

1 A bill to be entitled
2 An act relating to health care; amending s.
3 408.036, F.S.; providing an exemption from
4 certificate-of-need requirements for certain
5 open-heart-surgery programs; providing criteria
6 for qualifying for the exemption; requiring the
7 Agency for Health Care Administration to report
8 to the Legislature; amending s. 466.006, F.S.;
9 amending s. 466.004, F.S.; requiring the
10 Council on Dental Hygiene to meet at least
11 twice a year; providing for consideration by
12 the Board of Dentistry of rule and policy
13 recommendations of the council; creating s.
14 466.055, F.S.; providing for the appointment of
15 an executive director; providing for duties,
16 and board oversight; requiring director to
17 oversee staff; requiring the department to
18 contract for a dental intake officer and
19 providing qualifications; requiring certain
20 responsibilities of the officer; requiring the
21 board to establish certain performance
22 parameters for departmental handling of
23 disciplinary cases, and consequences; requiring
24 testing services to report to the board if
25 requested; requiring a board spending plan and
26 its content; requiring board spending authority
27 over discretionary budget items; requiring a
28 department report of certain information;
29 providing for a board response; amending s.
30 466.006, F.S.; providing a short title;
31 requiring the Agency for Workforce Innovation

1 to establish a pilot program for delivery of
2 certified geriatric specialty nursing
3 education; specifying eligibility requirements
4 for certified nursing assistants to obtain
5 certified geriatric specialty nursing
6 education; specifying requirements for the
7 education of certified nursing assistants to
8 prepare for certification as a certified
9 geriatric specialist; creating a Certified
10 Geriatric Specialty Nursing Initiative Steering
11 Committee; providing for the composition of and
12 manner of appointment to the Certified
13 Geriatric Specialty Nursing Initiative Steering
14 Committee; providing responsibilities of the
15 steering committee; providing for reimbursement
16 for per diem and travel expenses; requiring the
17 Agency for Workforce Innovation to conduct or
18 contract for an evaluation of the pilot program
19 for delivery of certified geriatric specialty
20 nursing education; requiring the evaluation to
21 include recommendations regarding the expansion
22 of the delivery of certified geriatric
23 specialty nursing education in nursing homes;
24 requiring the Agency for Workforce Innovation
25 to report to the Governor and Legislature
26 regarding the status and evaluation of the
27 pilot program; creating s. 464.0125, F.S.;
28 providing definitions; providing requirements
29 for persons to become certified geriatric
30 specialists; specifying fees; providing for
31 articulation of geriatric specialty nursing

1 coursework and practical nursing coursework;
2 providing practice standards and grounds for
3 which certified geriatric specialists may be
4 subject to discipline by the Board of Nursing;
5 creating restrictions on the use of
6 professional nursing titles; prohibiting the
7 use of certain professional titles; providing
8 penalties; authorizing approved nursing
9 programs to provide education for the
10 preparation of certified geriatric specialists
11 without further board approval; authorizing
12 certified geriatric specialists to supervise
13 the activities of others in nursing home
14 facilities according to rules by the Board of
15 Nursing; revising terminology relating to
16 nursing to conform to the certification of
17 geriatric specialists; amending s. 381.00315,
18 F.S.; revising requirements for the
19 reactivation of the licenses of specified
20 health care practitioners in the event of
21 public health emergency to include certified
22 geriatric specialists; amending s. 400.021,
23 F.S.; including services provided by a
24 certified geriatric specialist within the
25 definition of nursing service; amending s.
26 400.211, F.S.; revising requirements for
27 persons employed as nursing assistants to
28 conform to the certification of certified
29 geriatric specialists; amending s. 400.23,
30 F.S.; specifying that certified geriatric
31 specialists shall be considered licensed

1 nursing staff; authorizing licensed practical
2 nurses to supervise the activities of certified
3 geriatric specialists in nursing home
4 facilities according to rules adopted by the
5 Board of Nursing; amending s. 409.908, F.S.;
6 revising the methodology for reimbursement of
7 Medicaid program providers to include services
8 of certified geriatric specialists; amending s.
9 458.303, F.S.; revising exceptions to the
10 practice of medicine to include services
11 delegated to a certified geriatric specialist
12 under specified circumstances; amending s.
13 1009.65, F.S.; revising eligibility for the
14 Medical Education Reimbursement and Loan
15 Repayment Program to include certified
16 geriatric specialists; amending s. 1009.66,
17 F.S.; revising eligibility requirements for the
18 Nursing Student Loan Forgiveness Program to
19 include certified geriatric specialists;
20 providing an appropriation; amending s.
21 464.201, F.S.; defining terms; amending s.
22 464.202, F.S.; authorizing the Board of Nursing
23 to adopt rules regarding the practice and
24 supervision of certified nursing assistants;
25 creating the James and Esther King Center for
26 Universal Research to Eradicate Disease;
27 providing intent and duties; creating an
28 advisory council; amending s. 215.5602, F.S.;
29 expanding the long-term goals and funding of
30 the Florida Biomedical Research Program to
31 include the cure of specified diseases;

1 creating the Florida Cancer Research
2 Cooperative; providing for a board of
3 directors; providing the cooperative's mission
4 and duties; amending s. 484.0512, F.S.;
5 providing a criminal penalty for failure of a
6 seller to refund within a specified time moneys
7 required to be refunded to a purchaser for the
8 return or attempted return of a hearing aid;
9 providing a definition; amending s. 456.073,
10 F.S.; providing that a state prisoner must
11 exhaust all available administrative remedies
12 before filing a complaint with the Department
13 of Health against a health care practitioner
14 who is providing health care services within
15 the Department of Corrections, unless the
16 practitioner poses a serious threat to the
17 health or safety of a person who is not a state
18 prisoner; requiring the Department of Health to
19 be notified if a health care practitioner is
20 disciplined or allowed to resign for a
21 practice-related offense; requiring the
22 Division of Medical Quality Assurance of the
23 Department of Health to conduct a study of
24 clinical and academic training requirements of
25 certified optometric practitioners; providing
26 for appointment of members; requiring a report
27 to be submitted to the Governor and
28 Legislature; amending s. 465.0265, F.S.;
29 providing requirements for the filing of
30 prescriptions by pharmacies that are under
31 common ownership or that have a contractual

1 relationship with one another; specifying
2 requirements for exceptions to prescription
3 transfers between certain pharmacies; amending
4 s. 466.006, F.S.; allowing certain dental
5 students to take the examinations required to
6 practice dentistry in this state under
7 specified conditions; providing a prerequisite
8 to licensure of such students; creating s.
9 466.0065, F.S.; allowing certain dental
10 students to take regional licensure
11 examinations under specified conditions;
12 restricting the applicability of examination
13 results to licensing in other jurisdictions;
14 requiring approval by the Board of Dentistry
15 and providing prerequisites to such approval;
16 creating the "Nick Oelrich Gift of Life Act";
17 amending s. 765.512, F.S., relating to
18 anatomical gifts; prohibiting modification of a
19 donor's intent; providing that a donor document
20 is legally binding; authorizing specified
21 persons to furnish a donor's medical records
22 upon request; amending s. 765.516, F.S.;
23 revising procedures by which the terms of an
24 anatomical gift may be amended or the gift may
25 be revoked; amending s. 765.401, F.S.;
26 providing additional persons who may be given a
27 proxy for the making of health care decisions;
28 requiring review by the facility's bioethics
29 committee of decisions to withhold or withdraw
30 life-prolonging procedures; requiring
31 documentation of efforts to locate certain

1 proxies; amending s. 641.19, F.S.; providing
2 that the term "specialty" does not include the
3 services of a licensed chiropractic physician
4 for purposes of the regulation of managed care;
5 creating s. 466.0065, F.S.; amending s.
6 466.006, F.S.; allowing certain dental students
7 to take the examination required for practicing
8 dentistry in this state; creating s. 466.0065,
9 F.S.; allowing certain dental students to take
10 regional licensure examinations under specified
11 conditions; restricting the applicability of
12 examination results; requiring approval by the
13 Board of Dentistry and providing prerequisites
14 to such approval; providing an appropriation
15 and authorizing a position; creating s.
16 768.1335, F.S.; providing a short title;
17 providing definitions; providing a presumption
18 of non-negligence in the use of emergency
19 medical dispatch protocols by an emergency
20 medical dispatcher or the emergency medical
21 dispatch agency, its agents, or employees;
22 amending s. 401.111, F.S.; authorizing grants
23 by the Department of Health to emergency
24 medical dispatch agencies; allowing certain
25 dental students to take the examination
26 required for practicing dentistry in this
27 state; creating s. 466.0065, F.S.; allowing
28 certain dental students to take regional
29 licensure examinations under specified
30 conditions; restricting the applicability of
31 examination results; requiring approval by the

1 Board of Dentistry and providing prerequisites
2 to such approval; providing an appropriation
3 and authorizing a position; amending ss.
4 381.7353, 381.7355, F.S.; including oral health
5 care in the Closing the Gap grant program;
6 providing effective dates.

7
8 WHEREAS, emergency medical dispatch programs promote
9 appropriate standards that result in more effective dispatch
10 of emergency services and the saving of lives, and

11 WHEREAS, the dispatcher is the first responder to a
12 medical emergency when someone dials 911 or calls a medical
13 dispatch agency directly, and dispatchers are being recognized
14 nationally as the true first responders to the emergency
15 scene, and

16 WHEREAS, an emergency medical dispatcher has an
17 immediate response time during which to offer basic
18 instructions to the caller regardless of the emergency medical
19 services response time and is crucial for the delivery and
20 receipt of information to EMS units, and

21 WHEREAS, an emergency medical dispatch program is a key
22 component of a quality EMS system, and

23 WHEREAS, organizations such as the American Heart
24 Association (AHA), the American College of Emergency
25 Physicians (ACEP), the National Association of Emergency
26 Medical Services Physicians (NAEMSP), the National Institute
27 of Health (NIH), the National Highway Traffic Safety
28 Administration (NHTSA), and the American Society of Testing
29 and Materials (ASTM) have endorsed the development and
30 adoption of standards for emergency medical dispatch, and
31

1 WHEREAS, a properly trained emergency medical
2 dispatcher significantly improves the quality of care provided
3 by an EMS system because the dispatcher is able to identify
4 the level of need of the caller, including resource
5 allocations and response modes, thus enabling more effective
6 and efficient dispatch of limited response resources; identify
7 situations that might require prearrival instructions; gather
8 information to be relayed to the responding crews to help them
9 better manage and respond to the emergency medical situation
10 upon arrival; and obtain information regarding emergency
11 medical scene safety for the patient, bystanders, and
12 responding personnel, and

13 WHEREAS, many states are now adopting a standard
14 emergency medical dispatch program, and

15 WHEREAS, the most successful EMS systems are those that
16 have strong field response times coupled with well-trained
17 emergency medical dispatchers, NOW, THEREFORE,

18

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

20

21 Section 1. Paragraph (t) is added to subsection (3) of
22 section 408.036, Florida Statutes, to read:

23 408.036 Projects subject to review.--

24 (3) EXEMPTIONS.--Upon request, the following projects
25 are subject to exemption from the provisions of subsection
26 (1):

27 (t)1. For the provision of adult open-heart services
28 in a hospital located within the boundaries of Palm Beach,
29 Polk, Martin, St. Lucie, and Indian River Counties if the
30 following conditions are met: The exemption must be based upon
31 objective criteria and address and solve the twin problems of

1 geographic and temporal access. A hospital shall be exempt
2 from the certificate-of-need review for the establishment of
3 an open-heart-surgery program when the application for
4 exemption submitted under this paragraph complies with the
5 following criteria:

6 a. The applicant must certify that it will meet and
7 continuously maintain the minimum licensure requirements
8 adopted by the agency governing adult open-heart programs,
9 including the most current guidelines of the American College
10 of Cardiology and American Heart Association Guidelines for
11 Adult Open Heart Programs.

12 b. The applicant must certify that it will maintain
13 sufficient appropriate equipment and health personnel to
14 ensure quality and safety.

15 c. The applicant must certify that it will maintain
16 appropriate times of operation and protocols to ensure
17 availability and appropriate referrals in the event of
18 emergencies.

19 d. The applicant can demonstrate that it is referring
20 300 or more patients per year from the hospital, including the
21 emergency room, for cardiac services at a hospital with
22 cardiac services, or that the average wait for transfer for 50
23 percent or more of the cardiac patients exceeds 4 hours.

24 e. The applicant is a general acute care hospital that
25 is in operation for 3 years or more.

26 f. The applicant is performing more than 300
27 diagnostic cardiac catheterization procedures per year,
28 combined inpatient and outpatient.

29 g. The applicant's payor mix at a minimum reflects the
30 community average for Medicaid, charity care, and self-pay
31 patients or the applicant must certify that it will provide a

1 minimum of 5 percent of Medicaid, charity care, and self-pay
2 to open-heart-surgery patients.

3 h. If the applicant fails to meet the established
4 criteria for open-heart programs or fails to reach 300
5 surgeries per year by the end of its third year of operation,
6 it must show cause why its exemption should not be revoked.

7 2. By December 31, 2004, and annually thereafter, the
8 Agency for Health Care Administration shall submit a report to
9 the Legislature providing information concerning the number of
10 requests for exemption received under this paragraph and the
11 number of exemptions granted or denied.

12 Section 2. Paragraph (a) of subsection (2) of section
13 466.004, Florida Statutes, is amended to read:

14 466.004 Board of Dentistry.--

15 (2) To advise the board, it is the intent of the
16 Legislature that councils be appointed as specified in
17 paragraphs (a), (b), and (c). The department shall provide
18 administrative support to the councils and shall provide
19 public notice of meetings and agenda of the councils. Councils
20 shall include at least one board member who shall chair the
21 council and shall include nonboard members. All council
22 members shall be appointed by the board chair. Council
23 members shall be appointed for 4-year terms, and all members
24 shall be eligible for reimbursement of expenses in the manner
25 of board members.

26 (a) A Council on Dental Hygiene shall be appointed by
27 the board chair and shall include one dental hygienist member
28 of the board, who shall chair the council, one dental member
29 of the board, and three dental hygienists who are actively
30 engaged in the practice of dental hygiene in this state. The
31 council shall meet at the request of the board chair, a

1 majority of the members of the board, or the council chair, if
2 the council meets at least twice each year. The council is
3 charged with the responsibility of and shall meet for the
4 purpose of developing rules and policies for recommendation to
5 the board, ~~which the board shall consider~~, on matters
6 pertaining to that part of dentistry consisting of
7 educational, preventive, or therapeutic dental hygiene
8 services; dental hygiene licensure, discipline, or regulation;
9 and dental hygiene education. Rule and policy recommendations
10 of the council shall be considered by the board at its next
11 regularly scheduled meeting in the same manner it considers
12 rule and policy recommendations from designated subcommittees
13 of the board. Any rule or policy proposed by the board
14 pertaining to the specified part of dentistry defined by this
15 paragraph shall be referred to the council for a
16 recommendation prior to final action by the board.

17 Section 3. Section 466.055, Florida Statutes, is
18 created to read:

19 466.055 Board of Dentistry Empowerment Act.--

20 (1) If requested by the Board of Dentistry, it shall
21 direct the department whom to appoint as executive director
22 pursuant to the rules of the state personnel system. The
23 committee conducting interviews of candidates for executive
24 director shall consist of the board chairman or his designee
25 and the secretary or his or her designee. A list of final
26 candidates shall be submitted to the board, which shall
27 approve the candidate to be hired. The approval process shall
28 include the right of the board to interview the list of
29 submitted candidates. The board may reject all the candidates
30 on the submitted list and request that a new list be submitted
31 by the interview committee. The executive director shall

1 perform those duties and responsibilities specific to the
2 Board of Dentistry and shall exclusively serve the Board of
3 Dentistry. The board shall monitor the performance of the
4 executive director, based on established performance standards
5 and should the board determine, by a majority vote, that the
6 performance of the executive director is consistently below
7 the performance standards of the board and thus unacceptable,
8 the board shall promptly notify the department of its
9 findings, in writing, and the department shall take
10 appropriate action to replace the executive director, pursuant
11 to the state personnel rules.

12 (2) The executive director shall be responsible for
13 overseeing the hiring of all other staff members who work
14 directly for the executive director and who perform services
15 for the board.

16 (3) The department shall contract for a dental intake
17 officer when requested by the Board of Dentistry in accordance
18 with the state personnel system and qualifications established
19 for such position by the Board of Dentistry. The
20 qualifications for the position shall include a requirement
21 that the candidate be a licensed Florida dentist in good
22 standing.

23 (4) The dental intake officer shall be responsible for
24 determining the legal sufficiency of all dental complaints
25 received by the department within 5 working days after the
26 complaint is filed; advising the board regarding dental health
27 regulation issues; and advising field investigators on dental
28 issues related to the complaints to assure that complaints are
29 properly investigated in a timely and efficacious manner.

30 (5) The Board of Dentistry, in consultation with the
31 department, shall establish reasonable and comprehensive

1 performance parameters for the prosecution of disciplinary
2 cases by the department. Such parameters shall reflect the
3 quality and quantity of services to be provided to the board,
4 including, but not limited to, the proportion of cases that
5 are successfully prosecuted through final hearing and appeal
6 if such cases involve irremediable harm or injury or the
7 immediate threat of irremediable harm or injury to the
8 patient. The board shall conduct an annual evaluation to
9 determine if the department has met the established
10 performance parameters. A finding by the board that the
11 department has failed to meet established parameters shall
12 enable the board, by a majority vote, to instruct the
13 department to retain sufficient outside contractual
14 prosecutorial services pursuant to s. 287.057(3), to fulfill
15 the immediate and foreseeable prosecutorial needs of the board.
16 Contract negotiations and vendor selection shall be conducted
17 in consultation with the chairman of the board or his
18 designee. Each contract for prosecutorial services shall
19 include, at a minimum, the performance parameters developed by
20 the board for its assessment of the department.

21 (6) If requested, a representative of testing services
22 of the Department of Health shall appear before the board, or
23 a committee of the board, following the completion of each
24 examination cycle to discuss examination issues. If the board
25 identifies issues to be addressed, testing services shall
26 report to the board, as requested at the next board meeting,
27 on its progress in addressing the issues identified by the
28 board.

29 (7)(a) In conjunction with each fiscal year budgetary
30 cycle, the department, in consultation with the board, shall
31 develop a Board of Dentistry spending plan encompassing

1 anticipated revenue of all types along with all anticipated
2 operating expenses of the board and associated support
3 services of the department, which shall include all direct and
4 allocated expenses necessary to enable the board to fulfill
5 its responsibilities. All expenditure detail as provided
6 herein shall reflect the methodology and calculations of the
7 department in allocating common expenses among all regulatory
8 boards.

9 (b) The Board of Dentistry shall have spending
10 authority over discretionary budgetary items, as determined by
11 the department and the board jointly. Discretionary budgetary
12 items shall include the selection of board meeting venue,
13 hotel facilities, and accommodations; travel of board members
14 and necessary staff to all meetings of the board; attendance
15 by board members at meetings and conferences deemed to be
16 important by the board in fulfilling its responsibilities,
17 monitoring performance, and confirming the accuracy of
18 information provided to the board or others which relates to
19 the duties and responsibilities of the board; and an
20 operational contingency. Operational contingency is that
21 portion of cash on hand that exceeds that required for the
22 5-year spending plan as described in s. 456.005. The
23 operational contingency may be used for a special project by
24 the board in fulfilling its responsibilities if a deficit does
25 not or would not exist for the profession. In exercising its
26 spending authority over discretionary budget items, the board
27 must adhere to all applicable state laws and directives;
28 assure that all meeting locations are accessible to the public
29 and licensees; assure that board meetings are conducted in an
30 effective and efficient manner for the public and licensees;
31 assure that the minimal number of board members or staff

1 attend any meeting or conference; and assure the maximum use
2 of technology. When requested by the board, the department
3 shall provide timely procurement assistance to facilitate all
4 discretionary expenditures of the board.

5 (8)(a) The department shall submit a report to the
6 Governor, the President of the Senate, and the Speaker of the
7 House of Representatives by November 1 of each year on the
8 effectiveness and efficiency of this section, including:

9 1. The revenues, expenditures, and cash balances for
10 the prior year, and a review of the adequacy of existing
11 revenues;

12 2. The nature and extent of all services provided to
13 the board by the department;

14 3. The total cost allocated by the department for each
15 service provided by the department to the board and the amount
16 and percent by which each cost is appropriate to dentistry's
17 pro-rata share of the total cost of such services provided by
18 the department to all affected boards, councils, and
19 professions;

20 4. The number of licensure examinations taken, the
21 fees collected for licensure examination, and the time from
22 which a candidate for licensure completed the required
23 examination to the time in which the candidate received the
24 results;

25 5. The number of licenses issued, revoked, or
26 suspended;

27 6. The number of disciplinary complaints received,
28 determined to be legally sufficient, investigated, referred to
29 the board's probable cause panel, prosecuted, subject to final
30 board action, and appealed; the number, maximum, and average
31 duration of licenses suspended; the number of licenses

1 revoked; the number of cases spanning more than 180,270, and
2 365 days from receipt of complaints to submission to the
3 board's probable cause panel; the proportion of cases which
4 were eligible for and the number of cases actually resolved by
5 citation; the proportion of cases where probable cause was
6 found; the number of cases where probable cause was found that
7 were not prosecuted or that did not result in stipulated
8 agreements; the number of cases involving stipulated
9 agreements; the number of cases involving stipulated
10 agreements which were changed by the board and the number of
11 cases involving stipulated agreements that were rejected
12 without modification by the board; the number of cases taking
13 in excess of 1 year from the date of receipt of a complaint to
14 final board action; the number of cases involving formal
15 hearings; the status of all cases appealed; the number of
16 cases where licensure suspension or revocation was stayed
17 pending appeal; the number of emergency suspension orders
18 issued; the average and maximum range of costs of complaint
19 investigations and prosecutions; and the amount of fines and
20 expenses collected by type of cases prosecuted;

21 7. The status of the development and implementation of
22 rules providing for disciplinary guidelines pursuant to s.
23 456.079; and

24 8. Such recommendations for administrative and
25 statutory changes necessary to facilitate efficient and
26 cost-effective operation of the board and the department.

27 (b) The department shall include in the report any
28 statement, comment, suggestion, recommendation, or objection
29 made by the board in response to the report.

30 Section 4. This act may be cited as the "Clara Ramsey
31 Care of the Elderly Act."

1 Section 5. Certified Geriatric Specialist Preparation
2 Pilot Program.--

3 (1) The Agency for Workforce Innovation shall
4 establish a pilot program for delivery of geriatric nursing
5 education to certified nursing assistants who wish to become
6 certified geriatric specialists. The agency shall select two
7 pilot sites in nursing homes that have received the Gold Seal
8 designation under section 400.235, Florida Statutes; have been
9 designated as a teaching nursing home under section 430.80,
10 Florida Statutes; or have not received a class I or class II
11 deficiency within the 30 months preceding application for this
12 program.

13 (2) To be eligible to receive geriatric nursing
14 education, a certified nursing assistant must have been
15 employed by a participating nursing home for at least 1 year
16 and have received a high school diploma or its equivalent.

17 (3) The education shall be provided at the worksite
18 and in coordination with the certified nursing assistant's
19 work schedule.

20 (4) Faculty shall provide the instruction under an
21 approved nursing program pursuant to section 464.019, Florida
22 Statutes.

23 (5) The education shall prepare the certified nursing
24 assistant to meet the requirements for certification as a
25 geriatric specialist. The didactic and clinical education
26 shall include all portions of the practical nursing curriculum
27 pursuant to section 464.019, Florida Statutes, except for
28 pediatric and obstetric/maternal-child education, and shall
29 include additional education in the care of ill, injured, or
30 infirm geriatric patients and the maintenance of health, the
31

1 prevention of injury, and the provision of palliative care for
2 geriatric patients.

3 Section 6. Certified Geriatric Specialty Nursing
4 Initiative Steering Committee.--

5 (1) In order to guide the implementation of the
6 Certified Geriatric Specialist Preparation Pilot Program,
7 there is created a Certified Geriatric Specialty Nursing
8 Initiative Steering Committee. The steering committee shall be
9 composed of the following members:

10 (a) The chair of the Board of Nursing or his or her
11 designee;

12 (b) A representative of the Agency for Workforce
13 Innovation, appointed by the Director of Workforce Innovation;

14 (c) A representative of Workforce Florida, Inc.,
15 appointed by the chair of the Board of Directors of Workforce
16 Florida, Inc.;

17 (d) A representative of the Department of Education,
18 appointed by the Secretary of Education;

19 (e) A representative of the Agency for Health Care
20 Administration, appointed by the Secretary of Health Care
21 Administration;

22 (f) The Director of the Florida Center for Nursing;
23 and

24 (g) A representative of a Gold Seal nursing home that
25 is not one of the pilot program sites, appointed by the
26 Secretary of Health Care Administration.

27 (2) The steering committee shall:

28 (a) Provide consultation and guidance to the Agency
29 for Workforce Innovation on matters of policy during the
30 implementation of the pilot program; and

31

1 (b) Provide oversight to the evaluation of the pilot
2 program.

3 (3) Members of the steering committee are entitled to
4 reimbursement for per diem and travel expenses under section
5 112.061, Florida Statutes.

6 (4) The steering committee shall complete its
7 activities by June 30, 2006, and the authorization for the
8 steering committee ends on that date.

9 Section 7. Evaluation of the Certified Geriatric
10 Specialist Preparation Pilot Program.--The Agency for
11 Workforce Innovation, in consultation with the Certified
12 Geriatric Specialty Nursing Initiative Steering Committee,
13 shall conduct, or contract for an evaluation of the pilot
14 program. The agency shall ensure that an evaluation report is
15 submitted to the Governor, the President of the Senate, and
16 the Speaker of the House of Representatives by January 1,
17 2006. The evaluation must address the experience and success
18 of the certified nursing assistants in the pilot program and
19 must contain recommendations regarding the expansion of the
20 delivery of geriatric nursing education in nursing homes.

21 Section 8. Reports.--The Agency for Workforce
22 Innovation shall submit status reports and recommendations
23 regarding legislation necessary to further the implementation
24 of the pilot program to the Governor, the President of the
25 Senate, and the Speaker of the House of Representatives on
26 January 1, 2004, January 1, 2005, and January 1, 2006.

27 Section 9. Section 464.0125, Florida Statutes, is
28 created to read:

29 464.0125 Certified geriatric specialists;
30 certification requirements.--

31 (1) DEFINITIONS; RESPONSIBILITIES.--

1 (a) As used in this section, the term:

2 1. "Certified geriatric specialist" means a person who
3 meets the qualifications specified in this section and who is
4 certified by the board to practice as a certified geriatric
5 specialist.

6 2. "Geriatric patient" means any patient who is 60
7 years of age or older.

8 3. "Practice of certified geriatric specialty nursing"
9 means the performance of selected acts in facilities licensed
10 under part II or part III of chapter 400, including the
11 administration of treatments and medications, in the care of
12 ill, injured, or infirm geriatric patients and the promotion
13 of wellness, maintenance of health, and prevention of illness
14 of geriatric patients under the direction of a registered
15 nurse, a licensed physician, a licensed osteopathic physician,
16 a licensed podiatric physician, or a licensed dentist. The
17 scope of practice of a certified geriatric specialist includes
18 the practice of practical nursing as defined in s. 464.003 for
19 geriatric patients only, except for any act in which
20 instruction and clinical knowledge of pediatric nursing or
21 obstetric/maternal-child nursing is required. A certified
22 geriatric specialist, while providing nursing services in
23 facilities licensed under part II or part III of chapter 400,
24 may supervise the activities of certified nursing assistants
25 and other unlicensed personnel providing services in such
26 facilities in accordance with rules adopted by the board.

27 (b) The certified geriatric specialist shall be
28 responsible and accountable for making decisions that are
29 based upon the individual's educational preparation and
30 experience in performing certified geriatric specialty
31 nursing.

1 (2) CERTIFICATION.--

2 (a) Any certified nursing assistant desiring to be
3 certified as a certified geriatric specialist shall apply to
4 the department and submit proof that he or she holds a current
5 certificate as a certified nursing assistant under this part
6 and has satisfactorily completed the following requirements:

7 1. Is in good mental and physical health, is a
8 recipient of a high school diploma or its equivalent and has
9 completed the requirements for graduation from an approved
10 program for nursing or its equivalent, as determined by the
11 board, for the preparation of licensed practical nurses,
12 except for instruction and clinical knowledge of pediatric
13 nursing or obstetric/maternal-child nursing. Any program that
14 is approved on July 1, 2003, by the board for the preparation
15 of registered nurses or licensed practical nurses may provide
16 education for the preparation of certified geriatric
17 specialists without further board approval.

18 2. Has the ability to communicate in the English
19 language, which may be determined by an examination given by
20 the department.

21 3. Has provided sufficient information, which must be
22 submitted by the department for a statewide criminal records
23 correspondence check through the Department of Law
24 Enforcement.

25 (b) Each applicant who meets the requirements of this
26 subsection shall, unless denied pursuant to s. 464.018, be
27 entitled to certification as a certified geriatric specialist.
28 The board shall certify, and the department shall issue a
29 certificate to practice as a certified geriatric specialist
30 to, any certified nursing assistant meeting the qualifications
31 in this section. The board shall establish an application fee

1 not to exceed \$100 and a biennial renewal fee not to exceed
2 \$50. The board may adopt rules to administer this section.

3 (c) A person receiving certification under this
4 section shall:

5 1. Work only within the confines of a facility
6 licensed under part II or part III of chapter 400.

7 2. Care for geriatric patients only.

8 3. Comply with the minimum standards of practice for
9 nurses and be subject to disciplinary action for violations of
10 s. 464.018.

11 (3) ARTICULATION.--Any certified geriatric specialist
12 who completes the additional instruction and coursework in an
13 approved nursing program pursuant to s. 464.019 for the
14 preparation of practical nursing in the areas of pediatric
15 nursing and obstetric/maternal-child nursing shall, unless
16 denied pursuant to s. 464.018, be entitled to licensure as a
17 licensed practical nurse if the applicant otherwise meets the
18 requirements of s. 464.008.

19 (4) TITLES AND ABBREVIATIONS; RESTRICTIONS;
20 PENALTIES.--

21 (a) Only persons who hold certificates to practice as
22 certified geriatric specialists in this state or who are
23 performing services within the practice of certified geriatric
24 specialty nursing pursuant to the exception set forth in s.
25 464.022(8) shall have the right to use the title "Certified
26 Geriatric Specialist" and the abbreviation "C.G.S."

27 (b) No person shall practice or advertise as, or
28 assume the title of, certified geriatric specialist or use the
29 abbreviation "C.G.S." or take any other action that would lead
30 the public to believe that person was certified as such or is
31 performing services within the practice of certified geriatric

1 specialty nursing pursuant to the exception set forth in s.
2 464.022(8), unless that person is certified to practice as
3 such.

4 (c) A violation of this subsection is a misdemeanor of
5 the first degree, punishable as provided in s. 775.082 or s.
6 775.083.

7 (5) VIOLATIONS AND PENALTIES.--Practicing certified
8 geriatric specialty nursing, as defined in this section,
9 without holding an active certificate to do so constitutes a
10 felony of the third degree, punishable as provided in s.
11 775.082, s. 775.083, or s. 775.084.

12 Section 10. Paragraph (b) of subsection (1) of section
13 381.00315, Florida Statutes, is amended to read:

14 381.00315 Public health advisories; public health
15 emergencies.--The State Health Officer is responsible for
16 declaring public health emergencies and issuing public health
17 advisories.

18 (1) As used in this section, the term:

19 (b) "Public health emergency" means any occurrence, or
20 threat thereof, whether natural or man made, which results or
21 may result in substantial injury or harm to the public health
22 from infectious disease, chemical agents, nuclear agents,
23 biological toxins, or situations involving mass casualties or
24 natural disasters. Prior to declaring a public health
25 emergency, the State Health Officer shall, to the extent
26 possible, consult with the Governor and shall notify the Chief
27 of Domestic Security Initiatives as created in s. 943.03. The
28 declaration of a public health emergency shall continue until
29 the State Health Officer finds that the threat or danger has
30 been dealt with to the extent that the emergency conditions no
31 longer exist and he or she terminates the declaration.

1 However, a declaration of a public health emergency may not
2 continue for longer than 60 days unless the Governor concurs
3 in the renewal of the declaration. The State Health Officer,
4 upon declaration of a public health emergency, may take
5 actions that are necessary to protect the public health. Such
6 actions include, but are not limited to:

7 1. Directing manufacturers of prescription drugs or
8 over-the-counter drugs who are permitted under chapter 499 and
9 wholesalers of prescription drugs located in this state who
10 are permitted under chapter 499 to give priority to the
11 shipping of specified drugs to pharmacies and health care
12 providers within geographic areas that have been identified by
13 the State Health Officer. The State Health Officer must
14 identify the drugs to be shipped. Manufacturers and
15 wholesalers located in the state must respond to the State
16 Health Officer's priority shipping directive before shipping
17 the specified drugs.

18 2. Notwithstanding chapters 465 and 499 and rules
19 adopted thereunder, directing pharmacists employed by the
20 department to compound bulk prescription drugs and provide
21 these bulk prescription drugs to physicians and nurses of
22 county health departments or any qualified person authorized
23 by the State Health Officer for administration to persons as
24 part of a prophylactic or treatment regimen.

25 3. Notwithstanding s. 456.036, temporarily
26 reactivating the inactive license of the following health care
27 practitioners, when such practitioners are needed to respond
28 to the public health emergency: physicians licensed under
29 chapter 458 or chapter 459; physician assistants licensed
30 under chapter 458 or chapter 459; certified geriatric
31 specialists certified under part I of chapter 464; licensed

1 practical nurses, registered nurses, and advanced registered
2 nurse practitioners licensed under part I of chapter 464;
3 respiratory therapists licensed under part V of chapter 468;
4 and emergency medical technicians and paramedics certified
5 under part III of chapter 401. Only those health care
6 practitioners specified in this paragraph who possess an
7 unencumbered inactive license and who request that such
8 license be reactivated are eligible for reactivation. An
9 inactive license that is reactivated under this paragraph
10 shall return to inactive status when the public health
11 emergency ends or prior to the end of the public health
12 emergency if the State Health Officer determines that the
13 health care practitioner is no longer needed to provide
14 services during the public health emergency. Such licenses may
15 only be reactivated for a period not to exceed 90 days without
16 meeting the requirements of s. 456.036 or chapter 401, as
17 applicable.

18 4. Ordering an individual to be examined, tested,
19 vaccinated, treated, or quarantined for communicable diseases
20 that have significant morbidity or mortality and present a
21 severe danger to public health. Individuals who are unable or
22 unwilling to be examined, tested, vaccinated, or treated for
23 reasons of health, religion, or conscience may be subjected to
24 quarantine.

25 a. Examination, testing, vaccination, or treatment may
26 be performed by any qualified person authorized by the State
27 Health Officer.

28 b. If the individual poses a danger to the public
29 health, the State Health Officer may subject the individual to
30 quarantine. If there is no practical method to quarantine the
31

1 individual, the State Health Officer may use any means
2 necessary to vaccinate or treat the individual.

3

4 Any order of the State Health Officer given to effectuate this
5 paragraph shall be immediately enforceable by a law
6 enforcement officer under s. 381.0012.

7 Section 11. Subsection (14) of section 400.021,
8 Florida Statutes, is amended to read:

9 400.021 Definitions.--When used in this part, unless
10 the context otherwise requires, the term:

11 (14) "Nursing service" means such services or acts as
12 may be rendered, directly or indirectly, to and in behalf of a
13 person by individuals as defined in ss.s-464.003 and
14 464.0125.

15 Section 12. Subsection (1) of section 400.211, Florida
16 Statutes, is amended to read:

17 400.211 Persons employed as nursing assistants;
18 certification requirement.--

19 (1) To serve as a nursing assistant in any nursing
20 home, a person must be certified as a nursing assistant under
21 part II of chapter 464, unless the person is a registered
22 nurse, a or practical nurse, or a certified geriatric
23 specialist certified or licensed in accordance with part I of
24 chapter 464 or an applicant for such licensure who is
25 permitted to practice nursing in accordance with rules adopted
26 by the Board of Nursing pursuant to part I of chapter 464.

27 Section 13. Paragraphs (a) and (c) of subsection (3)
28 of section 400.23, Florida Statutes, are amended to read:

29 400.23 Rules; evaluation and deficiencies; licensure
30 status.--

31

1 (3)(a) The agency shall adopt rules providing for the
2 minimum staffing requirements for nursing homes. These
3 requirements shall include, for each nursing home facility, a
4 minimum certified nursing assistant staffing of 2.3 hours of
5 direct care per resident per day beginning January 1, 2002,
6 increasing to 2.6 hours of direct care per resident per day
7 beginning January 1, 2003, and increasing to 2.9 hours of
8 direct care per resident per day beginning January 1, 2004.
9 Beginning January 1, 2002, no facility shall staff below one
10 certified nursing assistant per 20 residents, and a minimum
11 licensed nursing staffing of 1.0 hour of direct resident care
12 per resident per day but never below one licensed nurse per 40
13 residents. For purposes of computing nursing staffing minimums
14 and ratios, certified geriatric specialists shall be
15 considered licensed nursing staff.Nursing assistants employed
16 under s. 400.211(2) may be included in computing the staffing
17 ratio for certified nursing assistants only if they provide
18 nursing assistance services to residents on a full-time basis.
19 Each nursing home must document compliance with staffing
20 standards as required under this paragraph and post daily the
21 names of staff on duty for the benefit of facility residents
22 and the public. The agency shall recognize the use of licensed
23 nurses for compliance with minimum staffing requirements for
24 certified nursing assistants, provided that the facility
25 otherwise meets the minimum staffing requirements for licensed
26 nurses and that the licensed nurses so recognized are
27 performing the duties of a certified nursing assistant. Unless
28 otherwise approved by the agency, licensed nurses counted
29 towards the minimum staffing requirements for certified
30 nursing assistants must exclusively perform the duties of a
31 certified nursing assistant for the entire shift and shall not

1 also be counted towards the minimum staffing requirements for
2 licensed nurses. If the agency approved a facility's request
3 to use a licensed nurse to perform both licensed nursing and
4 certified nursing assistant duties, the facility must allocate
5 the amount of staff time specifically spent on certified
6 nursing assistant duties for the purpose of documenting
7 compliance with minimum staffing requirements for certified
8 and licensed nursing staff. In no event may the hours of a
9 licensed nurse with dual job responsibilities be counted
10 twice.

11 (c) Licensed practical nurses licensed under chapter
12 464 who are providing nursing services in nursing home
13 facilities under this part may supervise the activities of
14 other licensed practical nurses, certified geriatric
15 specialists, certified nursing assistants, and other
16 unlicensed personnel providing services in such facilities in
17 accordance with rules adopted by the Board of Nursing.

18 Section 14. Paragraph (b) of subsection (2) of section
19 409.908, Florida Statutes, is amended to read:

20 409.908 Reimbursement of Medicaid providers.--Subject
21 to specific appropriations, the agency shall reimburse
22 Medicaid providers, in accordance with state and federal law,
23 according to methodologies set forth in the rules of the
24 agency and in policy manuals and handbooks incorporated by
25 reference therein. These methodologies may include fee
26 schedules, reimbursement methods based on cost reporting,
27 negotiated fees, competitive bidding pursuant to s. 287.057,
28 and other mechanisms the agency considers efficient and
29 effective for purchasing services or goods on behalf of
30 recipients. If a provider is reimbursed based on cost
31 reporting and submits a cost report late and that cost report

1 would have been used to set a lower reimbursement rate for a
2 rate semester, then the provider's rate for that semester
3 shall be retroactively calculated using the new cost report,
4 and full payment at the recalculated rate shall be affected
5 retroactively. Medicare-granted extensions for filing cost
6 reports, if applicable, shall also apply to Medicaid cost
7 reports. Payment for Medicaid compensable services made on
8 behalf of Medicaid eligible persons is subject to the
9 availability of moneys and any limitations or directions
10 provided for in the General Appropriations Act or chapter 216.
11 Further, nothing in this section shall be construed to prevent
12 or limit the agency from adjusting fees, reimbursement rates,
13 lengths of stay, number of visits, or number of services, or
14 making any other adjustments necessary to comply with the
15 availability of moneys and any limitations or directions
16 provided for in the General Appropriations Act, provided the
17 adjustment is consistent with legislative intent.

18 (2)

19 (b) Subject to any limitations or directions provided
20 for in the General Appropriations Act, the agency shall
21 establish and implement a Florida Title XIX Long-Term Care
22 Reimbursement Plan (Medicaid) for nursing home care in order
23 to provide care and services in conformance with the
24 applicable state and federal laws, rules, regulations, and
25 quality and safety standards and to ensure that individuals
26 eligible for medical assistance have reasonable geographic
27 access to such care.

28 1. Changes of ownership or of licensed operator do not
29 qualify for increases in reimbursement rates associated with
30 the change of ownership or of licensed operator. The agency
31 shall amend the Title XIX Long Term Care Reimbursement Plan to

1 provide that the initial nursing home reimbursement rates, for
2 the operating, patient care, and MAR components, associated
3 with related and unrelated party changes of ownership or
4 licensed operator filed on or after September 1, 2001, are
5 equivalent to the previous owner's reimbursement rate.

6 2. The agency shall amend the long-term care
7 reimbursement plan and cost reporting system to create direct
8 care and indirect care subcomponents of the patient care
9 component of the per diem rate. These two subcomponents
10 together shall equal the patient care component of the per
11 diem rate. Separate cost-based ceilings shall be calculated
12 for each patient care subcomponent. The direct care
13 subcomponent of the per diem rate shall be limited by the
14 cost-based class ceiling, and the indirect care subcomponent
15 shall be limited by the lower of the cost-based class ceiling,
16 by the target rate class ceiling, or by the individual
17 provider target. The agency shall adjust the patient care
18 component effective January 1, 2002. The cost to adjust the
19 direct care subcomponent shall be net of the total funds
20 previously allocated for the case mix add-on. The agency shall
21 make the required changes to the nursing home cost reporting
22 forms to implement this requirement effective January 1, 2002.

23 3. The direct care subcomponent shall include salaries
24 and benefits of direct care staff providing nursing services
25 including registered nurses, licensed practical nurses,
26 certified geriatric specialists, certified under part I of
27 chapter 464,and certified nursing assistants who deliver care
28 directly to residents in the nursing home facility. This
29 excludes nursing administration, MDS, and care plan
30 coordinators, staff development, and staffing coordinator.

31

1 4. All other patient care costs shall be included in
2 the indirect care cost subcomponent of the patient care per
3 diem rate. There shall be no costs directly or indirectly
4 allocated to the direct care subcomponent from a home office
5 or management company.

6 5. On July 1 of each year, the agency shall report to
7 the Legislature direct and indirect care costs, including
8 average direct and indirect care costs per resident per
9 facility and direct care and indirect care salaries and
10 benefits per category of staff member per facility.

11 6. In order to offset the cost of general and
12 professional liability insurance, the agency shall amend the
13 plan to allow for interim rate adjustments to reflect
14 increases in the cost of general or professional liability
15 insurance for nursing homes. This provision shall be
16 implemented to the extent existing appropriations are
17 available.

18
19 It is the intent of the Legislature that the reimbursement
20 plan achieve the goal of providing access to health care for
21 nursing home residents who require large amounts of care while
22 encouraging diversion services as an alternative to nursing
23 home care for residents who can be served within the
24 community. The agency shall base the establishment of any
25 maximum rate of payment, whether overall or component, on the
26 available moneys as provided for in the General Appropriations
27 Act. The agency may base the maximum rate of payment on the
28 results of scientifically valid analysis and conclusions
29 derived from objective statistical data pertinent to the
30 particular maximum rate of payment.

31

1 Section 15. Subsection (2) of section 458.303, Florida
2 Statutes, is amended to read:

3 458.303 Provisions not applicable to other
4 practitioners; exceptions, etc.--

5 (2) Nothing in s. 458.301, s. 458.303, s. 458.305, s.
6 458.307, s. 458.309, s. 458.311, s. 458.313, s. 458.319, s.
7 458.321, s. 458.327, s. 458.329, s. 458.331, s. 458.337, s.
8 458.339, s. 458.341, s. 458.343, s. 458.345, or s. 458.347
9 shall be construed to prohibit any service rendered by a
10 registered nurse, ~~or~~ a licensed practical nurse, or a
11 certified geriatric specialist certified under part I of
12 chapter 464, if such service is rendered under the direct
13 supervision and control of a licensed physician who provides
14 specific direction for any service to be performed and gives
15 final approval to all services performed. Further, nothing in
16 this or any other chapter shall be construed to prohibit any
17 service rendered by a medical assistant in accordance with the
18 provisions of s. 458.3485.

19 Section 16. Subsection (1) and paragraph (a) of
20 subsection (2) of section 1009.65, Florida Statutes, are
21 amended to read:

22 1009.65 Medical Education Reimbursement and Loan
23 Repayment Program.--

24 (1) To encourage qualified medical professionals to
25 practice in underserved locations where there are shortages of
26 such personnel, there is established the Medical Education
27 Reimbursement and Loan Repayment Program. The function of the
28 program is to make payments that offset loans and educational
29 expenses incurred by students for studies leading to a medical
30 or nursing degree, medical or nursing licensure, or advanced
31 registered nurse practitioner certification or physician

1 assistant licensure. The following licensed or certified
2 health care professionals are eligible to participate in this
3 program: medical doctors with primary care specialties,
4 doctors of osteopathic medicine with primary care specialties,
5 physician's assistants, certified geriatric specialists
6 certified under part I of chapter 464, licensed practical
7 nurses and registered nurses, and advanced registered nurse
8 practitioners with primary care specialties such as certified
9 nurse midwives. Primary care medical specialties for
10 physicians include obstetrics, gynecology, general and family
11 practice, internal medicine, pediatrics, and other specialties
12 which may be identified by the Department of Health.

13 (2) From the funds available, the Department of Health
14 shall make payments to selected medical professionals as
15 follows:

16 (a) Up to \$4,000 per year for certified geriatric
17 specialists certified under part I of chapter 464, licensed
18 practical nurses, and registered nurses, up to \$10,000 per
19 year for advanced registered nurse practitioners and
20 physician's assistants, and up to \$20,000 per year for
21 physicians. Penalties for noncompliance shall be the same as
22 those in the National Health Services Corps Loan Repayment
23 Program. Educational expenses include costs for tuition,
24 matriculation, registration, books, laboratory and other fees,
25 other educational costs, and reasonable living expenses as
26 determined by the Department of Health.

27 Section 17. Subsection (2) of section 1009.66, Florida
28 Statutes, is amended to read:

29 1009.66 Nursing Student Loan Forgiveness Program.--

30 (2) To be eligible, a candidate must have graduated
31 from an accredited or approved nursing program and have

1 received a Florida license as a licensed practical nurse, a
2 certified geriatric specialist certified under part I of
3 chapter 464, or a registered nurse or a Florida certificate as
4 an advanced registered nurse practitioner.

5 Section 18. The sum of \$157,017 is appropriated from
6 the General Revenue Fund to the Agency for Workforce
7 Innovation to support the work of the Certified Geriatric
8 Specialty Nursing Initiative Steering Committee, to administer
9 the pilot sites, contract for an evaluation, and to provide,
10 if necessary, nursing faculty, substitute certified nursing
11 assistants for those who are in clinical education, and
12 technical support to the pilot sites during the 2003-2004
13 fiscal year.

14 Section 19. Subsection (6) is added to section
15 464.201, Florida Statutes, to read:

16 464.201 Definitions.--As used in this part, the term:

17 (6) "Practice of a certified nursing assistant" means
18 providing care and assisting persons with tasks relating to
19 the activities of daily living. Such tasks are those
20 associated with personal care, maintaining mobility, nutrition
21 and hydration, toileting and elimination, assistive devices,
22 safety and cleanliness, data gathering, reporting abnormal
23 signs and symptoms, post mortem care, patient socialization
24 and reality orientation, end-of-life care, CPR and emergency
25 care, residents' or patients' rights, documentation of nursing
26 assistant services, and other tasks that a certified nurse
27 assistant may perform after training beyond that required for
28 initial certification and upon validation of competence in
29 that skill by a registered nurse. This section does not
30 restrict the ability of any person who is otherwise trained
31 and educated from performing such tasks.

1 Section 20. Section 464.202, Florida Statutes, is
2 amended to read:

3 464.202 Duties and powers of the board.--The board
4 shall maintain, or contract with or approve another entity to
5 maintain, a state registry of certified nursing assistants.
6 The registry must consist of the name of each certified
7 nursing assistant in this state; other identifying information
8 defined by board rule; certification status; the effective
9 date of certification; other information required by state or
10 federal law; information regarding any crime or any abuse,
11 neglect, or exploitation as provided under chapter 435; and
12 any disciplinary action taken against the certified nursing
13 assistant. The registry shall be accessible to the public, the
14 certificateholder, employers, and other state agencies. The
15 board shall adopt by rule testing procedures for use in
16 certifying nursing assistants and shall adopt rules regulating
17 the practice of certified nursing assistants which specify the
18 scope of practice authorized and level of supervision required
19 for the practice of certified nursing assistants ~~to enforce~~
20 ~~this part~~. The board may contract with or approve another
21 entity or organization to provide the examination services,
22 including the development and administration of examinations.
23 The board shall require that the contract provider offer
24 certified nursing assistant applications via the Internet, and
25 may require the contract provider to accept certified nursing
26 assistant applications for processing via the Internet. The
27 board shall require the contract provider to provide the
28 preliminary results of the certified nursing examination on
29 the date the test is administered. The provider shall pay all
30 reasonable costs and expenses incurred by the board in
31 evaluating the provider's application and performance during

1 the delivery of services, including examination services and
2 procedures for maintaining the certified nursing assistant
3 registry.

4 Section 21. James and Esther King Center for Universal
5 Research to Eradicate Disease.--

6 (1) The Legislature finds that an estimated 128
7 million Americans suffer from acute, chronic, and degenerative
8 diseases and that biomedical research is the key to finding
9 cures for these diseases that negatively affect all
10 Floridians. The Legislature further finds that, while there is
11 much research being conducted throughout this state and
12 throughout the world, there is a lack of coordination of
13 efforts among researchers. The Legislature, therefore, finds
14 that there is a significant need for a coordinated effort if
15 the goal of curing disease is to be achieved. Moreover, the
16 Legislature finds that the biomedical technology sector meets
17 the criteria of a high-impact sector, pursuant to section
18 288.108, Florida Statutes, having a high importance to this
19 state's economy with a significant potential for growth and
20 contribution to our universities and quality of life.

21 (2) It is the intent of the Legislature that Florida
22 strive to become the nation's leader in biomedical research
23 and commit itself to being the state to find cures for the
24 most deadly and widespread diseases. It is further the intent
25 of the Legislature that there be a coordinated effort among
26 the state's public and private universities and the biomedical
27 industry to discover such cures. Moreover, it is the intent of
28 the Legislature to expand the state economy by attracting
29 biomedical researchers and research companies to this state.

30
31

1 (3) There is established the James and Esther King
2 Center for Universal Research to Eradicate Disease, which
3 shall be known as the "CURED."

4 (a) The purpose of the center is to coordinate,
5 improve, expand, and monitor all biomedical research programs
6 within the state, facilitate funding opportunities, and foster
7 improved technology transfer of research findings into
8 clinical trials and widespread public use.

9 (b) The goal of the center is to find cures for
10 diseases such as cancer, heart disease, lung disease,
11 diabetes, and neurological disorders, including Alzheimer's
12 disease, epilepsy, and Parkinson's disease.

13 (c) The center shall hold an annual biomedical
14 technology summit in Florida to which biomedical researchers,
15 biomedical technology companies, business incubators,
16 pharmaceutical manufacturers, and others around the nation and
17 world are invited to share biomedical research findings in
18 order to expedite the discovery of cures. Summit attendees
19 will be required to cover the costs of such attendance or
20 obtain sponsorship for such attendance.

21 (d) The center shall encourage clinical trials in this
22 state on research that holds promise of curing a disease or
23 condition. The center shall facilitate partnerships between
24 researchers, treating physicians, and community hospitals for
25 the purpose of sharing new techniques and new research
26 findings, as well as coordinating voluntary donations to
27 ensure an adequate supply of adult stem cells or cord blood.

28 (e) The center shall also encourage the discovery and
29 production in Florida of vaccines that prevent disease.

30 (f) The center shall monitor the supply and demand
31 needs of researchers relating to stem cell research and other

1 types of human tissue research. If the center determines that
2 there is a need for increased donation of human tissue, it
3 shall notify hospitals licensed pursuant to chapter 395,
4 Florida Statutes, that have entered into partnership
5 agreements with research institutes conducting stem cell
6 research located in the same geographic region as the
7 researchers demanding the stem cells or other tissues. Such
8 hospitals shall then implement programs that encourage
9 voluntary donations of cord blood or other needed adult
10 tissue.

11 (g) The center shall be funded through private, state,
12 and federal sources.

13 (h) The center shall serve as a registry of all known
14 biomedical grant opportunities and may assist any public or
15 private biomedical research program in this state in preparing
16 grant requests.

17 (i) The center shall maintain a website with links to
18 peer-reviewed biomedical research. The website shall also
19 contain a list of all known biomedical research being
20 conducted in Florida and shall facilitate communication among
21 researchers and other interested parties.

22 (j) The center shall submit an annual report to the
23 Governor, the President of the Senate, and the Speaker of the
24 House of Representatives no later than January 15 which
25 contains recommendations for legislative change necessary to
26 foster a positive climate for biomedical research in this
27 state.

28 (k) The duties of the center may be outsourced by the
29 Department of Health to a private entity or state university.

30 (4) There is established within the center an advisory
31 council which shall meet at least annually.

1 (a) The council shall consist of the members of the
2 board of directors of the Florida Research Consortium and at
3 least one representative from:

4 1. The Emerging Technology Commission.

5 2. Enterprise Florida, Inc.

6 3. BioFlorida.

7 4. The Florida Biomedical Research Advisory Council.

8 5. The Florida Medical Foundation.

9 6. Pharmaceutical Research and Manufacturers of
10 America.

11 (b) Members of the council shall serve without
12 compensation and each organization represented shall cover all
13 expenses of its representative.

14 Section 22. Paragraphs (a) and (b) of subsection (1),
15 subsection (2), and paragraph (f) of subsection (10) of
16 section 215.5602, Florida Statutes, are amended to read:

17 215.5602 Florida Biomedical Research Program.--

18 (1) There is established within the Department of
19 Health the Florida Biomedical Research Program funded by the
20 proceeds of the Lawton Chiles Endowment Fund pursuant to s.
21 215.5601. The purpose of the Florida Biomedical Research
22 Program is to provide an annual and perpetual source of
23 funding in order to support research initiatives that address
24 the health care problems of Floridians in the areas of
25 tobacco-related cancer, cardiovascular disease, stroke, and
26 pulmonary disease. The long-term goals of the program are to:

27 (a) Improve the health of Floridians by researching
28 better prevention, diagnoses, ~~and~~ treatments, and cures for
29 cancer, cardiovascular disease, stroke, and pulmonary disease.

30 (b) Expand the foundation of biomedical knowledge
31 relating to the prevention, diagnosis, ~~and~~ treatment, and cure

1 of diseases related to tobacco use, including cancer,
2 cardiovascular disease, stroke, and pulmonary disease.

3 (2) Funds appropriated for the Florida Biomedical
4 Research Program shall be used exclusively for the award of
5 grants and fellowships as established in this section; for
6 research relating to the prevention, diagnosis, ~~and~~ treatment,
7 and cure of diseases related to tobacco use, including cancer,
8 cardiovascular disease, stroke, and pulmonary disease; and for
9 expenses incurred in the administration of this section.
10 Priority shall be granted to research designed to prevent or
11 cure disease.

12 (10) The council shall submit an annual progress
13 report on the state of biomedical research in this state to
14 the Governor, the Secretary of Health, the President of the
15 Senate, and the Speaker of the House of Representatives by
16 February 1. The report must include:

17 (f) Progress in the prevention, diagnosis, ~~and~~
18 treatment, and cure of diseases related to tobacco use,
19 including cancer, cardiovascular disease, stroke, and
20 pulmonary disease.

21 Section 23. Florida Cancer Research Cooperative.--

22 (1) Effective July 1, 2003, the Florida Cancer
23 Research Cooperative is established for the purpose of making
24 the State of Florida a world class center for cancer research.

25 (2)(a) A not-for-profit corporation, acting as an
26 instrumentality of the Florida Dialogue on Cancer, shall be
27 organized for the purpose of governing the affairs of the
28 cooperative.

29 (b) The Florida Cancer Research Cooperative, Inc., may
30 create not-for-profit corporate subsidiaries to fulfill its
31 mission. The not-for-profit corporation and its subsidiaries

1 are authorized to receive, hold, invest, and administer
2 property and any moneys acquired from private, local, state,
3 and federal sources, as well as technical and professional
4 income generated or derived from the mission-related
5 activities of the cooperative.

6 (c) The affairs of the not-for-profit corporation
7 shall be managed by a board of directors which shall consist
8 of:

9 1. The Secretary of the Department of Health or his or
10 her designee;

11 2. The Chief Executive Officer of the H. Lee Moffitt
12 Cancer Center or his or her designee;

13 3. The President of the University of Florida Shands
14 Cancer Center or his or her designee;

15 4. The Chief Executive Officer of the University of
16 Miami Sylvester Comprehensive Cancer Center or his or her
17 designee;

18 5. The Chief Executive Officer of the Mayo Clinic,
19 Jacksonville or his or her designee;

20 6. The Chief Executive Officer of the American Cancer
21 Society, Florida Division or his or her designee;

22 7. The President of the American Cancer Society,
23 Florida Division Board of Directors or his or her designee;

24 8. The President of the Florida Society of Clinical
25 Oncology or his or her designee;

26 9. The Chief Executive Officer of Enterprise Florida,
27 Inc., or his or her designee;

28 10. Three representatives from large Florida hospitals
29 or institutions, not delineated in subparagraphs 1. through
30 6., that treat a large volume of cancer patients. One shall be
31 appointed by the Governor, one shall be appointed by the

1 Speaker of the House of Representatives, and one shall be
2 appointed by the President of the Senate;

3 11. Three representatives from community-based,
4 statewide organizations serving populations that experience
5 cancer disparities, one of whom shall be appointed by the
6 Governor, one of whom shall be appointed by the Speaker of the
7 House of Representatives, and one of whom shall be appointed
8 by the President of the Senate;

9 12. One member of the Florida House of
10 Representatives, to be appointed by the Speaker of the House
11 of Representatives;

12 13. One member of the Florida Senate, to be appointed
13 by the President of the Senate;

14 14. Three university presidents, one of whom shall be
15 appointed by the Governor, one of whom shall be appointed by
16 the Speaker of the House of Representatives, and one of whom
17 shall be appointed by the President of the Senate; and

18 15. Five representatives from other statewide public
19 health organizations whose missions include public education
20 and the eradication of cancer, three of whom shall be
21 appointed by the Governor, one of whom shall be appointed by
22 the Speaker of the House of Representatives, and one of whom
23 shall be appointed by the President of the Senate.

24 (d) Appointments made by the Speaker of the House of
25 Representatives and the President of the Senate pursuant to
26 paragraph (c) shall be for 2-year terms, concurrent with the
27 bienniums in which they serve as presiding officers.

28 (e) Appointments made by the Governor pursuant to
29 paragraph (c) shall be for 2-year terms, although the Governor
30 may reappoint directors.

31

1 (f) Members of the board of directors of the
2 not-for-profit corporation or any subsidiaries shall serve
3 without compensation.

4 (3) The cooperative shall issue an annual report to
5 the Governor, the Speaker of the House of Representatives, and
6 the President of the Senate, by December 15 of each year, with
7 policy and funding recommendations regarding cancer research
8 capacity in Florida and related issues.

9 Section 24. Florida Cancer Research Cooperative;
10 mission and duties.--

11 (1) The cooperative shall develop and centralize the
12 processes and shared services for expanding cancer research in
13 Florida through:

14 (a) Support through bioinformatics, in order to create
15 a cancer informatics infrastructure that enhances information
16 and resource exchange and integration through researchers
17 working in diverse disciplines to facilitate the full spectrum
18 of cancer investigations;

19 (b) Technical coordination, business development, and
20 support of intellectual property;

21 (c) Development of a statewide cancer clinical trials
22 network as contemplated in section 1; and

23 (d) Other multidisciplinary research support
24 activities.

25 (2) The cooperative shall work in concert with the
26 Center for Universal Research to Eradicate Disease created in
27 section 1 to ensure that the goals of the center are advanced.

28 Section 25. Section 484.0512, Florida Statutes, is
29 amended to read:

30
31

1 484.0512 Thirty-day trial period; purchaser's right to
2 cancel; notice; refund; cancellation fee; criminal penalty
3 procedures.--

4 (1) A person selling a hearing aid in this state must
5 provide the buyer with written notice of a 30-day trial period
6 and money-back guarantee. The guarantee must permit the
7 purchaser to cancel the purchase for a valid reason as defined
8 by rule of the board within 30 days after receiving the
9 hearing aid, by returning the hearing aid or mailing written
10 notice of cancellation to the seller. If the hearing aid must
11 be repaired, remade, or adjusted during the 30-day trial
12 period, the running of the 30-day trial period is suspended 1
13 day for each 24-hour period that the hearing aid is not in the
14 purchaser's possession. A repaired, remade, or adjusted
15 hearing aid must be claimed by the purchaser within 3 working
16 days after notification of availability. The running of the
17 30-day trial period resumes on the day the purchaser reclaims
18 the repaired, remade, or adjusted hearing aid or on the fourth
19 day after notification of availability.

20 (2) The board, in consultation with the Board of
21 Speech-Language Pathology and Audiology, shall prescribe by
22 rule the terms and conditions to be contained in the
23 money-back guarantee and any exceptions thereto. Such rule
24 shall provide, at a minimum, that the charges for earmolds and
25 service provided to fit the hearing aid may be retained by the
26 licensee. The rules shall also set forth any reasonable
27 charges to be held by the licensee as a cancellation fee. Such
28 rule shall be effective on or before December 1, 1994. Should
29 the board fail to adopt such rule, a licensee may not charge a
30 cancellation fee which exceeds 5 percent of the total charge
31 for a hearing aid alone. The terms and conditions of the

1 guarantee, including the total amount available for refund,
2 shall be provided in writing to the purchaser prior to the
3 signing of the contract.

4 (3) Within 30 days after the return or attempted
5 return of the hearing aid, the seller shall refund all moneys
6 that must be refunded to a purchaser pursuant to this section.
7 A violation of this subsection is a misdemeanor of the first
8 degree, punishable as provided in s. 775.082 or s. 775.083.

9 (4) For purposes of this section, the term "seller" or
10 "person selling a hearing aid" includes:

11 (a) Any natural person licensed under this part or any
12 other natural person who signs a sales receipt required by s.
13 484.051(2) or s. 468.1245(2) or who otherwise fits, delivers,
14 or dispenses a hearing aid.

15 (b) Any business organization, whether a sole
16 proprietorship, partnership, corporation, professional
17 association, joint venture, business trust, or other legal
18 entity, which dispenses a hearing aid or enters into an
19 agreement to dispense a hearing aid.

20 (c) Any person who controls, manages, or operates an
21 establishment or business that dispenses a hearing aid or
22 enters into an agreement to dispense a hearing aid.

23 Section 26. Effective upon this act becoming a law,
24 subsection (1) of section 456.073, Florida Statutes, is
25 amended to read:

26 456.073 Disciplinary proceedings.--Disciplinary
27 proceedings for each board shall be within the jurisdiction of
28 the department.

29 (1) The department, for the boards under its
30 jurisdiction, shall cause to be investigated any complaint
31 that is filed before it if the complaint is in writing, signed

1 by the complainant, and legally sufficient. A complaint filed
2 by a state prisoner against a health care practitioner
3 employed by or otherwise providing health care services within
4 a facility of the Department of Corrections is not legally
5 sufficient unless there is a showing that the prisoner
6 complainant has exhausted all available administrative
7 remedies within the state correctional system before filing
8 the complaint. However, if the department determines after a
9 preliminary inquiry of a state prisoner's complaint, that the
10 practitioner may present a serious threat to the health and
11 safety of any individual who is not a state prisoner, the
12 department may determine legal sufficiency and proceed with
13 discipline. The Department of Health shall be notified within
14 15 days whenever the Department of Corrections disciplines or
15 allows a health care practitioner to resign for an offense
16 related to the practice of his or her profession. A complaint
17 is legally sufficient if it contains ultimate facts that show
18 that a violation of this chapter, of any of the practice acts
19 relating to the professions regulated by the department, or of
20 any rule adopted by the department or a regulatory board in
21 the department has occurred. In order to determine legal
22 sufficiency, the department may require supporting information
23 or documentation. The department may investigate, and the
24 department or the appropriate board may take appropriate final
25 action on, a complaint even though the original complainant
26 withdraws it or otherwise indicates a desire not to cause the
27 complaint to be investigated or prosecuted to completion. The
28 department may investigate an anonymous complaint if the
29 complaint is in writing and is legally sufficient, if the
30 alleged violation of law or rules is substantial, and if the
31 department has reason to believe, after preliminary inquiry,

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

29 Section 27. (1) The Division of Medical Quality
30 Assurance of the Department of Health shall conduct a study of
31 clinical and academic training requirements of certified

1 optometric practitioners, licensed pursuant to chapter 463,
2 Florida Statutes, to determine the extent to which prescribing
3 authority may be expanded. The study group shall be composed
4 of the following members:

5 (a) One pharmacologist representing the University of
6 Florida;

7 (b) One pharmacologist representing Nova Southeastern
8 University;

9 (c) One pharmacologist representing Florida
10 Agricultural and Mechanical University;

11 (d) One ophthalmologist representing Mayo Clinic
12 Jacksonville;

13 (e) One ophthalmologist representing Bascom Palmer Eye
14 Institute;

15 (f) One board-certified internist appointed by the
16 University of South Florida;

17 (g) One optometrist representing the Florida Board of
18 Optometry;

19 (h) One certified optometric practitioner representing
20 the Florida Optometric Association; and

21 (i) One certified optometric practitioner appointed by
22 the Nova Southeastern University College of Optometry.

23 (2) The study group shall be chaired by the Secretary
24 of Health or his or her designee. The study shall be completed
25 and a final report presented to the Governor, the President of
26 the Senate, and the Speaker of the House of Representatives by
27 January 15, 2004. If applicable, a minority report shall be
28 completed and presented to the Governor, the President of the
29 Senate, and the Speaker of the House of Representatives by
30 January 31, 2004.

31

1 (3) This section shall take effect upon becoming a
2 law.

3 Section 28. Present subsection (4) of section
4 465.0265, Florida Statutes, is redesignated as subsection (5),
5 and a new subsection (4) is added to that section, to read:

6 465.0265 Centralized prescription filling.--

7 (4) Pharmacies accessing the same prescription records
8 in a centralized database or pharmacy computers linked in any
9 other manner may refill or dispense prescriptions at the
10 request of another pharmacy so linked if the pharmacies have
11 the same owner or have a written contract specifying the
12 services to be provided by each pharmacy, the responsibilities
13 of each pharmacy, and the manner in which the pharmacies will
14 comply with federal and state laws and rules. Prescriptions
15 refilled or dispensed using such a system shall not be
16 considered prescription transfers or copies if the computer
17 system registers a complete and full audit trail of all
18 activities and includes the identification of the pharmacies
19 and pharmacists accessing the centralized database and if the
20 system restricts access to the computerized prescription
21 records to pharmacies or other authorized personnel.

22 Section 29. Subsection (2) of section 466.006, Florida
23 Statutes, is amended to read:

24 466.006 Examination of dentists.--

25 (2) An applicant shall be entitled to take the
26 examinations required in this section to practice dentistry in
27 this state if the applicant:

28 (a) Is 18 years of age or older.

29 (b)1. Is a graduate of a dental school accredited by
30 the Commission on Accreditation of the American Dental
31

1 Association or its successor agency, if any, or any other
2 nationally recognized accrediting agency; ~~or-~~

3 2. Is a dental student in the final year of a program
4 at such an accredited school who has completed all the
5 coursework necessary to prepare the student to perform the
6 clinical and diagnostic procedures required to pass the
7 examinations. With respect to a dental student in the final
8 year of a program at a dental school, a passing score on the
9 examinations is valid for 180 days after the date the
10 examinations were completed. A dental school student who takes
11 the licensure examinations during the student's final year of
12 an approved dental school must have graduated before being
13 certified for licensure pursuant to s. 466.011.

14 (c) Has successfully completed the National Board of
15 Dental Examiners dental examination within 10 years of the
16 date of application.

17 Section 30. Section 466.0065, Florida Statutes, is
18 created to read:

19 466.0065 Regional licensure examinations.--

20 (1) It is the intent of the Legislature that schools
21 of dentistry be allowed to offer regional licensure
22 examinations to dental students who are in the final year of a
23 program at an approved dental school for the sole purpose of
24 facilitating the student's licensing in other jurisdictions.
25 This section does not allow a person to be licensed as a
26 dentist in this state without taking the examinations as set
27 forth in s. 466.006, nor does this section mean that regional
28 examinations administered under this section may be
29 substituted for complying with testing requirements under s.
30 466.006.

31

1 (2) Each school of dentistry in this state which is
2 accredited by the Commission on Accreditation of the American
3 Dental Association or its successor agency may, upon written
4 approval by the Board of Dentistry, offer regional licensure
5 examinations only to dental students in the final year of a
6 program at an approved dental school, if the board has
7 approved the hosting school's written plan to comply with the
8 following conditions:

9 (a) The examining body must be a member of the
10 American Association of Dental Examiners.

11 (b) The student must have successfully completed parts
12 I and II of the National Board of Dental Examiners examination
13 within 2 years before taking the regional examination.

14 (c) The student must possess medical malpractice
15 insurance in amounts that the board determines to be
16 sufficient to cover any reasonably foreseeable incident of harm
17 to a patient during the clinical portion of the regional
18 examination.

19 (d) At least one of the examination monitors must be a
20 dentist licensed in this state who has completed all necessary
21 standardization exercises required by the regional examination
22 body.

23 (e) Adequate arrangements must be made, when
24 necessary, for patients who require followup care as a result
25 of procedures performed during the clinical portion of the
26 regional examination.

27 (f) The board chair or the chair's designee must be
28 allowed to observe testing while it is in progress.

29 (g) Each student, upon applying to take the regional
30 examination, must receive written disclosure in at least
31 12-point boldface type which states: "This examination does

1 not meet the licensure requirements of chapter 466, Florida
2 Statutes, for licensure in the State of Florida. Persons
3 wishing to practice dentistry in Florida must pass the Florida
4 licensure examinations. For more information on Florida's
5 licensure examination procedures, please contact the Florida
6 Board of Dentistry."

7 (h) The student must be enrolled as a dental student
8 in the student's final year of a program at an approved dental
9 school that is accredited by the Commission on Accreditation
10 of the American Dental Association or its successor agency.

11 (i) The student must have completed all the coursework
12 necessary to prepare the student to perform all clinical and
13 diagnostic procedures required to pass the regional
14 examination.

15 (j) The student's academic record must not include any
16 evidence suggesting that the student poses an unreasonable
17 risk to any live patients who are required for the clinical
18 portion of the regional examination. In order to protect the
19 health and safety of the public, the board may request
20 additional information and documents pertaining to the
21 candidate's mental and physical health in order to fully
22 assess the candidate's fitness to engage in exercises
23 involving a live patient.

24 (3) A student who takes the examination pursuant to
25 this section, a dental school that submits a plan pursuant to
26 this section, or a regional examination body that a dental
27 school proposes to host under this section does not have
28 standing to assert that a state agency has taken action for
29 which a hearing may be sought under ss. 120.569 and 120.57.

30 Section 31. This act may be cited as the "Nick Oelrich
31 Gift of Life Act."

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

3 765.512 Persons who may make an anatomical gift.--

4 (1) Any person who may make a will may give all or
5 part of his or her body for any purpose specified in s.
6 765.510, the gift to take effect upon death. An anatomical
7 gift made by an adult donor and not revoked by the donor as
8 provided in s. 765.516 is irrevocable ~~and does not require the~~
9 ~~consent or concurrence of any person~~ after the donor's death.
10 A family member, guardian, representative ad litem, or health
11 care surrogate of an adult donor who has made an anatomical
12 gift pursuant to subsection (2) may not modify, deny or
13 prevent a donor's wish or intent to make an anatomical gift
14 from being made after the donor's death.

15 (2) If the decedent has executed an agreement
16 concerning an anatomical gift, by including signing an organ
17 and tissue donor card, by expressing his or her wish to donate
18 in a living will or advance directive, or by signifying his or
19 her intent to donate on his or her driver's license or in some
20 other written form has indicated his or her wish to make an
21 anatomical gift, and in the absence of actual notice of
22 contrary indications by the decedent, the document is evidence
23 of legally sufficient informed consent to donate an anatomical
24 gift and is legally binding. Any surrogate designated by the
25 decedent pursuant to part II of this chapter may give all or
26 any part of the decedent's body for any purpose specified in
27 s. 765.510.

28 (6) A gift of all or part of a body authorizes:

29 (a) Any examination necessary to assure medical
30 acceptability of the gift for the purposes intended.

31

1 (b) The decedent's medical provider, family, or a
2 third party to furnish medical records requested concerning
3 the decedent's medical and social history.

4 Section 33. Section 765.516, Florida Statutes, is
5 amended to read:

6 765.516 Amendment of the terms of or the revocation of
7 the gift.--

8 (1) A donor may amend the terms of or revoke an
9 anatomical gift by:

10 (a) The execution and delivery to the donee of a
11 signed statement.

12 (b) An oral statement that is⁺

13 ~~1. Made to the donor's spouse; or~~

14 ~~2. made in the presence of two persons, one of whom~~
15 must not be a family member, and communicated to the donor's
16 family or attorney or to the donee.

17 (c) A statement during a terminal illness or injury
18 addressed to an attending physician, who must communicate the
19 revocation of the gift to the procurement organization that is
20 certified by the state.

21 (d) A signed document found on or about the donor's
22 person ~~or in the donor's effects.~~

23 (2) Any gift made by a will may also be amended or
24 revoked in the manner provided for amendment or revocation of
25 wills or as provided in subsection (1).

26 Section 34. Subsection (1) of section 765.401, Florida
27 Statutes, is amended to read:

28 765.401 The proxy.--

29 (1) If an incapacitated or developmentally disabled
30 patient has not executed an advance directive, or designated a
31 surrogate to execute an advance directive, or the designated

1 or alternate surrogate is no longer available to make health
2 care decisions, health care decisions may be made for the
3 patient by any of the following individuals, in the following
4 order of priority, if no individual in a prior class is
5 reasonably available, willing, or competent to act:

6 (a) The judicially appointed guardian of the patient
7 or the guardian advocate of the person having a developmental
8 disability as defined in s. 393.063, who has been authorized
9 to consent to medical treatment, if such guardian has
10 previously been appointed; however, this paragraph shall not
11 be construed to require such appointment before a treatment
12 decision can be made under this subsection;

13 (b) The patient's spouse;

14 (c) An adult child of the patient, or if the patient
15 has more than one adult child, a majority of the adult
16 children who are reasonably available for consultation;

17 (d) A parent of the patient;

18 (e) The adult sibling of the patient or, if the
19 patient has more than one sibling, a majority of the adult
20 siblings who are reasonably available for consultation;

21 (f) An adult relative of the patient who has exhibited
22 special care and concern for the patient and who has
23 maintained regular contact with the patient and who is
24 familiar with the patient's activities, health, and religious
25 or moral beliefs; ~~or~~

26 (g) A close friend of the patient; ~~or~~

27 (h) A clinical social worker licensed pursuant to
28 chapter 491, or a graduate of a court-approved guardianship
29 program. Such a proxy must be selected by the provider's
30 bioethics committee and must not be employed by the provider.
31 If the provider does not have a bioethics committee, then such

1 a proxy may be chosen through an arrangement with the
2 bioethics committee of another provider. The proxy must be
3 notified that upon request the provider shall make available a
4 second physician, not involved in the patient's care, to
5 assist the proxy in evaluating treatment. Decisions to
6 withhold or withdraw life-prolonging procedures must be
7 reviewed by the facility's bioethics committee. Documentation
8 of efforts to locate proxies from prior classes must be
9 recorded in the patient record.

10 Section 35. Subsection (22) is added to section
11 641.19, Florida Statutes, to read:

12 641.19 Definitions.--As used in this part, the term:
13 (22) "Specialty" does not include services performed
14 by a chiropractic physician licensed under chapter 460.

15 Section 36. Section 466.0065, Florida Statutes, is
16 created to read:

17 466.0065 Regional licensure examinations.--

18 (1) It is the intent of the Legislature that schools
19 of dentistry be allowed to offer regional licensure
20 examinations to dental students who are in the final year of
21 an approved dental school for the sole purpose of facilitating
22 the student's licensing in other jurisdictions. This section
23 does not allow a person to be licensed as a dentist in this
24 state without taking the examination as set forth in s.
25 466.006 nor does this section mean that regional examinations
26 administered under this section may be substituted for
27 complying with testing requirements under s. 466.006.

28 (2) Each school of dentistry in this state which is
29 accredited by the Commission on Accreditation of the American
30 Dental Association or its successor agency may, upon written
31 approval by the Board of Dentistry, offer regional licensure

1 examinations only to dental students in the final year of an
2 approved dental school, if the board has approved the hosting
3 school's submitted written plan to comply with the following
4 conditions:

5 (a) The examining body must be a member of the
6 American Association of Dental Examiners.

7 (b) The student must have successfully completed parts
8 I and II of the National Board of Dental Examiners
9 examination within 2 years before taking the regional
10 examination.

11 (c) The student must possess medical malpractice
12 insurance in amounts that the board determines to be
13 sufficient to cover any reasonably foreseeable incident of harm
14 to a patient during the clinical portion of the examination.

15 (d) The examination must be monitored by dentists
16 licensed in this state who are approved by the board and who
17 have completed a mandatory standardization exercise before
18 each practical or clinical examination.

19 (e) Adequate arrangements must be made, when
20 necessary, for patients who require followup care as a result
21 of procedures performed during the clinical portion of the
22 examination.

23 (f) The board chairman or the chairman's designee must
24 be allowed to observe testing while it is in progress.

25 (g) Each student, upon applying to take the regional
26 examination, must receive written disclosure in at least
27 12-point boldface type which states: "This examination does
28 not meet the licensure requirements of chapter 466, Florida
29 Statutes, for licensure in the State of Florida. Persons
30 wishing to practice dentistry in Florida must pass the Florida
31 licensure examination. For more information on Florida's

1 licensure examination procedures, please contact the Florida
2 Board of Dentistry."

3 (h) The student must be enrolled as a dental student
4 in his or her final year of an approved dental school that is
5 accredited by the Commission on Accreditation of the American
6 Dental Association or its successor agency.

7 (i) The student must have completed all the coursework
8 necessary to prepare him or her to perform all clinical and
9 didactic procedures required to pass the examination.

10 (j) The student's academic record must not include any
11 evidence suggesting that the student poses an unreasonable
12 risk to any live patients who are required for the clinical
13 examination. In order to protect the health and safety of the
14 residents of this state, the board may request additional
15 information and documents pertaining to the candidate's mental
16 and physical health in order to fully assess the candidate's
17 fitness to engage in exercises involving a live patient.

18 (3) A student who takes a regional examination
19 pursuant to this section does not have standing to assert that
20 a state agency has taken action for which a hearing may be
21 sought under ss. 120.569 and 120.57.

22 Section 37. The sum of \$58,179 is appropriated from
23 the Medical Quality Assurance Trust Fund to the Department of
24 Health, and one position is authorized for the purpose of
25 implementing sections 1 and 2 of this act during the 2003-2004
26 fiscal year.

27 Section 38. Paragraph (e) of subsection (2) of section
28 381.7353, Florida Statutes, is amended to read:

29 381.7353 Reducing Racial and Ethnic Health
30 Disparities: Closing the Gap grant program; administration;
31 department duties.--

1 (2) The department shall:

2 (e) Coordinate with existing community-based programs,
3 such as chronic disease community intervention programs,
4 cancer prevention and control programs, diabetes control
5 programs, oral health care programs, the Healthy Start
6 program, the Florida KidCare Program, the HIV/AIDS program,
7 immunization programs, and other related programs at the state
8 and local levels, to avoid duplication of effort and promote
9 consistency.

10 Section 39. Paragraph (a) of subsection (2) of section
11 381.7355, Florida Statutes, is amended to read:

12 381.7355 Project requirements; review criteria.--

13 (2) A proposal must include each of the following
14 elements:

15 (a) The purpose and objectives of the proposal,
16 including identification of the particular racial or ethnic
17 disparity the project will address. The proposal must address
18 one or more of the following priority areas:

19 1. Decreasing racial and ethnic disparities in
20 maternal and infant mortality rates.

21 2. Decreasing racial and ethnic disparities in
22 morbidity and mortality rates relating to cancer.

23 3. Decreasing racial and ethnic disparities in
24 morbidity and mortality rates relating to HIV/AIDS.

25 4. Decreasing racial and ethnic disparities in
26 morbidity and mortality rates relating to cardiovascular
27 disease.

28 5. Decreasing racial and ethnic disparities in
29 morbidity and mortality rates relating to diabetes.

30 6. Increasing adult and child immunization rates in
31 certain racial and ethnic populations.

1 7. Decreasing racial and ethnic disparities in oral
2 health care.

3 Section 40. Section 768.1335, Florida Statutes, is
4 created to read:

5 768.1335 Emergency Medical Dispatch Act;
6 presumption.--

7 (1) This section may be known by the popular name the
8 "Emergency Medical Dispatch Act."

9 (2) As used in this section:

10 (a) "Emergency medical dispatch" means the function of
11 utilizing emergency medical dispatch protocols.

12 (b) "Emergency medical dispatcher" means a person who
13 is trained or certified in the prompt and accurate processing
14 of calls for emergency medical assistance.

15 (c) "Emergency medical dispatch agency" means any
16 private or public entity that is responsible for the emergency
17 medical dispatch by emergency medical dispatchers.

18 (d) "Emergency medical dispatch protocol" means
19 guidelines for processing calls for emergency medical
20 assistance or for the dispatching of emergency medical
21 services in a prehospital setting, which are substantially
22 similar to standards set forth by the American Society for
23 Testing and Materials or the National Highway Traffic Safety
24 Administration and which have been incorporated into an
25 emergency medical dispatch training program.

26 (3) Notwithstanding any other provision of law to the
27 contrary and unless otherwise immune under s. 768.28, any
28 emergency medical dispatcher or the emergency medical dispatch
29 agency, its agents, or employees who utilize emergency medical
30 dispatch protocols are presumed not to have acted negligently
31 regarding any injuries or damages resulting from the use of

1 emergency medical dispatch protocols, if the emergency medical
2 dispatcher or the emergency dispatch agency, its agents, or
3 employees:

4 (a) Properly trained their emergency medical
5 dispatchers in an emergency medical dispatch that is
6 substantially similar to standards set forth by the American
7 Society for Testing and Materials or the National Highway
8 Traffic Safety Administration;

9 (b) Implemented standard practices and management for
10 emergency medical dispatch or practices that are substantially
11 similar to standards set forth by the American Society for
12 Testing and Materials or the National Highway Traffic Safety
13 Administration; and

14 (c) Utilized standard practices for training,
15 instructor qualification, and certification eligibility of
16 emergency medical dispatchers or standards that are
17 substantially similar to the American Society for Testing and
18 Materials or the National Highway Traffic Safety
19 Administration.

20 Section 41. Section 401.111, Florida Statutes, is
21 amended to read:

22 401.111 Emergency medical services grant program;
23 authority.--The department is hereby authorized to make grants
24 to local agencies and emergency medical services organizations
25 in accordance with any agreement entered into pursuant to this
26 part. These grants shall be designed to assist said agencies
27 and organizations in providing emergency medical services,
28 including emergency medical dispatch. The cost of
29 administering this program shall be paid by the department
30 from funds appropriated to it.

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1 Section 42. This act shall take effect July 1, 2003,
2 except that sections 40 and 41 of this act shall take effect
3 September 11, 2003.

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