set by the board by rule not to exceed the following amounts:

- Examination fee: \$500 plus the actual per applicant cost to the department for purchase of the written and practical portions of the examination from a national organization approved by the board.
 - Application fee: \$300.

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- Reexamination fee: \$500 plus the actual per applicant cost to the department for purchase of the written and practical portions of the examination from a national organization approved by the board.
- Initial biennial licensure fee: \$400, if licensed in the first half of the biennium, and \$200, if licensed in the second half of the biennium.
- The board may deny an applicant who within a three year period does not pass the licensing examination after five attempts.

Section 86. Section 457.1085, Florida Statutes, is amended to read:

457.1085 Infection control.--Prior to November 1, 1986, the The board shall adopt rules relating to the prevention of infection, the safe disposal of any potentially infectious materials, and other requirements to protect the health, safety, and welfare of the public. Beginning October 1, 1997, All acupuncture needles that are to be used on a patient must be sterile and disposable, and each needle may be used only once.

Section 87. Paragraph (y) of subsection (1) of section 457.109, Florida Statutes, is amended to read:

457.109 Disciplinary actions; grounds; action by the board.--

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

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456.072(2): 1 (y) Using the specialty titles of "Diplomat in 2 3 Acupuncture" or "National Board Certified Diplomat in 4 Acupuncture" or "Board Certified Diplomat in Acupuncture" in conjunction with one's name, place of business, or acupuncture 5 practice unless the licensee holds an active license under 6 7 Chapter 457, F.S., and is also an active holder of such Board Certification from the nationally recognized "Acupuncture 8 Credentials Verification Organization", the National 9 10 Certification Commission for Acupuncture and Oriental Medicine 11 (NCCAOM). 12 Section 88. Subsection (2) of section 457.116, Florida Statutes, is amended to read: 13 14 457.116 Prohibited acts; penalty.--15 (2) A person who violates this section commits $\frac{1}{2}$ misdemeanor of the second degree a felony of the third degree, 16 17 punishable as provided in s. 775.082 or s. 775.083 or 775.084. 18 Section 89. Section 457.119, Florida Statutes, is created to read: 19 20 457.119 Approval of Educational Programs--The board shall adopt rules regarding educational objectives, faculty 21 qualifications, curriculum guidelines, and clinical training 22 necessary to ensure that approved programs graduate 23 24 practitioners capable of competent practice under this act. Section 90. Subsections (31), (32), and (33), of 25 section 395.002, Florida Statutes, are renumbered as 26 27 subsections (32), (33), and (34) respectively, and a new 28 subsection (31) of section 395.002, Florida Statutes, is 29 created to read: 30 395.002 Definitions.--As used in this chapter: "Surgical first assistant" means the first 31

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assistant to the surgeon during a surgical operation.

(32)(31) "Utilization review" means a system for reviewing the medical necessity or appropriateness in the allocation of health care resources of hospital services given or proposed to be given to a patient or group of patients.

 $\underline{(33)(32)}$ "Utilization review plan" means a description of the policies and procedures governing utilization review activities performed by a private review agent.

 $\underline{(34)}(33)$ "Validation inspection" means an inspection of the premises of a licensed facility by the agency to assess whether a review by an accrediting organization has adequately evaluated the licensed facility according to minimum state standards.

Section 91. Paragraph (b) of subsection (1) of section 395.0197, Florida Statutes, is amended to read:

395.0197 Internal risk management program. --

- (1) Every licensed facility shall, as a part of its administrative functions, establish an internal risk management program that includes all of the following components:
- (b) The development of appropriate measures to minimize the risk of adverse incidents to patients, including, but not limited to:
- 1. Risk management and risk prevention education and training of all nonphysician personnel as follows:
- a. Such education and training of all nonphysician personnel as part of their initial orientation; and
- b. At least 1 hour of such education and training annually for all personnel of the licensed facility working in clinical areas and providing patient care, except those

to complete continuing education coursework pursuant to chapter 456 or the respective practice act.

- 2. A prohibition, except when emergency circumstances require otherwise, against a staff member of the licensed facility attending a patient in the recovery room, unless the staff member is authorized to attend the patient in the recovery room and is in the company of at least one other person. However, a licensed facility is exempt from the two-person requirement if it has:
 - a. Live visual observation;
 - b. Electronic observation; or
- c. Any other reasonable measure taken to ensure patient protection and privacy.
- 3. A prohibition against an unlicensed person from assisting or participating in any surgical procedure unless the facility has authorized the person to do so following a competency assessment, and such assistance or participation is done under the direct and immediate supervision of a licensed physician and is not otherwise an activity that may only be performed by a licensed health care practitioner. Moreover, the primary operating surgeon may select a surgical first assistant from among available individuals who are approved or credentialed by the facility.
- 4. Development, implementation, and ongoing evaluation of procedures, protocols, and systems to accurately identify patients, planned procedures, and the correct site of the planned procedure so as to minimize the performance of a surgical procedure on the wrong patient, a wrong surgical procedure, a wrong-site surgical procedure, or a surgical procedure otherwise unrelated to the patient's diagnosis or medical condition.

Section 92. Effective upon becoming law, paragraphs (a) and (b) of subsection (2) of section 768.13, Florida Statutes, are amended to read:

768.13 Good Samaritan Act; immunity from civil liability.--

(2)(a) Any person, including those licensed to practice medicine, who gratuitously and in good faith renders emergency care or treatment either in direct response to emergency situations related to and arising out of a public health emergency declared pursuant to s. 381.00315, a state of emergency which has been declared pursuant to s. 252.36 or at the scene of an emergency outside of a hospital, doctor's office, or other place having proper medical equipment, without objection of the injured victim or victims thereof, shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances.

(b)1. Any hospital licensed under chapter 395, any employee of such hospital working in a clinical area within the facility and providing patient care, and any person licensed to practice medicine who in good faith renders medical care or treatment necessitated by a sudden, unexpected situation or occurrence resulting in a serious medical condition demanding immediate medical attention, for which the patient enters the hospital through its emergency room or trauma center, or necessitated by a public health emergency declared pursuant to s. 381.00315 shall not be held liable for any civil damages as a result of such medical care or

treatment unless such damages result from providing, or

failing to provide, medical care or treatment under circumstances demonstrating a reckless disregard for the consequences so as to affect the life or health of another.

- 2. The immunity provided by this paragraph does not apply to damages as a result of any act or omission of providing medical care or treatment:
- a. Which occurs after the patient is stabilized and is capable of receiving medical treatment as a nonemergency patient, unless surgery is required as a result of the emergency within a reasonable time after the patient is stabilized, in which case the immunity provided by this paragraph applies to any act or omission of providing medical care or treatment which occurs prior to the stabilization of the patient following the surgery; or
 - b. Unrelated to the original medical emergency.
- 3. For purposes of this paragraph, "reckless disregard" as it applies to a given health care provider rendering emergency medical services shall be such conduct which a health care provider knew or should have known, at the time such services were rendered, would be likely to result in injury so as to affect the life or health of another, taking into account the following to the extent they may be present;
- a. The extent or serious nature of the circumstances prevailing.
- b. The lack of time or ability to obtain appropriate consultation.
 - c. The lack of a prior patient-physician relationship.
- d. The inability to obtain an appropriate medical history of the patient.
- e. The time constraints imposed by coexisting emergencies.

4. Every emergency care facility granted immunity under this paragraph shall accept and treat all emergency care patients within the operational capacity of such facility without regard to ability to pay, including patients transferred from another emergency care facility or other health care provider pursuant to Pub. L. No. 99-272, s. 9121. The failure of an emergency care facility to comply with this subparagraph constitutes grounds for the department to initiate disciplinary action against the facility pursuant to chapter 395.

Section 93. Paragraph (k) of subsection (2) of section 381.0066, Florida Statutes, is amended to read:

381.0066 Onsite sewage treatment and disposal systems; fees.--

- (2) The minimum fees in the following fee schedule apply until changed by rule by the department within the following limits:
- (k) Research: An additional \$5 fee shall be added to each new system construction permit issued during fiscal years 1996-2002 to be used for onsite sewage treatment and disposal system research, demonstration, and training projects. Five dollars from any repair permit fee collected under this section shall be used for funding the hands-on training centers described in s. 381.0065(3)(j).

The funds collected pursuant to this subsection must be deposited in a trust fund administered by the department, to be used for the purposes stated in this section and ss. 381.0065 and 381.00655.

29 381.0065 and 381.00655

Section 94. Part IV of chapter 489, Florida Statutes, consisting of sections 489.661, 489.662, 489.663, 489.664,

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1	489.665, 489.666, 489.667, and 489.668, is created to read:
2	PART IV
3	PORTABLE RESTROOM CONTRACTING
4	489.661 DefinitionsAs used in this part:
5	(1) "Department" means the Department of Health.
6	(2) "Portable restroom contractor" means a portable
7	restroom contractor whose services are unlimited in the
8	portable restroom trade who has had at least 3 years'
9	experience as a Florida-registered portable restroom
10	contractor, who has knowledge of state health code law and
11	rules, and who has the experience, knowledge, and skills to
12	handle, deliver, and pick up sanitary portable restrooms, to
13	install, safely handle, and maintain portable holding tanks,
14	and to handle, transport, and dispose of domestic portable
15	restroom and portable holding tank wastewater.
16	489.662 Registration requiredA person shall not
17	hold himself or herself out as a portable restroom contractor
18	in this state unless he or she is registered by the department
19	in accordance with the provisions of this part. However,
20	nothing in this part prohibits any person licensed pursuant to
21	s. 489.105(3)(m) in this state from engaging in the profession
22	for which he or she is licensed.
23	489.663 Administration of part; registration
24	qualifications; examination
25	(1) Each person desiring to be registered pursuant to
26	this part shall apply to the department in writing upon forms
27	prepared and furnished by the department.
28	(2) The department shall administer, coordinate, and
29	enforce the provisions of this part, provide qualifications
30	for applicants, administer the examination for applicants, and
31	be responsible for the granting of certificates of

registration to qualified persons.

- (3) The department shall adopt reasonable rules pursuant to ss. 120.536(1) and 120.54 to administer this part, including, but not limited to, rules that establish ethical standards of practice, requirements for registering as a contractor, requirements for obtaining an initial or renewal certificate of registration, disciplinary guidelines, and requirements for the certification of partnerships and corporations. The department may amend or repeal the rules in accordance with chapter 120, the Administrative Procedure Act.
- (4) To be eligible for registration by the department as a portable restroom contractor, the applicant shall:
- (a) Be of good moral character. In considering good moral character, the department may consider any matter that has a substantial connection between the good moral character of the applicant and the professional responsibilities of a registered contractor, including, but not limited to, the applicant being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction that directly relates to the practice of contracting or the ability to practice contracting, and previous disciplinary action involving portable restroom contracting, where all judicial reviews have been completed.
- (b) Pass an examination approved by the department that demonstrates that the applicant has a fundamental knowledge of the state laws relating to the installation, maintenance, and wastewater disposal of portable restrooms, portable sinks, and portable holding tanks.
 - (c) Be at least 18 years of age.
 - (d) Have a total of at least 3 years of active

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experience serving an apprenticeship as a skilled worker under 1 2 the supervision and control of a registered portable restroom 3 contractor. Related work experience or educational experience 4 may be substituted for no more than 2 years of active contracting experience. Each 30 hours of coursework approved 5 by the department will substitute for 6 months of work 6 7 experience. Out-of-state work experience shall be accepted on a year-for-year basis for any applicant who demonstrates that 8 he or she holds a current license issued by another state for 9 10 portable restroom contracting that was issued upon satisfactory completion of an examination and continuing 11 12 education courses that are equivalent to the requirements in 13 this state. Individuals from a state with no state certification who have successfully completed a written 14 15 examination provided by the Portable Sanitation Association International shall only be required to take the written 16 17 portion of the examination that includes state health code law and rules. For purposes of this section, an equivalent 18 examination must include the topics of state health code law 19 and rules applicable to portable restrooms and the knowledge 20 required to handle, deliver, and pick up sanitary portable 21 restrooms; to install, handle, and maintain portable holding 22 tanks; and to handle, transport, and dispose of domestic 23 24 portable restroom and portable holding tank wastewater. A 25 person employed by and under the supervision of a licensed contractor shall be granted up to 2 years of related work 26 27 experience. (e) Have not had a registration revoked, the effective 28 29 date of which was less than 5 years before the application. The department shall provide each applicant for 30

registration pursuant to this part with a copy of this part

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and any rules adopted under this part. The department may also prepare and disseminate such other material and questionnaires as it deems necessary to effectuate the registration provisions of this part.

489.664 Registration renewal.--The department shall prescribe by rule the method for approval of continuing education courses and for renewal of annual registration. At a minimum, annual renewal shall include continuing education requirements of not less than 6 classroom hours annually for portable restroom contractors.

489.665 Certification of partnerships and corporations.--

(1) The practice of or the offer to practice portable restroom contracting services by registrants through a parent corporation, corporation, subsidiary of a corporation, or partnership offering portable restroom contracting services to the public through registrants under this chapter as agents, employers, officers, or partners is permitted, provided that one or more of the principal officers of the corporation or one or more partners of the partnership and all personnel of the corporation or partnership who act on its behalf as portable restroom contractors in this state are registered as provided by this part, and further provided that the corporation or partnership has been issued a certificate of authorization by the department as provided in this section. A registered contractor may not be the sole qualifying contractor for more than one business that requests a certificate of authorization. A business organization that loses its qualifying contractor has 60 days following the date the qualifier terminates his or her affiliation within which to obtain another qualifying contractor. During this period,

the business organization may complete any existing contract or continuing contract, but may not undertake any new contract. This period may be extended once by the department for an additional 60 days upon a showing of good cause.

Nothing in this section shall be construed to mean that a certificate of registration to practice portable restroom contracting shall be held by a corporation. No corporation or partnership shall be relieved of responsibility for the conduct or acts of its agents, employees, or officers by reason of its compliance with this section, nor shall any individual practicing portable restroom contracting be relieved of responsibility for professional services performed by reason of his or her employment or relationship with a corporation or partnership.

- (2) For the purposes of this section, a certificate of authorization shall be required for a corporation, partnership, association, or person practicing under a fictitious name, offering portable restroom contracting services to the public, except that when an individual is practicing portable restroom contracting in his or her own given name, he or she shall not be required to register under this section.
- (3) Each certification of authorization shall be renewed every 2 years. Each partnership and corporation certified under this section shall notify the department within 1 month after any change in the information contained in the application upon which the certification is based.
- (4) Disciplinary action against a corporation or partnership shall be administered in the same manner and on the same grounds as disciplinary action against a registered portable restroom contractor.

1	(5) When a certificate of authorization has been
2	revoked, any person authorized by law to provide portable
3	restroom contracting services may not use the name or
4	fictitious name of the entity whose certificate was revoked,
5	or any other identifiers for the entity, including telephone
6	numbers, advertisements, or logos.
7	489.666 Suspension or revocation of registration A
8	certificate of registration may be suspended or revoked upon a
9	showing that the registrant has:
LO	(1) Violated any provision of this part.
L1	(2) Violated any lawful order or rule rendered or
L2	adopted by the department.
L3	(3) Obtained his or her registration or any other
L4	order, ruling, or authorization by means of fraud,
L5	misrepresentation, or concealment of material facts.
L6	(4) Been found guilty of gross misconduct in the
L7	pursuit of his or her profession.
L8	489.667 Fees; establishment
L9	(1) The department shall, by rule, establish fees as
20	follows:
21	(a) For portable restroom contractor registration:
22	1. Application and examination fee: not less than \$25
23	nor more than \$75.
24	2. Initial registration fee: not less than \$50 nor
25	more than \$100.
26	3. Renewal of registration fee: not less than \$50 nor
27	more than \$100.
28	(b) Certification of partnerships and corporations:
29	not less than \$100 nor more than \$250.
30	(2) Fees established pursuant to subsection (1) shall
31	be based on the actual costs incurred by the department in

carrying out its registration and other related 1 2 responsibilities under this part. 3 489.668 Penalties and prohibitions.--4 (1) Any person who violates any provision of this part 5 commits a misdemeanor of the first degree, punishable as 6 provided in s. 775.082 or s. 775.083. 7 (2) The department may deny a registration if it 8 determines that an applicant does not meet all requirements of this part or has violated any provision of this part. Any 9 10 applicant aggrieved by such denial shall be entitled to a 11 hearing, after reasonable notice thereof, upon filing a 12 written request for such hearing in accordance with chapter 13 120. 14 Section 95. Subsection (1) of section 491.0057, 15 Florida Statutes, is amended to read: 491.0057 Dual licensure as a marriage and family 16 17 therapist. -- The department shall license as a marriage and 18 family therapist any person who demonstrates to the board that he or she: 19 20 (1)(a) Holds a valid, active license as a psychologist 21 under chapter 490 or, (b) Is as a clinical social worker or mental health 22 counselor under this chapter, or is certified under s. 464.012 23 24 as an advanced registered nurse practitioner who has been 25 determined by the Board of Nursing as a specialist in psychiatric mental health, and demonstrates equivalent 26 27 education and training to that specified in Ch. 491.005(3)(c). Section 96. Subsection (3) of section 627.638, Florida 28 Statutes, is added to read: 29 30 627.638 Direct payment for hospital, medical 31 services.--

(3) Under any health insurance policy insuring against			
loss or expense due to hospital confinement or to medical and			
related services, payment of benefits shall be made directly			
to any recognized hospital, doctor, or other person who			
provided services for the treatment of a psychological			
disorder or treatment for substance abuse, including drug and			
alcohol abuse, when the treatment is in accordance with the			
provisions of the policy and the insured specifically			
authorizes direct payment of benefits. Payments shall be made			
under this section, notwithstanding any contrary provisions in			
the health insurance contract. This subsection applies to all			
health insurance policies now or hereafter in force as of the			
effective date of this act.			

Section 97. Subsection (1) of section 766.101, Florida Statutes, is amended to read:

766.101 Medical review committee, immunity from liability.--

- (1) As used in this section:
- (a) The term "medical review committee" or "committee"
 means:
- 1.a. A committee of a hospital or ambulatory surgical center licensed under chapter 395 or a health maintenance organization certificated under part I of chapter 641,
- b. A committee of a physician-hospital organization, a provider-sponsored organization, or an integrated delivery system,
- c. A committee of a state or local professional society of health care providers,
- d. A committee of a medical staff of a licensed hospital or nursing home, provided the medical staff operates pursuant to written bylaws that have been approved by the

governing board of the hospital or nursing home,

- e. A committee of the Department of Corrections or the Correctional Medical Authority as created under s. 945.602, or employees, agents, or consultants of either the department or the authority or both,
- f. A committee of a professional service corporation formed under chapter 621 or a corporation organized under chapter 607 or chapter 617, which is formed and operated for the practice of medicine as defined in s. 458.305(3), and which has at least 25 health care providers who routinely provide health care services directly to patients,
- g. A committee of a mental health treatment facility licensed under chapter 394 or a community mental health center as defined in s. 394.907, provided the quality assurance program operates pursuant to the guidelines which have been approved by the governing board of the agency,
- h. A committee of a substance abuse treatment and education prevention program licensed under chapter 397 provided the quality assurance program operates pursuant to the guidelines which have been approved by the governing board of the agency,
- i. A peer review or utilization review committee organized under chapter 440,
- j. A committee of the Department of Health, a county health department, healthy start coalition, or certified rural health network, when reviewing quality of care, or employees of these entities when reviewing mortality records, or
- k. A continuous quality improvement committee of a pharmacy licensed pursuant to chapter 465, or
- 1. A committee established by a university board of trustees, or

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m. A committee comprised of faculty, residents, 1 2 students, and administrators of an accredited college of medicine, nursing or other health care discipline. 3 4 5 which committee is formed to evaluate and improve the quality 6 of health care rendered by providers of health service or to 7 determine that health services rendered were professionally indicated or were performed in compliance with the applicable 8 9 standard of care or that the cost of health care rendered was 10 considered reasonable by the providers of professional health services in the area; or 11 12 2. A committee of an insurer, self-insurer, or joint 13 underwriting association of medical malpractice insurance, or other persons conducting review under s. 766.106. 14 15 (b) The term "health care providers" means physicians licensed under chapter 458, osteopathic physicians licensed 16 17 under chapter 459, podiatric physicians licensed under chapter 461, optometrists licensed under chapter 463, dentists 18 licensed under chapter 466, chiropractic physicians licensed 19 20 under chapter 460, pharmacists licensed under chapter 465, or hospitals or ambulatory surgical centers licensed under 21 chapter 395. 22 Section 98. Effective upon becoming law, subsection 23 24 (10) of section 627.357 is amended to read: 25 627.357 Medical malpractice self-insurance.--(10) An application to form a self-insurance fund 26 27 under this section must be filed with the department before October 1, 2002. All self-insurance funds making application 28

under this section between March 1, 2002 and October 1, 2002

and created after March 1, 2002 must apply for a certificate

of authority to become an admitted insurance company by

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October 1, 2007. A self-insurance fund may not be formed under 1 2 this section after October 1, 1992. 3 Section 99. Except as otherwise provided herein, this 4 act shall take effect July 1, 2002. 5 6 7 ====== T I T L E A M E N D M E N T ======== 8 And the title is amended as follows: 9 On page, 10 remove: Everything before the enacting clause 11 12 and insert: An act relating to health care and health 13 14 professional responsibility; transferring to 15 the Department of Health the powers, duties, 16 functions, and assets that relate to the 17 consumer complaint services, investigations, and prosecutorial services performed by the 18 Agency for Health Care Administration under 19 20 contract with the department; transferring full-time equivalent positions and the 21 22 practitioner regulation component from the agency to the department; amending s. 20.43, 23 24 F.S.; deleting the provision authorizing the 25 department to enter into such contract with the agency, to conform; updating a reference to 26 27 provide the name of a regulatory board under the Division of Medical Quality Assurance; 28 requiring the Office of Legislative Services to 29 30 develop a business plan for the Board of 31 Dentistry; providing an appropriation;

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requiring a report to the Governor and Legislature; requiring the Department of Health to contract for the implementation of the electronic continuing education tracking system and requiring said system to be compatible and integrated with the department's licensure and renewal system; amending s. 456.057, F.S.; authorizing specified persons to release certain medical records to a custodian upon board order; exempting such persons from liability for the release of such records; amending s. 456.072, F.S.; providing additional penalties to be imposed on certain health care practitioners relating to notice to patients concerning availability and access to medical records; amending s. 456.076, F.S.; providing additional conditions for impaired practitioners to enroll in a treatment program as an alternative to discipline; amending s. 456.0375, F.S.; revising the definition of "clinic" to exempt public college and university clinics from medical clinic registration and to clarify when a health care practitioner may supervise another health care practitioner; amending s. 456.072, F.S.; revising grounds for disciplinary action relating to performing health care services improperly and to leaving foreign bodies in patients; amending s. 631.57, F.S.; exempting medical malpractice insurance premiums from an assessment; amending s. 395.002, F.S.; defining

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"medically unnecessary procedure"; amending s. 394.4787, F.S.; conforming a cross reference; amending s. 395.0161, F.S.; providing rulemaking authority relating to inspections and investigations of facilities; amending s. 395.0197, F.S.; revising requirements for internal risk management programs; amending s. 465.019, F.S.; revising the definition of "class II institutional pharmacies" to allow dispensing and consulting services to hospice patients under certain circumstances; providing legislative findings relating to responsiveness to emergencies and disasters; amending s. 381.0011, F.S.; revising duties of the Department of Health; authorizing the State Health Officer to take specified emergency actions to protect the public health; amending s. 381.0034, F.S.; providing a requirement for instruction of certain health care licensees on conditions caused by nuclear, biological, and chemical terrorism, as a condition of initial licensure, and, in lieu of the requirement for instruction on HIV and AIDS, as a condition of relicensure; amending s. 381.0035, F.S.; providing a requirement for instruction of employees at certain health care facilities on conditions caused by nuclear, biological, and chemical terrorism, upon initial employment, and, in lieu of the requirement of instruction on HIV and AIDS, as biennial continuing education; providing an exception; creating s.

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381.0421, F.S.; requiring postsecondary education institutions to provide information on hepatitis B; requiring individuals residing in on-campus housing to document vaccinations against hepatitis B or sign a waiver; amending ss. 395.1027 and 401.245, F.S.; correcting cross references; amending s. 401.23, F.S.; revising definitions of "advanced life support" and "basic life support" and defining "emergency medical condition"; amending s. 401.252, F.S.; authorizing physician assistants to conduct interfacility transfers in a permitted ambulance under certain circumstances; amending s. 401.27, F.S.; providing that the course on conditions caused by nuclear, biological, and chemical terrorism shall count toward the total required hours for biennial recertification of emergency medical technicians and paramedics; amending s. 456.033, F.S.; providing a requirement for instruction of certain health care practitioners on conditions caused by nuclear, biological, and chemical terrorism, as a condition of initial licensure, and, in lieu of the requirement for instruction on HIV and AIDS, as part of biennial relicensure; creating s. 456.0345, F.S.; providing continuing education credits to health care practitioners for certain life support training; amending s. 456.072, F.S.; conforming provisions relating to grounds for disciplinary actions to changes

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in health care practitioners' course requirements; amending s. 456.38, F.S.; revising provisions relating to the health care practitioner registry for disasters and emergencies; prohibiting certain termination of or discrimination against a practitioner providing disaster medical assistance; amending ss. 458.319 and 459.008, F.S.; conforming provisions relating to exceptions to continuing education requirements for physicians and osteopathic physicians; amending s. 765.512, F.S., relating to anatomical gifts; prohibiting modification of a donor's intent; providing that a donor document is legally binding; authorizing specified persons to furnish donors' medical records upon request; amending s. 765.516, F.S.; revising procedures by which the terms of an anatomical gift may be amended or the gift may be revoked; amending s. 456.073, F.S.; revising procedures and timeframes for formal hearings of health care practitioner disciplinary cases; requiring a joint audit of hearings and their billing formulas and a report to the Legislature; amending s. 456.076, F.S.; requiring each impaired practitioner to pay a portion of the cost of the consultant and impaired practitioner program and the full cost of the required treatment program or plan; providing certain exceptions; repealing s. 456.047, F.S., to terminate the standardized credentialing

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program for health care practitioners; prohibiting the refund of moneys collected through the credentialing program; amending ss. 456.039, 456.0391, 456.072, and 456.077, F.S.; removing references, to conform; amending s. 458.309, F.S.; requiring accreditation of physician offices in which surgery is performed; amending s. 459.005, F.S.; requiring accreditation of osteopathic physician offices in which surgery is performed; amending s. 456.004, F.S., relating to powers and duties of the department; requiring performance measures for certain entities; providing procedures for considering board requests to privatize regulatory functions; amending s. 456.009, F.S.; requiring performance measures for certain legal and investigative services and annual review of such services to determine whether such performance measures are being met; amending s. 456.011, F.S.; requiring regulatory board committee meetings, including probable cause panels, to be held electronically unless certain conditions are met; providing for determination of location of in-person meetings; amending s. 456.026, F.S.; requiring inclusion of performance measures for certain entities in the department's annual report to the Legislature; creating s. 458.3093, F.S.; requiring submission of credentials for initial physician licensure to a national licensure verification service;

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requiring verification of such credentials by that service or an equivalent program; creating s. 459.0053, F.S.; requiring submission of credentials for initial osteopathic physician licensure to a national licensure verification service; requiring verification of such credentials by that service, a specified association, or an equivalent program; amending ss. 458.331, 459.015, and 627.912, F.S.; raising the malpractice closed claims reporting requirement amount; amending s. 456.073, F.S.; requiring health care practitioner licensees to pay the actual costs of investigation and prosecution under certain circumstances; requiring cases in which no probable cause has been found to be closed within a specified period of time; requiring a study of the field office structure and organization of the Agency for Health Care Administration and a report to the Legislature; amending s. 456.025, F.S.; eliminating certain restrictions on the setting of licensure renewal fees for health care practitioners; creating s. 456.0165, F.S.; restricting the costs that may be charged by educational institutions hosting health care practitioner licensure examinations; requiring health care practitioner licensure and licensure renewal fees to be set at the statutory fee cap or at graduated levels equal to certain percentages of the actual regulatory costs, whichever is less; amending s. 468.301,

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F.S.; revising the definition of "direct supervision" applicable to the regulation of radiologic technology; amending s. 468.302, F.S.; authorizing certified nuclear medicine technologists to administer X radiation from certain devices under certain circumstances; exempting certain persons from radiologic technologist certification and providing certain training requirements for such exemption; amending s. 468.352, F.S.; revising and providing definitions applicable to the regulation of respiratory therapy; amending s. 468.355, F.S.; revising provisions relating to respiratory therapy licensure and testing requirements; amending s. 468.368, F.S.; revising exemptions from respiratory therapy licensure requirements; repealing s. 468.356, F.S., relating to the approval of educational programs; repealing s. 468.357, F.S., relating to licensure by examination; requiring applications for health care practitioner licensure and licensure renewal to be submitted electronically beginning July 1, 2003; annually adjusting by 2.5 percent the statutory fee caps applicable to regulation of health care practitioners; renumbering ss. 381.0602, 381.6021, 381.6022, 381.6023, 381.6024, and 381.6026, F.S., and renumbering and amending ss. 381.60225 and 381.6025, F.S., to move provisions relating to organ and tissue procurement, donation, and transplantation to

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part V, ch. 765, F.S., relating to anatomical gifts; revising cross references, to conform; amending ss. 395.2050, 409.815, 765.5216, and 765.522, F.S.; revising cross references, to providing coverage for certain organ conform; transplant services; amending s. 409.915, F.S.; exempting counties from contributions for such services; amending s. 456.074, F.S.; providing for an emergency order suspending the license of any health care practitioner who has defaulted on a student loan issued or guaranteed by the state or the Federal Government; amending s. 456.072, F.S., and reenacting subsection (2), relating to disciplinary actions; clarifying the ground for disciplinary action for failing to perform a statutory or legal obligation to include failing to repay a student loan issued or quaranteed by the state or the Federal Government in accordance with the terms of the loan and for failing to comply with service scholarship obligations; providing penalties; directing the Department of Health to obtain certain information from the United States Department of Health and Human Services on a monthly basis and to include certain information in its annual report to the Legislature; reenacting ss. 456.026 and 456.073, F.S., relating to the annual report and disciplinary proceedings, respectively, to conform; providing applicability; amending s.

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400.925, F.S.; eliminating the regulation of certain home medical equipment by the Agency for Health Care Administration; amending s. 765.104, F.S.; authorizing a patient whose legal disability is removed to amend or revoke the recognition of a medical proxy and any uncompleted decision made by that proxy; specifying when the amendment or revocation takes effect; amends s. 395.002, F.S., to provide a definition of "surgical first assistant; " amends s. 395.0197, F.S., to allow a operating surgeon to choose the surgical first assistant under certain conditions; amending s. 768.13, F.S.; providing immunity from civil damages under the Good Samaritan Act for actions taken in response to situations during a declared public health emergency; revising the circumstances under which immunity from civil damages is extended to actions taken by persons licensed to practice medicine; amending s. 381.0066, F.S.; authorizing the continuation of permit fees for system construction permits for onsite sewage treatment and disposal systems; creating part IV of chapter 489, F.S., relating to portable restroom contracting; providing definitions; requiring registration and providing requirements therefor, including an examination; providing for administration; providing rulemaking authority; providing for renewal of registration, including continuing

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education; providing for certification of partnerships and corporations; providing grounds for suspension or revocation of registration; providing fees; providing penalties and prohibitions; amends s. 627.638, F.S., to require direct payments under certain circumstances; providing effective dates.