A bill to be entitled 2 An act relating to human health; amending s. 3 381.005, F.S.; requiring hospitals to offer 4 immunizations against the influenza virus and 5 pneumococcal bacteria to all patients 65 years 6 of age or older during specified time periods, 7 subject to the availability of the vaccines; 8 amending s. 395.003, F.S.; requiring a report 9 by the Agency for Health Care Administration regarding the licensure of emergency 10 departments located off the premises of 11 hospitals; prohibiting the issuance of licenses 12 13 for such departments before July 1, 2005; 14 amending s. 395.003, F.S.; providing additional conditions for the licensure or relicensure of 15 hospitals; exempting currently licensed 16 hospitals; amending s. 395.0193, F.S., relating 17 18 to disciplinary powers; correcting references to the Division of Medical Quality Assurance 19 and the department; amending s. 395.0197, F.S.; 20 requiring the Agency for Health Care 21 22 Administration to forward reports of adverse 23 incidents to the division; amending s. 24 395.3025, F.S.; providing requirements for a facility administrator or records custodian 25 with respect to the certification of patient 26 records; specifying the charges for reproducing 27 28 records; revising purposes for which patient 29 records may be used; amending s. 395.7015, F.S., relating to annual assessments; 30 correcting cross-references; amending s. 31

1	400.141, F.S.; providing requirements for the
2	production of records by nursing home
3	facilities; amending s. 400.145, F.S.;
4	providing requirements for a facility
5	administrator or records custodian with respect
6	to the certification of patient records;
7	allowing facilities to charge a reasonable fee
8	for certain copies of documents which are
9	provided to the department; amending s.
10	400.147, F.S.; requiring the Agency for Health
11	Care Administration to provide certain reports
12	to the division; amending s. 400.211, F.S.;
13	revising inservice training requirements for
14	nursing assistants; correcting a
15	cross-reference; revising qualifications for
16	nursing assistants; correcting a
17	cross-reference; amending s. 400.215, F.S.;
18	providing that a person who has been screened
19	under certain provisions of law is not required
20	to be rescreened to be employed in a nursing
21	home; amending s. 400.423, F.S.; requiring the
22	Agency for Health Care Administration to
23	forward reports of adverse incidents to the
24	division; creating s. 400.455, F.S.; providing
25	requirements for the production of records by
26	assisted living facilities; amending s. 440.13,
27	F.S.; correcting a cross-reference; amending s.
28	456.005, F.S.; requiring the department to
29	obtain input from licensees in developing
30	long-range plans; amending s. 456.011, F.S.;
31	providing procedures for resolving a conflict

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between two or more boards; authorizing the Secretary of Health to resolve certain conflicts between boards; amending s. 456.012, F.S.; limiting challenges by a board to a declaratory statement; amending s. 456.013, F.S.; increasing the period of validity of a temporary license; authorizing a rule allowing coursework to be completed by certain teaching activities; revising requirements for wall certificates; amending s. 381.00593, F.S., relating to the public school volunteer program; correcting a cross-reference; amending s. 456.017, F.S.; revising requirements for examinations; authorizing the department to post scores on the Internet; creating s. 456.0195, F.S.; requiring continuing education concerning domestic violence, and HIV and AIDS; specifying course content; providing for disciplinary action for failure to comply with the requirements; amending s. 456.025, F.S.; revising reporting requirements for the department concerning management of the boards; deleting requirements for the Department of Health to administer an electronic continuing education tracking system for health care practitioners; creating s. 456.0251, F.S.; providing for enforcement of continuing education requirements required for license renewal; authorizing citations and fines to be imposed for failure to comply with required continuing education requirements; amending s.

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456.031, F.S.; revising requirements for continuing education concerning domestic violence; deleting a reporting requirement; amending ss. 456.036 and 456.037, F.S.; authorizing the board or department to require the display of a license; amending s. 456.039, F.S., relating to designated health care professionals; correcting a cross-reference; amending s. 456.057, F.S.; specifying the charges for healthcare practitioners to reproduce records for the Department of Health; amending s. 456.063, F.S.; authorizing the board or the department to adopt rules to determine the sufficiency of an allegation of sexual misconduct; amending s. 456.072, F.S.; revising certain grounds for disciplinary action; prohibiting the provision of a drug if the patient does not have a valid professional relationship with the prescribing practitioner; providing for disciplinary action against an impaired practitioner who is terminated from an impaired practitioner program for failure to comply, without good cause, with the terms of his or her monitoring or treatment contract; authorizing the department to impose a fee to defray the costs of monitoring a licensee's compliance with an order; amending s. 456.073, F.S.; revising certain procedures for investigations concerning a disciplinary proceeding; amending s. 457.105, F.S.; revising requirements for licensure to practice

1	acupuncture; amending s. 457.107, F.S.;
2	removing certain education programs as eligible
3	for continuing education credit; authorizing
4	the Board of Acupuncture to adopt rules for
5	establishing standards for providers of
6	continuing education activities; amending s.
7	457.109, F.S.; clarifying circumstances under
8	which the department may take disciplinary
9	action; amending s. 458.303, F.S., relating to
10	certain exceptions to the practice acts;
11	correcting cross-references; amending s.
12	458.311, F.S.; revising licensure requirements
13	for physicians; amending s. 458.3124, F.S.,
14	relating to restricted licenses; correcting a
15	cross-reference; amending s. 458.315, F.S.;
16	revising requirements for issuing a limited
17	license to practice as a physician; providing
18	for waiver of fees and assessments; amending s.
19	458.319, F.S., relating to continuing
20	education; conforming provisions; amending s.
21	458.320, F.S., relating to financial
22	responsibility; correcting a cross-reference;
23	amending s. 458.331, F.S.; revising
24	requirements for a physician in responding to a
25	complaint or other document; amending s.
26	458.345, F.S., relating to the registration of
27	residents, interns, and fellows; correcting a
28	cross-reference; amending s. 458.347, F.S.;
29	revising requirements for licensure as a
30	physician assistant; revising requirements for
31	temporary licensure; authorizing the board to

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mandate requirements for continuing medical education, including alternative methods for obtaining credits; amending s. 459.008, F.S.; authorizing the board to require by rule continuing medical education and approve alternative methods of obtaining credits; amending s. 459.015, F.S.; revising requirements for an osteopathic physician in responding to a complaint or other document; amending s. 459.021, F.S.; revising certain requirements for registration as a resident, intern, or fellow; amending s. 460.406, F.S., relating to the licensure of chiropractic physicians; correcting a reference; revising requirements for chiropractic physician licensure to allow a student in his or her final year of an accredited chiropractic school to apply for licensure; amending ss. 460.413 and 461.013, F.S.; revising requirements for a chiropractic physician and podiatric physician in responding to a complaint or other document; amending s. 461.014, F.S.; revising the interval at which hospitals with podiatric residency programs submit lists of podiatric residents; amending s. 463.006, F.S., relating to optometry; correcting a reference; amending and reenacting s. 464.009, F.S.; amending s. 464.0205, F.S., relating to volunteer nurses; correcting a cross-reference; amending s. 464.201, F.S.; defining the term "practice of a certified nursing assistant"; amending s.

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464.202, F.S.; requiring rules for practice as a certified nursing assistant which specify the scope of authorized practice and level of supervision required; amending s. 464.203, F.S.; revising screening requirements for certified nursing assistants; revising the requirements for conducting the background screening; requiring the Agency for Health Care Administration to post information relating to background screening in its database after January 1, 2005; requiring that the database be available to employers and prospective employers; amending s. 464.204, F.S., relating to disciplinary actions; clarifying a cross-reference; amending s. 465.0075, F.S.; clarifying requirements for certain continuing education for pharmacists; amending s. 465.022, F.S.; requiring that a pharmacy permit be issued only to a person or corporate officers who are 18 years of age or older and of good moral character; requiring that certain persons applying for a pharmacy permit submit fingerprints for a criminal history check; amending s. 465.023, F.S.; authorizing the department to deny a pharmacy permit application for specified reasons; specifying additional criteria for denying, revoking or suspending a pharmacy permit; amending s. 465.025, F.S.; revising requirements for the substitution of drugs; deleting requirements that a pharmacy establish a formulary of

1	generic and brand name drugs; amending s.
2	465.0251, F.S., relating to generic drugs;
3	correcting a cross-reference; amending s.
4	465.0265, F.S.; providing requirements for
5	central fill pharmacies that prepare
6	prescriptions on behalf of pharmacies; amending
7	s. 465.026, F.S.; authorizing a community
8	pharmacy to transfer a prescription for certain
9	controlled substances; amending s. 466.007,
10	F.S.; revising requirements for dental
11	hygienists in qualifying for examination;
12	amending s. 466.021, F.S.; revising records
13	requirements concerning unlicensed persons
14	employed by a dentist; amending s. 467.009,
15	F.S., relating to midwifery programs;
16	correcting references; amending s. 467.013,
17	F.S.; providing for placing a midwife license
18	on inactive status pursuant to rule of the
19	department; deleting requirements for
20	reactivating an inactive license; amending s.
21	467.0135, F.S.; revising requirements for fees,
22	to conform; amending s. 467.017, F.S.; revising
23	requirements for the emergency care plan;
24	amending s. 468.1155, F.S., relating to the
25	practice of speech-language pathology and
26	audiology; correcting references; amending s.
27	468.352, F.S.; revising and providing
28	definitions applicable to the regulation of
29	respiratory therapy; amending s. 468.355, F.S.;
30	revising provisions relating to respiratory
31	therapy licensure and testing requirements;

1	amending s. 468.368, F.S.; revising exemptions
2	from respiratory therapy licensure
3	requirements; repealing s. 468.356, F.S.,
4	relating to the approval of educational
5	programs; repealing s. 468.357, F.S., relating
6	to licensure by examination; amending s.
7	468.509, F.S., relating to
8	dietitian/nutritionists; correcting references;
9	amending s. 468.707, F.S., relating to
10	licensure as an athletic trainer; conforming
11	provisions to changes made by the act; amending
12	s. 480.041, F.S.; revising requirements for
13	licensure as a massage therapist; requiring the
14	department to provide for a written examination
15	for the practice of colonic irrigation;
16	amending s. 486.021, F.S., relating to the
17	practice of physical therapy; redefining the
18	term "direct supervision"; amending s. 486.031,
19	F.S., relating to licensure requirements;
20	correcting references; amending s. 486.051,
21	F.S.; revising examination requirements;
22	amending s. 486.081, F.S.; providing for
23	licensure by endorsement for physical
24	therapists licensed in another jurisdiction;
25	amending s. 486.102, F.S.; revising
26	requirements for licensure; correcting
27	reference; amending s. 486.104, F.S.; revising
28	examination requirements for a physical
29	therapist assistant; amending s. 486.107, F.S.;
30	providing for licensure by endorsement for
31	physical therapist assistants licensed in

another jurisdiction; amending s. 486.109, 2 F.S.; revising requirements for continuing education; amending s. 486.161, F.S.; providing 3 4 an exemption from licensure for certain 5 physical therapists affiliated with a team or 6 organization temporarily located in the state; 7 amending s. 486.172, F.S.; clarifying 8 provisions governing the qualifications of 9 immigrants for examination; amending s. 490.005, F.S., relating to psychological 10 services; correcting references; amending s. 11 490.014, F.S.; providing a salaried employee of 12 13 a private provider who contracts with a 14 governmental agency to provide certain psychological services the same exemption from 15 licensing requirements which a salaried 16 employee of the governmental agency receives; 17 18 amending s. 491.005, F.S., relating to 19 clinical, counseling, and psychotherapy services; revising licensure requirements; 20 correcting references; amending s. 491.006, 21 22 F.S.; providing requirements for licensure by 23 endorsement as a mental health counselor; 24 amending s. 491.014, F.S.; providing a salaried employee of a private provider who contracts 25 with a governmental agency to provide certain 26 psychological services the same exemption from 27 28 licensing requirements which a salaried 29 employee of the governmental agency receives; amending ss. 491.009 and 491.0145, F.S.; 30 clarifying provisions governing the discipline 31

of a certified master social worker; creating 2 s. 491.0146, F.S.; providing for the validity 3 of certain licenses to practice as a certified master social worker; amending s. 491.0147, 4 F.S.; providing an exemption from liability for 5 6 disclosure of confidential information under 7 certain circumstances; amending s. 766.314, 8 F.S.; correcting a cross-reference; amending s. 9 817.505, F.S.; clarifying provisions prohibiting actions that constitute patient 10 brokering; amending s. 817.567, F.S., relating 11 to making false claims of a degree or title; 12 13 correcting a reference; amending s. 1009.992, 14 F.S., relating to the Florida Higher Education Loan Authority Act; correcting a reference; 15 amending s. 468.711, F.S.; deleting the 16 requirement that continuing education for 17 18 athletic trainers include first aid; amending s. 468.723, F.S.; revising exemptions from 19 licensure requirements; amending s. 1012.46, 20 F.S.; providing that a first responder for a 21 22 school district may not represent himself or 23 herself as an athletic trainer; providing for 24 reactivation of a license to practice medicine by certain retired practitioners; providing 25 conditions on such reactivation; providing for 26 a fee; providing powers, including rulemaking 27 28 powers, of the Board of Medicine; providing for 29 future review and expiration; amending s. 466.0135, F.S.; providing additional 30 requirements for continuing education for 31

dentists; amending s. 480.034, F.S.; exempting 2 certain massage therapists from premises 3 licensure; amending s. 400.9905, F.S.; providing that certain entities providing 4 5 oncology or radiation therapy services are 6 exempt from the licensure requirements of part 7 XIII of ch. 400, F.S.; providing legislative 8 intent with respect to such exemption; 9 providing for retroactive application; repealing ss. 456.033, 456.034, 458.313, 10 458.3147, 458.316, 458.3165, 458.317, 11 468.711(3), and 480.044(1)(h), F.S., relating 12 13 to instruction concerning HIV and AIDS, 14 licensure by endorsement of physicians, medical school eligibility, public health and public 15 psychiatry certificates, limited licenses, and 16 examination fees; amending s. 466.006, F.S.; 17 18 allowing certain dental students to take the examinations required to practice dentistry in 19 this state under specified conditions; 20 providing a prerequisite to licensure of such 21 22 students; creating s. 466.0065, F.S.; allowing 23 certain dental students to take regional 24 licensure examinations under specified conditions; restricting the applicability of 25 examination results to licensing in other 26 jurisdictions; requiring approval by the Board 27 28 of Dentistry and providing prerequisites to 29 such approval; amending s. 456.048, F.S.; requiring the Board of Medicine and the Board 30 of Osteopathic Medicine to require medical 31

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malpractice insurance or proof of financial responsibility as a condition of licensure or licensure renewal for licensed anesthesiologist assistants; amending ss. 458.331, 459.015, F.S.; revising grounds for which a physician may be disciplined for failing to provide adequate supervision; creating ss. 458.3475, 459.023, F.S.; providing definitions; providing performance standards for anesthesiologist assistants and supervising anesthesiologists; providing for the approval of training programs and for services authorized to be performed by trainees; providing licensing procedures; providing for fees; providing for additional membership, powers, and duties of the Board of Medicine and the Board of Osteopathic Medicine; providing penalties; providing for disciplinary actions; providing for the adoption of rules; prescribing liability; providing for the allocation of fees; amending s. 400.506, F.S.; revising duties of nurse registries with respect to advising patients and their families or representatives with respect to home visits; revising requirements for plans of treatment; amending s. 400.487, F.S.; revising home health agency service agreements and treatment orders; providing a short title; requiring the Agency for Workforce Innovation to establish a pilot program for delivery of certified geriatric specialty nursing education; specifying eligibility requirements for certified nursing

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assistants to obtain certified geriatric specialty nursing education; specifying requirements for the education of certified nursing assistants to prepare for certification as a certified geriatric specialist; creating a Certified Geriatric Specialty Nursing Initiative Steering Committee; providing for the composition of and manner of appointment to the Certified Geriatric Specialty Nursing Initiative Steering Committee; providing responsibilities of the steering committee; providing for reimbursement for per diem and travel expenses; requiring the Agency for Workforce Innovation to conduct or contract for an evaluation of the pilot program for delivery of certified geriatric specialty nursing education; requiring the evaluation to include recommendations regarding the expansion of the delivery of certified geriatric specialty nursing education in nursing homes; requiring the Agency for Workforce Innovation to report to the Governor and Legislature regarding the status and evaluation of the pilot program; creating s. 464.0125, F.S.; providing definitions; providing requirements for persons to become certified geriatric specialists; specifying fees; providing for articulation of geriatric specialty nursing coursework and practical nursing coursework; providing practice standards and grounds for which certified geriatric specialists may be subject

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to discipline by the Board of Nursing; creating restrictions on the use of professional nursing titles; prohibiting the use of certain professional titles; providing penalties; authorizing approved nursing programs to provide education for the preparation of certified geriatric specialists without further board approval; authorizing certified geriatric specialists to supervise the activities of others in nursing home facilities according to rules by the Board of Nursing; revising terminology relating to nursing to conform to the certification of geriatric specialists; amending s. 381.00315, F.S.; revising requirements for the reactivation of the licenses of specified health care practitioners in the event of a public health emergency to include certified geriatric specialists; amending s. 400.021, F.S.; including services provided by a certified geriatric specialist within the definition of nursing service; amending s. 400.23, F.S.; specifying that certified geriatric specialists shall be considered licensed nursing staff; authorizing licensed practical nurses to supervise the activities of certified geriatric specialists in nursing home facilities according to rules adopted by the Board of Nursing; amending s. 409.908, F.S.; revising the methodology for reimbursement of Medicaid program providers to include services of certified geriatric

specialists; amending s. 1009.65, F.S.; 2 revising eligibility for the Medical Education 3 Reimbursement and Loan Repayment Program to 4 include certified geriatric specialists; 5 amending s. 1009.66, F.S.; revising eligibility 6 requirements for the Nursing Student Loan 7 Forgiveness Program to include certified 8 geriatric specialists; providing an 9 appropriation; amending s. 400.9905, F.S.; revising the definitions of "clinic" and 10 "medical director" and defining "mobile clinic" 11 and "portable equipment provider" for purposes 12 13 of the Health Care Clinic Act; providing that 14 certain entities providing oncology or radiation therapy services are exempt from the 15 licensure requirements of part XIII of ch. 400, 16 F.S.; providing legislative intent with respect 17 18 to such exemption; providing for retroactive application; amending s. 400.991, F.S.; 19 requiring each mobile clinic to obtain a health 20 care clinic license; requiring a portable 21 22 equipment provider to obtain a health care 23 clinic license for a single office and 24 exempting such a provider from submitting certain information to the Agency for Health 25 Care Administration; revising the date by which 26 an initial application for a health care clinic 27 28 license must be filed with the agency; revising 29 the definition of "applicant"; amending s. 400.9935, F.S.; providing that an exemption 30 31 from licensure is not transferable; providing

that the agency may charge a fee of applicants for certificates of exemption; providing that the agency may deny an application or revoke a license under certain circumstances; amending s. 400.995, F.S.; providing that the agency may deny, revoke, or suspend specified licenses and impose fines for certain violations; providing that a temporary license expires after a notice of intent to deny an application is issued by the agency; providing that persons or entities made exempt under the act and which have paid the clinic licensure fee to the agency are entitled to a partial refund from the agency; providing that certain persons or entities are not in violation of part XIII of ch. 400, F.S., due to failure to apply for a clinic license by a specified date; providing that certain payments may not be denied to such persons or entities for failure to apply for or obtain a clinic license before a specified date; providing effective dates.

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

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Section 1. Present subsection (2) of section 381.005, Florida Statutes, is redesignated as subsection (3), and a new subsection (2) is added to that section, to read:

381.005 Primary and preventive health services.--

(2) Between October 1, or earlier if the vaccination is available, and February 1 of every year, subject to the availability of an adequate supply of the necessary vaccine,

each hospital licensed under chapter 395 shall implement a program to offer immunizations against the influenza virus and pneumococcal bacteria to all patients 65 years of age or 3 older, in accordance with the recommendations of the Advisory 4 Committee on Immunization Practices of the United States 5 Centers for Disease Control and Prevention and subject to the 6 clinical judgment of the responsible practitioner. 8 Section 2. Subsections (9), (10), and (11) are added 9 to section 395.003, Florida Statutes, to read: 395.003 Licensure; issuance, renewal, denial, 10 modification, suspension, and revocation .--11 (9) A hospital may not be licensed or relicensed if: 12 13 (a) The diagnosis-related groups for 65 percent or 14 more of the discharges from the hospital, in the most recent year for which data is available to the Agency for Health Care 15 Administration pursuant to s. 408.061, are for diagnosis, 16 care, and treatment of patients who have: 17 18 1. Cardiac-related diseases and disorders classified 19 as diagnosis-related groups 103-145, 478-479, 514-518, or <u>525-527;</u> 20 2. Orthopedic-related diseases and disorders 21 22 classified as diagnosis-related groups 209-256, 471, 491, 496-503, or 519-520; 2.3 24 3. Cancer-related diseases and disorders classified as diagnosis-related groups 64, 82, 172, 173, 199, 200, 203, 2.5 257-260, 274, 275, 303, 306, 307, 318, 319, 338, 344, 346, 26 347, 363, 366, 367, 400-414, 473, or 492; or 2.7 28 4. Any combination of the above discharges. 29 (b) The hospital restricts its medical and surgical services to primarily or exclusively cardiac, orthopedic, 30 31 <u>surgical</u>, or oncology specialties.

(10) A hospital licensed as of June 1, 2004, shall be exempt from subsection (9) as long as the hospital maintains 3 the same ownership, facility street address, and range of services that were in existence on June 1, 2004. Any transfer 4 of beds, or other agreements that result in the establishment 5 of a hospital or hospital services within the intent of this 6 7 section, shall be subject to subsection (9). Unless the 8 hospital is otherwise exempt under subsection (9), the agency 9 shall deny or revoke the license of a hospital that violates any of the criteria set forth in that subsection. 10 (11) The agency may adopt rules implementing the 11 licensure requirements set forth in subsection (9). Within 14 12 13 days after rendering its decision on a license application or 14 revocation, the agency shall publish its proposed decision in the Florida Administrative Weekly. Within 21 days after 15 publication of the agency's decision, any authorized person 16 may file a request for an administrative hearing. In 17 18 administrative proceedings challenging the approval, denial, 19 or revocation of a license pursuant to subsection (9), the hearing must be based on the facts and law existing at the 20 time of the agency's proposed agency action. Existing 2.1 22 hospitals may initiate or intervene in an administrative 2.3 hearing to approve, deny, or revoke licensure under subsection 24 (9) based upon a showing that an established program will be substantially affected by the issuance or renewal of a license 2.5 to a hospital within the same district or service area. 2.6 Section 3. Subsection (1) of section 395.003, Florida 2.7 28 Statutes, is amended to read: 29 395.003 Licensure; issuance, renewal, denial, modification, suspension, and revocation .--30 31

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- (1)(a) \underline{A} No person may not shall establish, conduct, or maintain a hospital, ambulatory surgical center, or mobile surgical facility in this state without first obtaining a license under this part.
- (b)1. It is unlawful for \underline{a} any person to use or advertise to the public, in any way or by any medium whatsoever, any facility as a "hospital," "ambulatory surgical center," or "mobile surgical facility" unless such facility has first secured a license under the provisions of this part.
- 2. Nothing in This part does not apply applies to veterinary hospitals or to commercial business establishments using the word "hospital," "ambulatory surgical center," or "mobile surgical facility" as a part of a trade name if no treatment of human beings is performed on the premises of such establishments.
- 3. By December 31, 2004, the agency shall submit a report to the President of the Senate and the Speaker of the House of Representatives recommending whether it is in the public interest to allow a hospital to license or operate an emergency department located off the premises of the hospital. If the agency finds it to be in the public interest, the report shall also recommend licensure criteria for such medical facilities, including criteria related to quality of care and, if deemed necessary, the elimination of the possibility of confusion related to the service capabilities of such facility in comparison to the service capabilities of an emergency department located on the premises of the hospital. Until July 1, 2005, additional emergency departments located off the premises of licensed hospitals may not be authorized by the agency.

Section 4. Subsection (4) of section 395.0193, Florida 2 Statutes, is amended to read: 3 395.0193 Licensed facilities; peer review; 4 disciplinary powers; agency or partnership with physicians .--5 (4) Pursuant to ss. 458.337 and 459.016, any disciplinary actions taken under subsection (3) shall be 6 reported in writing to the Division of Medical Health Quality 8 Assurance of the Department of Health agency within 30 working days after its initial occurrence, regardless of the pendency 9 of appeals to the governing board of the hospital. The 10 notification shall identify the disciplined practitioner, the 11 action taken, and the reason for such action. All final 12 13 disciplinary actions taken under subsection (3), if different 14 from those which were reported to the division agency within 30 days after the initial occurrence, shall be reported within 15 10 working days to the Division of Medical Health Quality 16 Assurance of the department agency in writing and shall 17 specify the disciplinary action taken and the specific grounds therefor. The division shall review each report and determine 19 whether it potentially involved conduct by the licensee that 20 is subject to disciplinary action, in which case s. 456.073 21 shall apply. The reports are not subject to inspection under 2.2 23 s. 119.07(1) even if the division's investigation results in a 24 finding of probable cause. Section 5. Subsection (7) of section 395.0197, Florida 2.5 Statutes, is amended to read: 26 395.0197 Internal risk management.--27 28 (7) Any of the following adverse incidents, whether 29 occurring in the licensed facility or arising from health care prior to admission in the licensed facility, shall be reported 30 31

by the facility to the agency within 15 calendar days after its occurrence:

- (a) The death of a patient;
- (b) Brain or spinal damage to a patient;
- (c) The performance of a surgical procedure on the $\mbox{wrong patient;}$
- (d) The performance of a wrong-site surgical
 procedure;
 - (e) The performance of a wrong surgical procedure;
- (f) The performance of a surgical procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition;
- (g) The surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage is not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process; or
- (h) The performance of procedures to remove unplanned foreign objects remaining from a surgical procedure.

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The agency may grant extensions to this reporting requirement for more than 15 days upon justification submitted in writing by the facility administrator to the agency. The agency may require an additional, final report. These reports shall not be available to the public under pursuant to s. 119.07(1) or any other law providing access to public records, nor be discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or the appropriate regulatory board, nor shall they be available to the public as part of the record of investigation for and prosecution in disciplinary proceedings made available to the

31 public by the agency or the appropriate regulatory board.

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However, the agency or the appropriate regulatory board shall make available, upon written request by a health care professional against whom probable cause has been found, any 3 such records that which form the basis of the determination of probable cause. The agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The agency shall forward a copy of the report of review each incident to the Division of Medical Quality Assurance in the Department of Health to and determine whether it potentially involved conduct by the health care professional who is subject to disciplinary action, in which case the provisions of s. 12 13 456.073 shall apply.

Section 6. Paragraphs (a) and (e) of subsection (4) of section 395.3025, Florida Statutes, are amended, paragraph (1) is added to that subsection, and paragraph (b) of subsection (7) of that section, is amended, to read:

395.3025 Patient and personnel records; copies; examination. --

- (4) Patient records are confidential and must not be disclosed without the consent of the person to whom they pertain, but appropriate disclosure may be made without such consent to:
- (a) Licensed Facility personnel and all other licensed health care practitioners attending physicians for use in connection with the treatment of the patient.
- (e) The <u>Department of Health</u> agency upon subpoena issued pursuant to s. 456.071, but the records obtained thereby must be used solely for the purpose of the department agency and the appropriate professional board in its 31 investigation, prosecution, and appeal of disciplinary

proceedings. The administrator or records custodian in a facility licensed under this chapter shall certify that a true and complete copy of the records requested under a subpoena or 3 the release of a patient have been provided to the department 4 or otherwise identify those documents that have not been 5 provided. If the department agency requests copies of the 6 records, the facility may charge the department the reasonable 8 costs of reproducing the records shall charge no more than its 9 actual copying costs, including reasonable staff time. The records must be sealed and must not be available to the public 10 pursuant to s. 119.07(1) or any other statute providing access 11 to records, nor may they be available to the public as part of 12 13 the record of investigation for and prosecution in 14 disciplinary proceedings made available to the public by the 15 department agency or the appropriate regulatory board. However, the <u>department</u> agency must make available, upon 16 17 written request by a practitioner against whom probable cause has been found, any such records that form the basis of the 19 determination of probable cause. 1. Reasonable costs of reproducing copies of written 20 or typed documents or reports may not be more than: 21 22 a. For the first 25 pages, \$1 per page. 23 b. For each page in excess of 25 pages, 25 cents. 24 Reasonable costs of reproducing X rays and other special kinds of records are the actual costs. The term 2.5 26 <u>"actual costs" means the cost of the material and supplies</u> used to duplicate the record, as well as the labor costs 2.7 28 associated with the duplication. 29 (1) Researchers or facility personnel for research purposes if the facility or researchers demonstrate compliance 30

with the requirements of 45 C.F.R. s. 164.512(i).

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(b) Absent a specific written release or authorization permitting utilization of patient information for solicitation or marketing the sale of goods or services, any use of such that information for that purpose those purposes is prohibited. As used in this paragraph, the term "marketing" has the same meaning as set forth in 45 C.F.R. s. 164.501.

Section 7. Paragraph (b) of subsection (2) of section 395.7015, Florida Statutes, is amended to read:

395.7015 Annual assessment on health care entities.--

- (2) There is imposed an annual assessment against certain health care entities as described in this section:
- (b) For the purpose of this section, "health care entities" include the following:
- 1. Ambulatory surgical centers and mobile surgical facilities licensed under s. 395.003. This subsection shall only apply to mobile surgical facilities operating under contracts entered into on or after July 1, 1998.
- 2. Clinical laboratories licensed under s. 483.091, excluding any hospital laboratory defined under s. 483.041(6), any clinical laboratory operated by the state or a political subdivision of the state, any clinical laboratory which qualifies as an exempt organization under s. 501(c)(3) of the Internal Revenue Code of 1986, as amended, and which receives 70 percent or more of its gross revenues from services to charity patients or Medicaid patients, and any blood, plasma, or tissue bank procuring, storing, or distributing blood, plasma, or tissue either for future manufacture or research or distributed on a nonprofit basis, and further excluding any clinical laboratory which is wholly owned and operated by 6 or 31 fewer physicians who are licensed under pursuant to chapter

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458 or chapter 459 and who practice in the same group practice, and at which no clinical laboratory work is performed for patients referred by any health care provider who is not a member of the same group.

3. Diagnostic-imaging centers that are freestanding outpatient facilities that provide specialized services for the identification or determination of a disease through examination and also provide sophisticated radiological services, and in which services are rendered by a physician licensed by the Board of Medicine under s. 458.311, s. 458.313, or <u>s. 458.315</u> s. 458.317, or by an osteopathic physician licensed by the Board of Osteopathic Medicine under s. 459.006, s. 459.007, or s. 459.0075. For purposes of this paragraph, "sophisticated radiological services" means the following: magnetic resonance imaging; nuclear medicine; angiography; arteriography; computed tomography; positron emission tomography; digital vascular imaging; bronchography; lymphangiography; splenography; ultrasound, excluding ultrasound providers that are part of a private physician's office practice or when ultrasound is provided by two or more physicians licensed under chapter 458 or chapter 459 who are members of the same professional association and who practice in the same medical specialties; and such other sophisticated radiological services, excluding mammography, as adopted in rule by the board.

Section 8. Subsection (10) of section 400.141, Florida Statutes, is amended to read:

400.141 Administration and management of nursing home facilities.--Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

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1	(10) Keep full records of resident admissions and
2	discharges; medical and general health status, including
3	medical records, personal and social history, and identity and
4	address of next of kin or other persons who may have
5	responsibility for the affairs of the residents; and
6	individual resident care plans including, but not limited to,
7	prescribed services, service frequency and duration, and
8	service goals. The records shall be open to inspection by the
9	agency. A certified true and complete copy of the records
10	shall be provided to the Department of Health upon subpoena
11	issued under s. 456.057 or s. 456.071. The provisions of
12	chapter 456 apply to the records obtained under this section.
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14	Facilities that have been awarded a Gold Seal under the
15	program established in s. 400.235 may develop a plan to
16	provide certified nursing assistant training as prescribed by
17	federal regulations and state rules and may apply to the
18	agency for approval of their program.
19	Section 9. Subsection (3) is added to section 400.145,
20	Florida Statutes, to read:
21	400.145 Records of care and treatment of resident;
22	copies to be furnished
23	(3) The administrator or records custodian in a
24	facility licensed under this chapter shall certify that a true
25	and complete copy of the records requested pursuant to a
26	subpoena or patient release have been provided to the
27	Department of Health or otherwise identify those documents
28	that have not been provided. The department may be charged a
29	reasonable fee, in accordance with subsection (1), for copies
30	of written or typed documents or reports provided to the
31	<u>department.</u>

Section 10. Subsections (7) and (8) of section 400.147, Florida Statutes, are amended to read: 3 400.147 Internal risk management and quality assurance program. --4 5 (7) The facility shall initiate an investigation and 6 shall notify the agency within 1 business day after the risk 7 manager or his or her designee has received a report under 8 pursuant to paragraph (1)(d). The notification must be made in 9 writing and be provided electronically, by facsimile device or overnight mail delivery. The notification must include 10 information regarding the identity of the affected resident, 11 the type of adverse incident, the initiation of an 12 13 investigation by the facility, and whether the events causing 14 or resulting in the adverse incident represent a potential risk to any other resident. The notification is confidential 15 as provided by law and is not discoverable or admissible in 16 any civil or administrative action, except in disciplinary 17 proceedings by the agency, the Department of Health, or the 19 appropriate regulatory board. The agency may investigate, as it deems appropriate, any such incident and prescribe measures 20 that must or may be taken in response to the incident. The 21 22 Department of Health agency shall review each incident and 23 determine whether it potentially involved conduct by the 24 health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 shall 25 apply. 26 27 (8)(a) Each facility shall complete the investigation 28 and submit an adverse incident report to the agency for each 29 adverse incident within 15 calendar days after its occurrence. 30 If, after a complete investigation, the risk manager 31 determines that the incident was not an adverse incident as

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defined in subsection (5), the facility shall include this information in the report. The agency shall develop a form for reporting this information.

- reported to the agency under pursuant to paragraph (a) which relates to health care practitioners as defined in s.

 456.001(4) shall be forwarded by the agency to the Division of Medical Quality Assurance of the Department of Health for review persons licensed under chapter 458, chapter 459, chapter 461, or chapter 466 shall be reviewed by the agency.

 The division agency shall determine whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 shall apply.
- (c) The report submitted to the agency must also contain the name of the risk manager of the facility.
- (d) The adverse incident report is confidential as provided by law and is not discoverable or admissible in any civil or administrative action, except in disciplinary proceedings by the agency or the appropriate regulatory board.
- 21 Section 11. Subsection (1) and (4) of section 400.211, 22 Florida Statutes, are amended to read:
 - 400.211 Persons employed as nursing assistants; certification requirement.--
 - (1) To serve as a nursing assistant in any nursing home, a person must be certified as a nursing assistant under part II of chapter 464, unless the person is a registered nurse, a or practical nurse, or a certified geriatric specialist certified or licensed in accordance with part I of chapter 464 or an applicant for such licensure who is

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permitted to practice nursing in accordance with rules adopted by the Board of Nursing pursuant to part I of chapter 464.

- (4) When employed by a nursing home facility for a 12-month period or longer, a nursing assistant, to maintain certification, shall submit to a performance review every 12 months and must receive regular inservice education based on the outcome of such reviews. The inservice training must:
- (a) Be sufficient to ensure the continuing competence of nursing assistants, must be at least 12 18 hours per year, and may include hours accrued under s. 464.203(7) s. 464.203(8);
 - (b) Include, at a minimum:
- 1. Techniques for assisting with eating and proper feeding;
 - 2. Principles of adequate nutrition and hydration;
- Techniques for assisting and responding to the cognitively impaired resident or the resident with difficult behaviors;
- 4. Techniques for caring for the resident at the end-of-life; and 20
 - 5. Recognizing changes that place a resident at risk for pressure ulcers and falls; and
 - (c) Address areas of weakness as determined in nursing assistant performance reviews and may address the special needs of residents as determined by the nursing home facility staff.

28 Costs associated with this training may not be reimbursed from 29 additional Medicaid funding through interim rate adjustments.

Section 12. Subsection (4) of section 400.211, Florida 30 31 Statutes, is amended to read:

- 400.211 Persons employed as nursing assistants; certification requirement.--
- (4) When employed by a nursing home facility for a 12-month period or longer, a nursing assistant, to maintain certification, shall submit to a performance review every 12 months and must receive regular inservice education based on the outcome of these such reviews. The inservice training must:
- (a) Be sufficient to ensure the continuing competence of nursing assistants, must be at least $\underline{12}$ $\underline{18}$ hours per year, and may include hours accrued under $\underline{s.}$ $\underline{464.203(8)}$;
 - (b) Include, at a minimum:
- ${\tt 1.} \quad {\tt Techniques} \ {\tt for} \ {\tt assisting} \ {\tt with} \ {\tt eating} \ {\tt and} \ {\tt proper}$ ${\tt feeding:}$
 - 2. Principles of adequate nutrition and hydration;
- 3. Techniques for assisting and responding to the cognitively impaired resident or the resident with difficult behaviors;
- 4. Techniques for caring for the resident at the end-of-life; and
- 5. Recognizing changes that place a resident at risk for pressure ulcers and falls; and
- (c) Address areas of weakness as determined in nursing assistant performance reviews and may address the special needs of residents as determined by the nursing home facility staff.

Costs associated with this training may not be reimbursed from additional Medicaid funding through interim rate adjustments.

Section 13. Subsection (5) of section 400.215, Florida

Statutes, is amended to read:

400.215 Personnel screening requirement.-
(5) Any provision of law to the contrary

notwithstanding, persons who have been screened and qualified as required by this section or s. 464.203 and who have not been unemployed for more than 180 days thereafter, and who under penalty of perjury attest to not having been convicted of a disqualifying offense since the completion of such screening, shall not be required to be rescreened. For purposes of this subsection, screened and qualified under s. 464.203 means that the person subject to such screening at the time of certification by the Board of Nursing does not have any disqualifying offense under chapter 435 or has received an exemption from any disqualification under chapter 435 from the Board of Nursing. An employer may obtain, under pursuant to s. 435.10, written verification of qualifying screening results from the previous employer or other entity which caused the such screening to be performed.

Section 14. Subsection (7) of section 400.423, Florida Statutes, is amended to read:

400.423 Internal risk management and quality assurance program; adverse incidents and reporting requirements.--

(7) A copy of the report submitted The information reported to the agency under pursuant to subsection (3) which relates to health care practitioners as defined in s.

456.001(4) shall be forwarded by the agency to the Division of Medical Quality Assurance of the Department of Health for review persons licensed under chapter 458, chapter 459, chapter 461, chapter 464, or chapter 465 shall be reviewed by the agency. The Department of Health agency shall determine

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whether any of the incidents potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply. The 3 agency may investigate, as it deems appropriate, any such incident and prescribe measures that must or may be taken in response to the incident. The Department of Health agency 6 shall review each incident and determine whether it 8 potentially involved conduct by a health care professional who 9 is subject to disciplinary action, in which case the provisions of s. 456.073 apply. 10 Section 15. Section 400.455, Florida Statutes, is 11 created to read: 12

400.455 Certified copy of subpoenaed records.--Upon a subpoena issued by the Department of Health pursuant to s. 456.057 or s. 456.071, a certified true and complete copy of the requested records shall be provided. The department may be charged a reasonable fee for copies of all documents provided to the department under this section. The provisions of chapter 456 apply to the records obtained under this section.

Section 16. Paragraph (m) of subsection (1) of section 440.13, Florida Statutes, is amended to read:

440.13 Medical services and supplies; penalty for violations; limitations.--

- (1) DEFINITIONS.--As used in this section, the term:
- (m) "Medicine" means a drug prescribed by an authorized health care provider and includes only generic drugs or single-source patented drugs for which there is no generic equivalent, unless the authorized health care provider writes or states that the brand-name drug as defined in s. 465.025 is medically necessary, or is a drug appearing on the 31 schedule of drugs created pursuant to s. 465.025(5)

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28 29 465.025(6), or is available at a cost lower than its generic equivalent.

Section 17. Section 456.005, Florida Statutes, is amended to read:

456.005 Long-range policy planning; plans, reports, and recommendations. -- To facilitate efficient and cost-effective regulation, the department and the board, where appropriate, shall develop and implement a long-range policy planning and monitoring process to include recommendations specific to each profession. The Such process shall include estimates of revenues, expenditures, cash balances, and performance statistics for each profession. The period covered shall not be less than 5 years. The department, with input from the boards and licensees, shall develop the long-range plan and must obtain the approval of the secretary. The department shall monitor compliance with the approved long-range plan and, with input from the boards, shall annually update the plans for approval by the secretary. The department shall provide concise management reports to the boards quarterly. As part of the review process, the department shall evaluate:

- (1) Whether the department, including the boards and the various functions performed by the department, is operating efficiently and effectively and if there is a need for a board or council to assist in cost-effective regulation.
 - (2) How and why the various professions are regulated.
- (3) Whether there is a need to continue regulation, and to what degree.
- (4) Whether or not consumer protection is adequate, and how it can be improved.

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1	(5) Whether there is consistency between the various
2	practice acts.
3	(6) Whether unlicensed activity is adequately
4	enforced.
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6	The Such plans should include conclusions and recommendations
7	on these and other issues as appropriate. $\underline{ ext{The}}$ Such plans
8	shall be provided to the Governor and the Legislature by
9	November 1 of each year.
10	Section 18. Subsection (5) of section 456.011, Florida
11	Statutes, is amended to read:
12	(Substantial rewording of subsection. See
13	s. 456.011(5), F.S., for present text.)
14	456.011 Boards; organization; meetings; compensation
15	and travel expenses
16	(5) Notwithstanding chapter 120, when two or more
17	boards have identified a conflict in the interpretation or
18	application of the respective practice acts of the boards, the
19	following administrative remedies shall be employed:
20	(a) One board or the secretary shall request that the
21	boards establish a special committee to resolve the conflict.
22	The special committee shall consist of two members designated
23	by each board, who may be members of the designating board or
24	other experts designated by the board, and three additional
25	persons appointed by the secretary who are not members of
26	either profession and who do not have an interest in either
27	profession. The committee shall, by majority vote, make any
28	recommendations that the committee finds necessary, including,
29	but not limited to, recommended rules to resolve the
30	differences.
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1	(b) Matters that cannot be resolved through the
2	special committee may be resolved by the department through
3	informal mediation by the department or agent of the
4	department. If the committee agrees to a mediated resolution,
5	the mediator shall notify the department of the terms of the
6	resolution. The committee shall be provided the opportunity to
7	record with the department an acknowledgement of satisfaction
8	of the terms of mediation within 60 days after the mediator's
9	notification to the department. A mediated settlement reached
10	by the special committee shall be binding on the applicable
11	boards.
12	(c) If the boards elect not to resolve a conflict
13	through the means established in paragraph (a) or paragraph
14	(b), the secretary may resolve the differences by recommending
15	rules for adoption by the appropriate board or, in the case of
16	a declaratory statement, by providing a proposed order which
17	may resolve the matter if adopted by the appropriate board.
18	(d) For any administrative remedy specified in this
19	subsection, the department shall provide legal representation.
20	Section 19. Subsection (3) of section 456.012 is
21	amended to read:
22	456.012 Board rules; final agency action;
23	challenges
24	(3) No board created within the department shall have
25	standing to challenge a rule, or proposed rule, or declaratory
26	statement of another board. However, if there is a dispute
27	between boards concerning a rule <u>, or</u> proposed rule, <u>or</u>
28	<u>declaratory statement</u> , the boards may avail themselves of the
29	provisions of s. 456.011(5).
30	Section 20. Section 456.013, Florida Statutes, is
31	amended to read:

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456.013 Department; general licensing provisions. --(1)(a) Any person desiring to be licensed in a profession within the jurisdiction of the department shall apply to the department in writing to take the licensure examination. The application shall be made on a form prepared and furnished by the department. The application form must be available on the World Wide Web and the department may accept electronically submitted applications beginning July 1, 2001. The application shall require the social security number of the applicant, except as provided in paragraph (b). The form shall be supplemented as needed to reflect any material change in any circumstance or condition stated in the application which takes place between the initial filing of the application and the final grant or denial of the license and which might affect the decision of the department. If an application is submitted electronically, the department may require supplemental materials, including an original signature of the applicant and verification of credentials, to be submitted in a nonelectronic format. An incomplete application shall expire 1 year after initial filing. In order to further the economic development goals of the state, and notwithstanding any law to the contrary, the department may enter into an agreement with the county tax collector for the purpose of appointing the county tax collector as the department's agent to accept applications for licenses and applications for renewals of licenses. The agreement must specify the time within which the tax collector must forward any applications and accompanying application fees to the department. (b) If an applicant has not been issued a social

31 security number by the Federal Government at the time of

application because the applicant is not a citizen or resident of this country, the department may process the application using a unique personal identification number. If the such an applicant is otherwise eligible for licensure, the board, or the department when there is no board, may issue a temporary license, as established by rule of the board, or the department if there is no board, to the applicant, which shall expire 90 30 days after issuance unless a social security number is obtained and submitted in writing to the department. Upon receipt of the applicant's social security number, the department shall issue a new license, which shall expire at the end of the current biennium.

(2) The board, or the department if there is no board, may adopt a rule allowing an applicant for licensure to complete the coursework requirements for licensure by successfully completing the required courses as a student or by teaching the required graduate course as an instructor or professor in an accredited institution.

(3)(2) Before the issuance of any license, the department shall charge an initial license fee as determined by the applicable board or, if no such board exists, by rule of the department. Upon receipt of the appropriate license fee, the department shall issue a license to any person certified by the appropriate board, or its designee, as having met the licensure requirements imposed by law or rule. The license shall consist of a wallet-size identification card and a wall card measuring 6 1/2 inches by 5 inches. In addition to the two-part license, the department, at the time of initial licensure if specified by the board or, if there is no board, by department rule, and if the board has a positive cash balance, shall issue a wall certificate suitable for

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conspicuous display, which shall be no smaller than 8 1/2 inches by 14 inches. The licensee shall surrender to the department the wallet-size identification card, the wall card, and the wall certificate, if one has been issued by the department, if the licensee's license was issued in error and is revoked.

(4)(3)(a) The board, or the department when there is no board, may refuse to issue an initial license to any applicant who is under investigation or prosecution in any jurisdiction for an action that would constitute a violation of this chapter or the professional practice acts administered by the department and the boards, until such time as the investigation or prosecution is complete, and the time period in which the licensure application must be granted or denied shall be tolled until 15 days after the receipt of the final results of the investigation or prosecution.

- (b) If an applicant has been convicted of a felony related to the practice or ability to practice any health care profession, the board, or the department when there is no board, may require the applicant to prove that his or her civil rights have been restored.
- (c) In considering applications for licensure, the board, or the department when there is no board, may require a personal appearance of the applicant. If the applicant is required to appear, the time period in which a licensure application must be granted or denied shall be tolled until such time as the applicant appears. However, if the applicant fails to appear before the board at either of the next two regularly scheduled board meetings, or fails to appear before the department within 30 days if there is no board, the 31 application for licensure shall be denied.

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(5) (4) When any administrative law judge conducts a hearing under pursuant to the provisions of chapter 120 with respect to the issuance of a license by the department, the administrative law judge shall submit his or her recommended order to the appropriate board, which shall thereupon issue a final order. The applicant for licensure may appeal the final order of the board in accordance with the provisions of chapter 120.

(6)(5) A privilege against civil liability is hereby granted to any witness for any information furnished by the witness in any proceeding under pursuant to this section, unless the witness acted in bad faith or with malice in providing such information.

(7)(6) As a condition of renewal of a license, the Board of Medicine, the Board of Osteopathic Medicine, the Board of Chiropractic Medicine, and the Board of Podiatric Medicine shall each require licensees which they respectively regulate to periodically demonstrate their professional competency by completing at least 40 hours of continuing education every 2 years. The boards may require by rule that up to 1 hour of the required 40 or more hours be in the area of risk management or cost containment. This provision shall not be construed to limit the number of hours that a licensee may obtain in risk management or cost containment to be credited toward satisfying the 40 or more required hours. This provision shall not be construed to require the boards to impose any requirement on licensees except for the completion of at least 40 hours of continuing education every 2 years. Each of such boards shall determine whether any specific continuing education requirements not otherwise mandated by 31 | law shall be mandated and shall approve criteria for, and the

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content of, any continuing education mandated by such board. Notwithstanding any other provision of law, the board, or the department when there is no board, may approve by rule alternative methods of obtaining continuing education credits in risk management. The alternative methods may include attending a board meeting at which another licensee is disciplined, serving as a volunteer expert witness for the department in a disciplinary case, or serving as a member of a probable cause panel following the expiration of a board member's term. Other boards within the Division of Medical Quality Assurance, or the department if there is no board, may adopt rules granting continuing education hours in risk management for attending a board meeting at which another licensee is disciplined, for serving as a volunteer expert witness for the department in a disciplinary case, or for serving as a member of a probable cause panel following the expiration of a board member's term.

 $(8) \frac{(7)}{(7)}$ The boards, or the department when there is no board, shall require the completion of a 2-hour course relating to prevention of medical errors as part of the licensure and renewal process. The 2-hour course shall count towards the total number of continuing education hours required for the profession. The course shall be approved by the board or department, as appropriate, and shall include a study of root-cause analysis, error reduction and prevention, and patient safety. In addition, the course approved by the Board of Medicine and the Board of Osteopathic Medicine shall include information relating to the five most misdiagnosed conditions during the previous biennium, as determined by the board. If the course is being offered by a facility licensed 31 pursuant to chapter 395 for its employees, the board may

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approve up to 1 hour of the 2-hour course to be specifically related to error reduction and prevention methods used in that facility.

(9)(8) The respective boards within the jurisdiction of the department, or the department when there is no board, may adopt rules to provide for the use of approved videocassette courses, not to exceed 5 hours per subject, to fulfill the continuing education requirements of the professions they regulate. Such rules shall provide for prior approval of the board, or the department when there is no board, of the criteria for and content of such courses and shall provide for a videocassette course validation form to be signed by the vendor and the licensee and submitted to the department, along with the license renewal application, for continuing education credit.

(10)(9) Any board that currently requires continuing education for renewal of a license, or the department if there is no board, shall adopt rules to establish the criteria for continuing education courses. The rules may provide that up to a maximum of 25 percent of the required continuing education hours can be fulfilled by the performance of pro bono services to the indigent or to underserved populations or in areas of critical need within the state where the licensee practices. The board, or the department if there is no board, must require that any pro bono services be approved in advance in order to receive credit for continuing education under this subsection. The standard for determining indigency shall be that recognized by the Federal Poverty Income Guidelines produced by the United States Department of Health and Human Services. The rules may provide for approval by the board, or 31 the department if there is no board, that a part of the

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continuing education hours can be fulfilled by performing research in critical need areas or for training leading to advanced professional certification. The board, or the department if there is no board, may make rules to define underserved and critical need areas. The department shall adopt rules for administering continuing education requirements adopted by the boards or the department if there is no board.

(11)(10) Notwithstanding any law to the contrary, an elected official who is licensed under a practice act administered by the Division of Medical Quality Assurance may hold employment for compensation with any public agency concurrent with such public service. The Such dual service must be disclosed according to any disclosure required by applicable law.

(12)(11) In any instance in which a licensee or applicant to the department is required to be in compliance with a particular provision by, on, or before a certain date, and if that date occurs on a Saturday, Sunday, or a legal holiday, then the licensee or applicant is deemed to be in compliance with the specific date requirement if the required action occurs on the first succeeding day which is not a Saturday, Sunday, or legal holiday.

(13)(12) Pursuant to the federal Personal
Responsibility and Work Opportunity Reconciliation Act of
1996, each party is required to provide his or her social
security number in accordance with this section. Disclosure
of social security numbers obtained through this requirement
shall be limited to the purpose of administration of the Title
IV-D program for child support enforcement.

Section 21. Paragraph (a) of subsection (4) of section 381.00593, Florida Statutes, is amended to read: 3 381.00593 Public school volunteer health care 4 practitioner program. --5 (4)(a) Notwithstanding any provision of chapter 458, chapter 459, chapter 460, chapter 461, chapter 463, part I of 6 7 chapter 464, chapter 465, chapter 466, chapter 467, part I of 8 chapter 468, or chapter 486 to the contrary, any health care 9 practitioner who participates in the program established in this section and thereby agrees to provide his or her 10 services, without compensation, in a public school for at 11 least 80 hours a year for each school year during the biennial 12 13 licensure period, or, if the health care practitioner is 14 retired, for at least 400 hours a year for each school year during the licensure period, upon providing sufficient proof 15 from the applicable school district that the health care 16 practitioner has completed the such hours at the time of 17 license renewal under procedures specified by the Department of Health, shall be eligible for the following: 19 1. Waiver of the biennial license renewal fee for an 20 active license; and 21 22 2. Fulfillment of a maximum of 25 percent of the 23 continuing education hours required for license renewal, under 24 pursuant to s. 456.013(7) s. 456.013(9). 2.5 The school district may establish a schedule for health care 26 practitioners who participate in the program. 27 28 Section 22. Subsection (2) of section 456.017, Florida

Statutes, is amended, and subsection (7) is added to that

456.017 Examinations.--

section, to read:

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(2) For each examination developed by the department or a contracted vendor, the board, or the department when there is no board, shall adopt rules providing for reexamination of any applicants who failed an examination developed by the department or a contracted vendor. If both a written and a practical examination are given, an applicant shall be required to retake only the portion of the examination on which the applicant failed to achieve a passing grade, if the applicant successfully passes that portion within a reasonable time, as determined by rule of the board, or the department when there is no board, of passing the other portion. Except for national examinations approved and administered under pursuant to this section, the department shall provide procedures for applicants who fail an examination developed by the department or a contracted vendor to review their examination questions, answers, papers, grades, and grading key for the questions the candidate answered incorrectly or, if not feasible, the parts of the examination failed. Applicants shall bear the actual cost for the department to provide examination review under pursuant to this subsection. An applicant may waive in writing the confidentiality of the applicant's examination grades. Notwithstanding any other provisions, only candidates who fail an examination with a score that is by less than 10 percent below the minimum score required to pass the examination shall be entitled to challenge the validity of the examination at hearing. (7) The department may post examination scores electronically on the Internet in lieu of mailing the scores to each applicant. Such electronic posting of the examination

scores meets the requirements of chapter 120 if the department

also posts with the examination scores a notification of rights as set forth in chapter 120. The date of receipt for purposes of chapter 120 is the date the examination scores are 3 posted electronically. The department shall also notify the 4 5 examinee when scores are posted electronically of the availability of a post-examination review, if applicable. 6 7 Section 23. Section 456.0195, Florida Statutes, is 8 created to read: 456.0195 Continuing education; instruction on domestic 9 violence; instruction on HIV and AIDS; instruction on 10 prevention of medical errors.--11 (1) The purpose of this section is to encourage health 12 13 care practitioners, as defined in s. 456.001, to complete continuing education courses in specified subject areas as a 14 condition of license renewal, as applicable to the area of 15 practice. The boards, or the department when there is no 16 board, may require the completion of courses, including, but 17 18 not limited to, the following subject areas, as defined by 19 board or department rule: (a) Domestic violence as defined in s. 741.28. The 20 course shall include information on the number of patients in 2.1 22 that professional's practice who are likely to be victims of 2.3 domestic violence and the number who are likely to be 24 perpetrators of domestic violence; screening procedures for determining whether a patient has any history of being a 2.5 victim or perpetrator of domestic violence; and instruction on 26 how to provide such patients with information on, or how to 2.7 2.8 refer such patients to, resources in the local community, such 29 as domestic violence centers and other advocacy groups that provide legal aid, shelter, victim counseling, batterer 30 counseling, or child protection services. 31

1	(b) Human immunodeficiency virus and acquired immune
2	deficiency syndrome. The course shall consist of education on
3	the modes of transmission, infection-control procedures,
4	clinical management, and prevention of human immunodeficiency
5	virus and acquired immune deficiency syndrome. The course
6	shall include information on current state law concerning
7	acquired immune deficiency syndrome and its impact on testing;
8	confidentiality of test results; treatment of patients; any
9	protocols and procedures applicable to human immunodeficiency
10	virus counseling, testing, and reporting; the offering of HIV
11	testing to pregnant women; and partner-notification issues
12	under ss. 381.004 and 384.25.
13	(3) Courses completed in the subject areas specified
14	in subsection (1) shall count towards the total number of
15	continuing education hours required for license renewal for
16	the profession.
17	(4) Any person holding two or more licenses subject to
18	this section shall be required to complete only the
19	requirement for one license.
20	(5) Failure to comply with courses required by the
21	boards, or the department if there is no board, constitutes
22	grounds for disciplinary action under each respective practice
23	act and under s. 456.072(1)(k).
24	Section 24. Subsections (4), (7), and (9) of section
25	456.025, Florida Statutes, are amended to read:
26	456.025 Fees; receipts; disposition
27	(4) Each board, or the department if there is no
28	board, may charge a fee not to exceed \$25, as determined by
29	rule, for the issuance of a wall certificate pursuant to $\underline{\mathbf{s.}}$
30	$\underline{456.013(3)}$ s. $\underline{456.013(2)}$ requested by a licensee who was
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licensed prior to July 1, 1998, or for the issuance of a duplicate wall certificate requested by any licensee.

- (7) Each board, or the department if there is no board, shall establish, by rule, a fee not to exceed \$250 for anyone seeking approval to provide continuing education courses or programs and shall establish by rule a biennial renewal fee not to exceed \$250 for the renewal of providership of such courses. The fees collected from continuing education providers shall be used for the purposes of reviewing course provider applications, monitoring the integrity of the courses provided, and covering legal expenses incurred as a result of not granting or renewing a providership, and developing and maintaining an electronic continuing education tracking system. The department shall implement an electronic continuing education tracking system for each new biennial renewal cycle for which electronic renewals are implemented after the effective date of this act and shall integrate such system into the licensure and renewal system. All approved continuing education providers shall provide information on course attendance to the department necessary to implement the electronic tracking system. The department shall, by rule, specify the form and procedures by which the information is to be submitted.
- management report of <u>revenues and expenditures</u>, <u>performance</u> measures, and <u>recommendations</u>, if <u>needed</u>, to each board at <u>least once each quarter</u> budgets, finances, <u>performance</u> statistics, and <u>recommendations</u> to each board at least once a quarter. The department shall identify and include in such <u>presentations</u> any changes, or <u>projected changes</u>, made to the board's budget since the last <u>presentation</u>.

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Section 25. Section 456.0251, Florida Statutes, is created to read:

456.0251 Continuing education. --

(1) Unless otherwise provided in a profession's practice act, each board, or the department if there is no board, shall establish by rule procedures for approval of continuing education providers and continuing education courses for renewal of licenses. Except for those continuing education courses whose subjects are prescribed by law, each board, or the department if there is no board, may limit by rule the subject matter for approved continuing education courses to courses addressing the scope of practice of each respective health care profession.

(2) Licensees who have not completed all of the continuing education credits required for licensure during a biennium may obtain an extension of 3 months from the date after the end of the license renewal biennium within which to complete the requisite hours for license renewal. Each board, or the department if there is no board, shall establish by rule procedures for requesting a 3-month extension and whether proof of completion of some approved hours of continuing education are required to be submitted with the request for extension as a prerequisite for granting the request.

of continuing education hours within a license renewal
biennium or within a 3 month period from the date after the
end of the license renewal biennium, if requested, shall be
grounds for issuance of a citation and a fine, plus a
requirement that at least the deficit hours are completed
within a time established by rule of each board, or the
department if there is no board. Each board, or the department

if there is no board, shall establish by rule a fine for each continuing education hour which was not completed within the license renewal biennium or the 3-month period following the 3 last day of the biennium if so requested, not to exceed \$500 4 per each hour not completed. The issuance of the citation and 5 fine shall not be considered discipline. A citation and a fine 6 7 issued under this subsection may only be issued to a licensee 8 a maximum of two times for two separate failures to complete 9 the requisite number of hours for license renewal. (4) The department shall report to each board no later 10 than 3 months following the last day of the license renewal 11 biennium the percentage of licensees regulated by that board 12 13 who have not timely complied with the continuing education requirements during the previous license renewal biennium for 14 which auditing of licensees regulated by that board are 15 completed. Each board shall direct the department the 16 percentage of licensees regulated by that board that are to be 17 18 audited during the next license renewal biennium. In addition to the percentage of licensees audited as directed by the 19 boards, the department shall audit those licensees found to be 20 deficient during any of the two license renewal bienniums. 21 Section 26. Section 456.031, Florida Statutes, is 2.2 23 amended to read: 24 456.031 Requirement for instruction on domestic 2.5 violence.--(1)(a) The appropriate board shall require each person 26 licensed or certified under chapter 458, chapter 459, part I 27 28 of chapter 464, chapter 466, chapter 467, chapter 490, or 29 chapter 491 to complete a 1 hour continuing education course, 30 approved by the board, on domestic violence, as defined in s. 741.28, as part of <u>initial licensure</u>, biennial relicensure, or

1	recertification. The course shall consist of a skills-based
2	curriculum that includes practice protocols for identifying
3	and treating a victim of domestic violence, consistent with
4	the profession and instructions on practical applications. As
5	used in this section, the term "skills-based curriculum" means
6	a curriculum that details methods of practical applications to
7	improve responses to domestic violence victims through
8	culturally competent methods of routine screening, assessment,
9	intervention, and health-records documentation. Each licensee
10	must complete continuing education on domestic violence as
11	prescribed by board rule. Initial applicants for licensure
12	shall be allowed 1 year following the date of licensure to
13	complete the required course. information on the number of
14	patients in that professional's practice who are likely to be
15	victims of domestic violence and the number who are likely to
16	be perpetrators of domestic violence, screening procedures for
17	determining whether a patient has any history of being either
18	a victim or a perpetrator of domestic violence, and
19	instruction on how to provide such patients with information
20	on, or how to refer such patients to, resources in the local
21	community, such as domestic violence centers and other
22	advocacy groups, that provide legal aid, shelter, victim
23	counseling, batterer counseling, or child protection services.
24	(b) Each such licensee or certificateholder shall
25	submit confirmation of having completed such course, on a form
26	provided by the board, when submitting fees for each biennial
27	renewal.
28	(c) The board may approve additional equivalent
29	courses that may be used to satisfy the requirements of
30	paragraph (a). Each licensing board that requires a licensee
2.1	to complete an educational course much to this subscribe

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may include the hour required for completion of the course in the total hours of continuing education required by law for such profession unless the continuing education requirements for such profession consist of fewer than 30 hours biennially.

(b)(d) Any person holding two or more licenses subject to the provisions of this subsection shall be permitted to show proof of having taken one board-approved course on domestic violence, for purposes of <u>initial licensure</u>, relicensure, or recertification for additional licenses.

(e) Failure to comply with the requirements of this subsection shall constitute grounds for disciplinary action under each respective practice act and under s. 456.072(1)(k). In addition to discipline by the board, the licensee shall be required to complete such course.

(2) The board shall also require, as a condition of granting a license under any chapter specified in paragraph (1)(a), that each applicant for initial licensure under the appropriate chapter complete an educational course acceptable to the board on domestic violence which is substantially equivalent to the course required in subsection (1). An applicant who has not taken such course at the time of licensure shall, upon submission of an affidavit showing good cause, be allowed 6 months to complete such requirement.

(3)(a) In lieu of completing a course as required in subsection (1), a licensee or certificateholder may complete a course in end of life care and palliative health care, if the licensee or certificateholder has completed an approved domestic violence course in the immediately preceding biennium.

(b) In lieu of completing a course as required by subsection (1), a person licensed under chapter 466 who has

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the immediately preceding 2 years may complete a course approved by the Board of Dentistry. (2)(4) Each board may adopt rules to carry out the provisions of this section. (5) Each board shall report to the President of the Senate, the Speaker of the House of Representatives, and the chairs of the appropriate substantive committees of the Legislature by March 1 of each year as to the implementation of and compliance with the requirements of this section. Section 27. Subsection (13) of section 456.036, Florida Statutes, is amended to read: 456.036 Licenses; active and inactive status; delinquency. --(13) The board, or the department when there is no board, may adopt rules under pursuant to ss. 120.536(1) and 120.54 as necessary to administer implement this section. The

completed an approved domestic violence education course in

Section 28. Section 456.037, Florida Statutes, is amended to read:

rules may require the display of a license.

456.037 Business establishments; requirements for active status licenses; delinquency; discipline; applicability; display of license .--

(1) A business establishment regulated by the Division of Medical Quality Assurance under pursuant to this chapter may provide regulated services only if the business establishment has an active status license. A business establishment that provides regulated services without an active status license is in violation of this section and s. 456.072, and the board, or the department if there is no 31 board, may impose discipline on the business establishment.

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- (2) A business establishment must apply with a complete application, as defined by rule of the board, or the department if there is no board, to renew an active status license before the license expires. If a business establishment fails to renew before the license expires, the license becomes delinquent, except as otherwise provided in statute, in the license cycle following expiration.
- (3) A delinquent business establishment must apply with a complete application, as defined by rule of the board, or the department if there is no board, for active status within 6 months after becoming delinquent. Failure of a delinquent business establishment to renew the license within the 6 months after the expiration date of the license renders the license null without any further action by the board or the department. Any subsequent licensure shall be as a result of applying for and meeting all requirements imposed on a business establishment for new licensure.
- establishment license does not alter in any way the right of the board, or of the department if there is no board, to impose discipline or to enforce discipline previously imposed on a business establishment for acts or omissions committed by the business establishment while holding a license, whether active or null.
- (5) This section applies to any business establishment registered, permitted, or licensed by the department to do business. Business establishments include, but are not limited to, dental laboratories, electrology facilities, massage establishments, and pharmacies.
- (6) The board, or the department if there is no board,
 may require the display of a license by rule.

Section 29. Paragraph (a) of subsection (4) of section 2 456.039, Florida Statutes, is amended to read: 3 456.039 Designated health care professionals; 4 information required for licensure. --5 (4)(a) An applicant for initial licensure must submit a set of fingerprints to the Department of Health in 6 accordance with s. 458.311, s. 458.3115, s. 458.3124, s. 8 458.313, s. 459.0055, s. 460.406, or s. 461.006. 9 Section 30. Present subsections (16) through (19) of section 456.057, Florida Statutes, are redesignated as 10 subsections (17) through (20), respectively, and a new 11 subsection (16) is added to that section to read: 12 13 456.057 Ownership and control of patient records; 14 report or copies of records to be furnished .--(16) A health care practitioner or records owner 15 furnishing copies of reports or records or making the reports 16 or records available for digital scanning pursuant to this 17 18 section may charge the department the reasonable costs of 19 reproducing the records. (a) Reasonable costs of reproducing copies of written 20 or typed documents or reports may not be more than: 21 22 1. For the first 25 pages, \$1 per page. 23 2. For each page in excess of 25 pages, 25 cents. 24 (b) Reasonable costs of reproducing X rays and other special kinds of records are the actual costs. The term 2.5 26 <u>"actual costs" means the cost of the material and supplies</u> used to duplicate the record, as well as the labor costs 27 28 associated with the duplication. 29 Section 31. Subsection (3) of section 456.063, Florida Statutes, is amended to read: 30 31

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456.063 Sexual misconduct; disqualification for license, certificate, or registration. --

(3) Licensed health care practitioners shall report allegations of sexual misconduct to the department, regardless of the practice setting in which the alleged sexual misconduct occurred. Each board, or the department if there is no board, may adopt rules to administer the requirements for reporting allegations of sexual misconduct, including rules to determine the sufficiency of allegations.

Section 32. Paragraphs (aa) and (bb) of subsection (1) of section 456.072, Florida Statutes, are amended, paragraphs (ff), and (gg) are added to that subsection, and subsection (7) is added to that section, to read:

456.072 Grounds for discipline; penalties; enforcement. --

- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (aa) Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition. For the purposes of this paragraph, performing or attempting to perform health care services includes invasive actions taken in furtherance of the preparation of the patient, but does not include those preparations that are noninvasive.
- (bb) Leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in surgical, examination, or other 31 diagnostic procedures, unless leaving the foreign body is

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medically indicated and documented in the patient record. For the purposes of this paragraph, it shall be legally presumed that retention of a foreign body is not in the best interest of the patient and is not within the standard of care of the profession, unless medically indicated and documented in the patient record regardless of the intent of the professional.

(ff) Prescribing, administering, dispensing, or distributing a legend drug, including a controlled substance, when the practitioner knows or reasonably should know that the receiving patient has not established a valid professional relationship with the prescribing practitioner. A medical questionnaire completed by Internet, telephone, electronic transfer, or mail does not establish a valid professional relationship.

(qq) Being terminated from an impaired practitioner

program that is overseen by an impaired practitioner

consultant as described in s. 456.076 for failure to comply

with the terms of the monitoring or treatment contract entered

into by the licensee without good cause.

final order and entered on or after July 1, 2004, under this section, or discipline imposed through final order and entered on or after July 1, 2004, for violation of any practice act, the board, or the department when there is no board, shall assess a nonrefundable fee to defray the costs of monitoring the licensee's compliance with the order in the amount of \$25 per month for each month or portion of a month set forth in the final order to complete the length of term of the probation, suspension, or practice restrictions imposed by the final order. The assessment shall be included in the terms of the final order. The board, or the department if there is no

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board, may elect to assess the same fee to offset other costs of monitoring compliance with the terms imposed by a final order that does not include probation, suspension, or practice restrictions.

Section 33. Subsection (1) of section 456.073, Florida Statutes, is amended to read:

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

(1) The department, for the boards under its jurisdiction, shall cause to be investigated any complaint that is filed before it if the complaint is in writing, signed by the complainant, and legally sufficient. A complaint filed by a state prisoner against a health care practitioner employed by or otherwise providing health care services within a facility of the Department of Corrections is not legally sufficient unless there is a showing that the prisoner complainant has exhausted all available administrative remedies within the state correctional system before filing the complaint. However, if the Department of Health determines after a preliminary inquiry of a state prisoner's complaint that the practitioner may present a serious threat to the health and safety of any individual who is not a state prisoner, the Department of Health may determine legal sufficiency and proceed with discipline. The Department of Health shall be notified within 15 days after the Department of Corrections disciplines or allows a health care practitioner to resign for an offense related to the practice of his or her profession. A complaint is legally sufficient if it contains ultimate facts that show that a violation of this 31 chapter, of any of the practice acts relating to the

professions regulated by the department, or of any rule adopted by the department or a regulatory board in the 3 department has occurred. In order to determine legal sufficiency, the department may require supporting information 4 or documentation. The department may investigate, and the 5 department or the appropriate board may take appropriate final 6 action on, a complaint even though the original complainant 8 withdraws it or otherwise indicates a desire not to cause the 9 complaint to be investigated or prosecuted to completion. The department may investigate an anonymous complaint if the 10 complaint is in writing and is legally sufficient, if the 11 alleged violation of law or rules is substantial, and if the 12 13 department has reason to believe, after preliminary inquiry, 14 that the violations alleged in the complaint are true. The department may investigate a complaint made by a confidential 15 informant if the complaint is legally sufficient, if the 16 alleged violation of law or rule is substantial, and if the 17 18 department has reason to believe, after preliminary inquiry, that the allegations of the complainant are true. The 19 department may initiate an investigation if it has reasonable 20 cause to believe that a licensee or a group of licensees has 21 22 violated a Florida statute, a rule of the department, or a 23 rule of a board. Notwithstanding subsection (13), the 24 department may investigate information filed under pursuant to s. 456.041(4) relating to liability actions with respect to 25 practitioners licensed under chapter 458 or chapter 459 which 26 have been reported under s. 456.049 or s. 627.912 within the 27 28 previous 6 years for any paid claim that exceeds \$50,000. 29 Except as provided in ss. 458.331(9), 459.015(9), 460.413(5), and 461.013(6), When an investigation of any subject is 30 undertaken, the department shall promptly furnish to the

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subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation. The subject may submit a written response to the information contained in the such complaint or document within 30 20 days after service to the subject of the complaint or document. The subject's written response shall be considered by the probable cause panel. The right to respond does not prohibit the issuance of a summary emergency order if necessary to protect the public. However, if the secretary, or the secretary's designee, and the chair of the respective board or the chair of its probable cause panel agree in writing that the such notification would be detrimental to the investigation, the department may withhold notification. The department may conduct an investigation without notification to any subject if the act under investigation is a criminal offense. Section 34. Subsection (2) of section 457.105, Florida

457.105 Licensure qualifications and fees.--

(2) A person may become licensed to practice acupuncture if the person applies to the department and:

Statutes, is amended, to read:

- (a) Is 21 years of age or older, has good moral character, and has the ability to communicate in English, which is demonstrated by having passed the national written examination in English or, if such examination was passed in a foreign language, by also having passed a nationally recognized English proficiency examination;
- (b) <u>Effective July 31, 2001</u>, has completed 60 college credits from an accredited postsecondary institution as a prerequisite to enrollment in <u>and completion of</u> an authorized 3 year course of study in acupuncture and oriental medicine, and has completed a 3 year course of study in acupuncture and

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oriental medicine, and effective July 31, 2001, a 4-year course of study in acupuncture and oriental medicine, which meets standards established by the board by rule, which standards include, but are not limited to, successful completion of academic courses in western anatomy, western physiology, western pathology, western biomedical terminology, first aid, and cardiopulmonary resuscitation (CPR). However, any person who enrolled in an authorized course of study in acupuncture before August 1, 1997, must have completed only a 2-year course of study which meets standards established by the board by rule, which standards must include, but are not limited to, successful completion of academic courses in western anatomy, western physiology, and western pathology. In addition, any person who enrolled in an authorized 3-year course of study in acupuncture and oriental medicine prior to July 31, 2001, must have completed 60 college credits from an accredited postsecondary institution as a prerequisite to enrollment in an authorized 3-year course of study in acupuncture and oriental medicine and must have completed a 3-year course of study in acupuncture and oriental medicine which meets standards established by the board by rule;

national certification process, is actively licensed in a state that has examination requirements that are substantially equivalent to or more stringent than those of this state, or passes the national an examination approved administered by the board department, which examination tests the applicant's competency and knowledge of the practice of acupuncture and oriental medicine. At the request of any applicant, oriental nomenclature for the points shall be used in the examination. The examination shall include a practical examination of the

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1 knowledge and skills required to practice modern and
2 traditional acupuncture and oriental medicine, covering
3 diagnostic and treatment techniques and procedures; and

- (d) Pays the required fees set by the board by rule
 not to exceed the following amounts:
- 1. Examination fee: \$500 plus the actual per applicant cost to the department for purchase of the written and practical portions of the examination from a national organization approved by the board.
 - 2. Application fee: \$300.
- 3. Reexamination fee: \$500 plus the actual per applicant cost to the department for purchase of the written and practical portions of the examination from a national organization approved by the board.
- 4. Initial biennial licensure fee: \$400, if licensed in the first half of the biennium, and \$200, if licensed in the second half of the biennium.
- Section 35. Section 457.107, Florida Statutes, is amended to read:
 - 457.107 Renewal of licenses; continuing education.--
- (1) The department shall renew a license upon receipt of the renewal application and the required fee set by the board by rule, not to exceed \$500.
- (2) The department shall adopt rules establishing a procedure for the biennial renewal of licenses.
- (3) The board shall by rule prescribe continuing education requirements, not to exceed 30 hours biennially, as a condition for renewal of a license. All education programs that contribute to the advancement, extension, or enhancement of professional skills and knowledge related to the practice of acupuncture, whether conducted by a nonprofit or

this chapter.

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profitmaking entity, are eligible for approval. The continuing professional education requirements must be in acupuncture or oriental medicine subjects, including, but not limited to, 3 anatomy, biological sciences, adjunctive therapies, sanitation 4 and sterilization, emergency protocols, and diseases. The 5 board may adopt rules establishing standards for the approval 6 7 of providers of continuing education activities. The board 8 shall have the authority to set a fee, not to exceed \$100, for 9 each continuing education provider. The licensee shall retain in his or her records the certificates of completion of 10 continuing professional education requirements to prove 11 compliance with this subsection. The board may request the 12 13 such documentation without cause from applicants who are 14 selected at random. All national and state acupuncture and oriental medicine organizations and acupuncture and oriental 15 medicine schools are approved to provide continuing 16 professional education in accordance with this subsection. 17 Section 36. Paragraph (c) of subsection (1) of section 19 457.109, Florida Statutes, is amended to read: 457.109 Disciplinary actions; grounds; action by the 20 board.--2.1 (1) The following acts constitute grounds for denial 2.2 23 of a license or disciplinary action, as specified in s. 24 456.072(2): (c) Being convicted or found guilty, or entering a 2.5 26 plea of nolo contendere to, regardless of adjudication, in a court of this state or other any jurisdiction of a crime that 2.7 28 which directly relates to the practice of acupuncture or to the ability to practice acupuncture. Any plea of nolo 30 contendere shall be considered a conviction for purposes of

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Section 37. Section 458.303, Florida Statutes, is amended to read:

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

- (1) The provisions of ss. 458.301, 458.303, 458.305, 458.307, 458.309, 458.311, 458.313, 458.315, 458.317, 458.319, 458.321, 458.327, 458.329, 458.331, 458.337, 458.339, 458.341, 458.343, 458.345, and 458.347 shall have no application to:
- (a) Other duly licensed health care practitioners acting within their scope of practice authorized by statute.
- (b) Any physician lawfully licensed in another state or territory or foreign country, when meeting duly licensed physicians of this state in consultation.
- (c) Commissioned medical officers of the Armed Forces of the United States and of the Public Health Service of the United States while on active duty and while acting within the scope of their military or public health responsibilities.
- (d) Any person while actually serving without salary or professional fees on the resident medical staff of a hospital in this state, subject to the provisions of s. 458.321.
- (e) Any person furnishing medical assistance in case of an emergency.
- $\mbox{(f)} \quad \mbox{The domestic administration of recognized family} \\ \mbox{remedies.}$
- 26 (g) The practice of the religious tenets of any church 27 in this state.
- (h) Any person or manufacturer who, without the use of drugs or medicine, mechanically fits or sells lenses, artificial eyes or limbs, or other apparatus or appliances or is engaged in the mechanical examination of eyes for the

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purpose of constructing or adjusting spectacles, eyeglasses,
   or lenses.
           (2) Nothing in s. 458.301, s. 458.303, s. 458.305, s.
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    458.307, s. 458.309, s. 458.311, <del>s. 458.313,</del> s. 458.319, s.
    458.321, s. 458.327, s. 458.329, s. 458.331, s. 458.337, s.
    458.339, s. 458.341, s. 458.343, s. 458.345, or s. 458.347
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    shall be construed to prohibit any service rendered by a
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   registered nurse, or a licensed practical nurse, or a
   geriatric specialist certified under part I of chapter 464, if
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    such service is rendered under the direct supervision and
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    control of a licensed physician who provides specific
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   direction for any service to be performed and gives final
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   approval to all services performed. Further, nothing in this
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    or any other chapter shall be construed to prohibit any
    service rendered by a medical assistant in accordance with the
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   provisions of s. 458.3485.
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           Section 38. Section 458.311, Florida Statutes, is
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    amended to read:
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          (Substantial rewording of section. See
           s. 458.311, F.S., for present text.)
20
           458.311 Licensure; requirements; fees.--
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          (1) Any person desiring to be licensed as a physician
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    shall apply to the department on forms furnished by the
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    department. The department shall license each applicant who
    the board certifies has met the provisions of this section.
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          (2) Each applicant must demonstrate compliance with
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    the following:
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          (a) Has completed the application form and remitted a
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   nonrefundable application fee not to exceed $500.
          (b) Is at least 21 years of age.
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          (c) Is of good moral character.
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(d) Has not committed any act or offense in this or any other jurisdiction which would constitute the basis for 3 disciplining a physician under s. 458.331. (e) Has submitted to the department a set of 4 fingerprints on a form and under procedures specified by the 5 department, along with a payment in an amount equal to the 6 costs incurred by the department for the criminal history 8 check of the applicant. 9 (f) Has caused to be submitted to the department core credentials verified by the Federation Credentials 10 Verification Service of the Federation of State Medical 11 12 Boards. 13 (q) For an applicant holding a valid active license in 14 another state, has submitted evidence of the active licensed practice of medicine in another jurisdiction for at least 2 of 15 the immediately preceding 4 years or evidence of successful 16 completion of either a board-approved postgraduate training 17 18 program within 2 years preceding the filing of an application 19 or a board-approved clinical competency examination within the year preceding the filing of an application for licensure. For 20 purposes of this paragraph, the term "active licensed practice 2.1 22 of medicine" means that practice of medicine by physicians, 23 including those employed by any governmental entity in 24 community or public health, as defined by this chapter, those designated as medical directors under s. 641.495(11) who are 2.5 practicing medicine, and those on the active teaching faculty 26 of an accredited medical school. If the applicant fails to 2.7 2.8 meet the requirements of this paragraph, the board may impose 29 conditions on the license, including, but not limited to, supervision of practice. 30

<u>(3)</u>	Each	appl:	icant	must	demonstrate	that	he	or	she	has
complied w	ith or	ne of	the	follo	wing:					

- (a) Is a graduate of an allopathic medical school or allopathic college recognized and approved by an accrediting agency recognized by the United States Department of Education or is a graduate of an allopathic medical school or allopathic college within a territorial jurisdiction of the United States recognized by the accrediting agency of the governmental body of that jurisdiction; or
- (b) Is a graduate of an allopathic international medical school registered with the World Health Organization and has had his or her medical credentials evaluated by the Educational Commission for Foreign Medical Graduates, holds an active, valid certificate issued by that commission, and has passed the examination used by that commission. However, a graduate of an international medical school need not present the certificate issued by the Educational Commission for Foreign Medical Graduates or pass the examination used by that commission if the graduate has:
- 1. Received a bachelor's degree from an accredited
 United States college or university.
- 2. Studied at a medical school which is recognized by the World Health Organization.
- 3. Completed all of the formal requirements of the international medical school, except the internship or social service requirements, and passed part I of the National Board of Medical Examiners examination or the Educational Commission for Foreign Medical Graduates examination equivalent.
- 4. Completed an academic year of supervised clinical training in a hospital affiliated with a medical school approved by the Council on Medical Education of the American

1	Medical Association and, upon completion, passed part II of
2	the National Board of Medical Examiners examination or the
3	Educational Commission for Foreign Medical Graduates
4	examination equivalent.
5	(4) Each applicant must demonstrate that he or she has
6	completed a residency approved by the Accreditation Council
7	for Graduate Medical Education (ACGME), as defined by board
8	rule, of at least 2 years, or a fellowship of at least 2 years
9	in one specialty area that is counted toward regular or
10	subspecialty certification by a board recognized and certified
11	by the American Board of Medical Specialties. However, each
12	applicant who meets the requirements of paragraph (3)(a) and
13	who completed his or her training prior to October 1, 2003,
14	must demonstrate completion of at least 1 year of an approved
15	residency.
16	(5)(a) Each applicant must demonstrate that he or she
17	has complied with one of the following examination
18	requirements:
19	1. Prior to January 1, 2000, has obtained a passing
20	score, as established by rule of the board, on the licensure
21	examination of the National Board of Medical Examiners (NBME),
22	the licensure examination of the Federation of State Medical
23	Boards of the United States, Inc. (FLEX), the United States
24	Medical Licensing Examination (USMLE), or a combination
25	thereof;
26	2. On or after January 1, 2000, has obtained a passing
27	score on all three steps of the United States Medical
28	Licensing Examination (USMLE); or
29	3. Has obtained a passing score on a state board
30	examination or the Canadian licensing examination (LLMCC) if
31	the applicant has a current active license in at least one

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other jurisdiction of the United States or Canada and has
practiced under the licensure continuously for the immediately
preceding 10 years without encumbrance on the license.

- (b) As prescribed by board rule, the board may require an applicant who does not pass any step of the national licensing examination after five attempts to complete additional remedial education or training.
- (c) As prescribed by board rule, the board may require an applicant who does not pass all steps of the United States Medical Licensing Examination (USMLE) within 7 years to complete additional remedial education or training or to retake the step of the examination which the applicant passed first.
- (6) The department and the board shall ensure that applicants for licensure meet the criteria of this section through an investigative process.
- (7) The board may not certify to the department for licensure any applicant who is under investigation in another jurisdiction for an offense that would constitute a violation of this chapter until the investigation is completed. Upon completion of the investigation, the provisions of s. 458.331 shall apply. Furthermore, the department may not issue an unrestricted license to any individual who has committed any act or offense in any jurisdiction which would constitute the basis for disciplining a physician under s. 458.331. When the board finds that an individual has committed an act or offense in any jurisdiction which would constitute the basis for disciplining a physician under s. 458.331, the board may enter an order imposing one or more of the terms set forth in s. 456.072(2).

1	(8) The board may adopt rules pursuant to ss.
2	120.536(1) and 120.54 necessary to carry out the provisions of
3	this section, which shall be applied on a uniform and
4	consistent basis.
5	(9) When the board determines that any applicant for
6	licensure has failed to meet, to the board's satisfaction,
7	each of the appropriate requirements set forth in this
8	section, it may enter an order requiring one or more of the
9	following terms:
10	(a) Refusal to certify to the department an
11	application for licensure, certification, or registration;
12	(b) Certification to the department of an application
13	for licensure, certification, or registration with
14	restrictions on the scope of practice of the licensee; or
15	(c) Certification to the department of an application
16	for licensure, certification, or registration with placement
17	of the physician on probation for a period of time and subject
18	to conditions specified by the board, including, but not
19	limited to, requiring the physician to submit to treatment,
20	attend continuing education courses, submit to reexamination,
21	or work under the supervision of another physician.
22	Section 39. Subsection (5) of section 458.3124,
23	Florida Statutes, is amended to read:
24	458.3124 Restricted license; certain experienced
25	foreign-trained physicians
26	(5) Notwithstanding s. $458.311(3)$ and (4) s.
27	$\frac{458.311(1)(f)}{f}$, a person who successfully meets the
28	requirements of this section and who successfully passes Step
29	III of the United States Medical Licensing Examination is
30	eligible for full licensure as a physician.
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Section 40. Section 458.315, Florida Statutes, is 2 amended to read: 3 (Substantial rewording of section. See s. 458.315, F.S., for present text.) 4 458.315 Limited licenses.--5 (1) Any person desiring to obtain a limited license 6 7 shall apply to the department on forms furnished by the 8 department. The department shall license each applicant who 9 the board certifies: (a) Has submitted to the department, with an 10 application and fee not to exceed \$300, a statement stating 11 that he or she has been licensed to practice medicine in any 12 13 jurisdiction or territory of the United States or Canada for 14 at least 2 years and intends to practice only pursuant to the restrictions of a limited license granted under this section. 15 However, if the physician will use the limited license only 16 for noncompensated practice and submits a statement from the 17 18 employing agency or institution stating that he or she will 19 not receive compensation for any service involving the practice of medicine, the application fee and all licensure 20 fees shall be waived. 2.1 (b) Has submitted evidence of the active licensed 2.2 practice of medicine in any jurisdiction or territory of the 2.3 24 United States or Canada for at least 2 of the immediately preceding 4 years. For purposes of this paragraph, the term 2.5 "active licensed practice of medicine" means that practice of 26 medicine by physicians, including those employed by any 2.7 2.8 government entity in community or public health, as defined by 29 this chapter, those designated as medical directors under s. 641.495(11) who are practicing medicine, and those on the 30 active teaching faculty of an accredited medical school. If it

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- has been more than 3 years since active practice was conducted
 by the applicant, a licensed physician approved by the board
 shall supervise the applicant for a period of 6 months after
 he or she is granted a limited license for practice, unless
 the board determines that a shorter period of supervision will
 be sufficient to ensure that the applicant is qualified for
 licensure. Procedures for such supervision shall be
 established by the board.
 - (c) Has submitted to the department a set of fingerprints on a form and following procedures established by the department for the criminal history check of the applicant.
 - (d) Has not committed any act or offense in this or any other jurisdiction which would constitute the basis for disciplining a physician under s. 458.331.
 - (2) After approval of an application under this section, a limited license may not be issued until the applicant provides to the board an affidavit stating that there have been no substantial changes in his or her status since initial application.
- 21 (3) The recipient of a limited license used for
 22 noncompensated practice shall practice only in the employ of
 23 programs or facilities that provide uncompensated health care
 24 services by volunteer licensed health care professionals to
 25 low-income persons whose family income does not exceed 150
 26 percent of the federal poverty level or to uninsured persons.
- 27 These facilities include, but are not limited to, the
- 28 department, community and migrant health centers funded under
- 29 s. 330 of the Public Health Service Act, and volunteer health
- 30 care provider programs contracted with the department to
- 31 provide uncompensated care under s. 766.1115.

1	(4) The recipient of a limited license used for
2	compensated practice shall practice only in the employ of
3	certain programs and facilities that provide health care
4	services and that are located within federally designated
5	primary care health professional shortage areas, unless
6	otherwise approved by the Secretary of Health. These programs
7	and facilities include, but are not limited to, the
8	department, the Department of Corrections, county or municipal
9	correctional facilities, the Department of Juvenile Justice,
10	the Department of Children and Family Services, and those
11	programs and facilities funded under s. 330 of the Public
12	Health Service Act.
13	(5) The recipient of a limited license shall, within
14	30 days after accepting employment, notify the board of all
15	approved institutions in which the licensee practices and all
16	approved institutions in which the licensee's practice
17	privileges have been denied. Evidence of noncompensated
18	employment shall be required for the fee waiver under
19	paragraph (1)(a).
20	(6) Upon renewal, a limited licenseholder shall, in
21	addition to complying with other applicable provisions of this
22	chapter, document compliance with the restrictions prescribed
23	in this section.
24	(7) Any person holding an active or inactive license
25	to practice medicine in the state may convert that license to
26	a limited license for the purpose of providing volunteer,
27	uncompensated care for low-income residents of this state. The
28	licensee must submit a statement from the employing agency or
29	institution stating that he or she will not receive
30	compensation for any service involving the practice of

medicine. All licensure fees, including neurological injury 2 compensation assessments, shall be waived. 3 (8) This section does not limit in any way any policy by the board, otherwise authorized by law, to grant licenses 4 to physicians duly licensed in other states under conditions 5 less restrictive than the requirements of this section. 6 Notwithstanding any other provision of this section, the board 8 may refuse to authorize a physician otherwise qualified to practice in the employ of any agency or institution if the 9 agency or institution has caused or permitted violations of 10 the provisions of this chapter which it knew or should have 11 known were occurring. 12 13 Section 41. Subsection (4) of section 458.319, Florida 14 Statutes, is amended to read: 458.319 Renewal of license.--15 (4) Notwithstanding the provisions of s. 456.033, A 16 physician may complete continuing education on end-of-life 17 care and palliative care in lieu of continuing education in AIDS/HIV, if that physician has completed the AIDS/HIV 19 continuing education in the immediately preceding biennium. 20 Section 42. Paragraph (c) of subsection (5) of section 21 22 458.320, Florida Statutes, is amended to read: 23 458.320 Financial responsibility .--24 (5) The requirements of subsections (1), (2), and (3) 25 do not apply to: 26 (c) Any person holding a limited license pursuant to $\underline{\text{s. }458.315}$ s. $\underline{458.317}$ and practicing under the scope of such 27 28 limited license. 29 Section 43. Subsection (9) of section 458.331, Florida Statutes, is amended to read: 30

458.331 Grounds for disciplinary action; action by the board and department. --3 (9) When an investigation of a physician is 4 undertaken, the department shall promptly furnish to the physician or the physician's attorney a copy of the complaint or document which resulted in the initiation of the 6 investigation. For purposes of this subsection, such documents 8 include, but are not limited to: the pertinent portions of an 9 annual report submitted to the department pursuant to s. 395.0197(6); a report of an adverse incident which is provided 10 to the department pursuant to s. 395.0197; a report of peer 11 review disciplinary action submitted to the department 12 13 pursuant to s. 395.0193(4) or s. 458.337, providing that the 14 investigations, proceedings, and records relating to such peer review disciplinary action shall continue to retain their 15 privileged status even as to the licensee who is the subject 16 of the investigation, as provided by ss. 395.0193(8) and 17 458.337(3); a report of a closed claim submitted pursuant to s. 627.912; a presuit notice submitted pursuant to s. 19 766.106(2); and a petition brought under the Florida 20 Birth-Related Neurological Injury Compensation Plan, pursuant 21 to s. 766.305(2). The physician may submit a written response 2.2 23 to the information contained in the complaint or document 24 which resulted in the initiation of the investigation within 30 45 days after service to the physician of the complaint or 2.5 document. The physician's written response shall be considered 26 by the probable cause panel. 27 28 Section 44. Paragraph (c) of subsection (1) of section 29 458.345, Florida Statutes, is amended to read: 30 31

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- 458.345 Registration of resident physicians, interns, and fellows; list of hospital employees; prescribing of medicinal drugs; penalty .--
- (1) Any person desiring to practice as a resident physician, assistant resident physician, house physician, intern, or fellow in fellowship training which leads to subspecialty board certification in this state, or any person desiring to practice as a resident physician, assistant resident physician, house physician, intern, or fellow in fellowship training in a teaching hospital in this state as defined in s. 408.07(44) or s. 395.805(2), who does not hold a valid, active license issued under this chapter shall apply to the department to be registered and shall remit a fee not to exceed \$300 as set by the board. The department shall register any applicant the board certifies has met the following requirements:
- (c) Is a graduate of a medical school or college as specified in <u>s. 458.311(3)</u> s. 458.311(1)(f).
- Section 45. Subsection (7) of section 458.347, Florida Statutes, is amended to read:
 - 458.347 Physician assistants.--
 - (7) PHYSICIAN ASSISTANT LICENSURE. --
- (a) Any person desiring to be licensed as a physician assistant must apply to the department. The department shall issue a license to any person certified by the council as having met the following requirements:
 - 1. Is at least 18 years of age.
- 2. Has satisfactorily passed a proficiency examination by an acceptable score established by the National Commission on Certification of Physician Assistants. If an applicant 31 does not hold a current certificate issued by the National

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Commission on Certification of Physician Assistants and has not actively practiced as a physician assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the National Commission on Certification of Physician Assistants to be eligible for licensure.

- 3. Has completed the application form and remitted an application fee not to exceed \$300 as set by the boards. An application for licensure made by a physician assistant must include:
- a. A certificate of completion of a physician assistant training program specified in subsection (6).
 - b. A sworn statement of any prior felony convictions.
- c. A sworn statement of any previous revocation or denial of licensure or certification in any state.
 - d. Two letters of recommendation.
- (b)1. Notwithstanding subparagraph (a)2. and subparagraph (a)3.a., the department shall examine each applicant who the Board of Medicine certifies:
- a. Has completed the application form and remitted a nonrefundable application fee not to exceed \$500 and an examination fee not to exceed \$300, plus the actual cost to the department to provide the examination. The examination fee is refundable if the applicant is found to be ineligible to take the examination. The department shall not require the applicant to pass a separate practical component of the examination. For examinations given after July 1, 1998, competencies measured through practical examinations shall be incorporated into the written examination through a multiple choice format. The department shall translate the examination into the native language of any applicant who

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requests and agrees to pay all costs of such translation, provided that the translation request is filed with the board office no later than 9 months before the scheduled examination and the applicant remits translation fees as specified by the department no later than 6 months before the scheduled examination, and provided that the applicant demonstrates to the department the ability to communicate orally in basic English. If the applicant is unable to pay translation costs, the applicant may take the next available examination in English if the applicant submits a request in writing by the application deadline and if the applicant is otherwise eligible under this section. To demonstrate the ability to communicate orally in basic English, a passing score or grade is required, as determined by the department or organization that developed it, on the test for spoken English (TSE) by the Educational Testing Service (ETS), the test of English as a foreign language (TOEFL) by ETS, a high school or college level English course, or the English examination for citizenship, Immigration and Naturalization Service. A notarized copy of an Educational Commission for Foreign Medical Graduates (ECFMG) certificate may also be used to demonstrate the ability to communicate in basic English; and b.(I) Is an unlicensed physician who graduated from a foreign medical school listed with the World Health Organization who has not previously taken and failed the examination of the National Commission on Certification of Physician Assistants and who has been certified by the Board of Medicine as having met the requirements for licensure as a medical doctor by examination as set forth in s. 458.311(1), (3), (4), and (5), with the exception that the applicant is 31 not required to have completed an approved residency of at

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least 1 year and the applicant is not required to have passed the licensing examination specified under s. 458.311 or hold a valid, active certificate issued by the Educational Commission for Foreign Medical Graduates; was eligible and made initial application for certification as a physician assistant in this state between July 1, 1990, and June 30, 1991; and was a resident of this state on July 1, 1990, or was licensed or certified in any state in the United States as a physician assistant on July 1, 1990; or

(II) Completed all coursework requirements of the Master of Medical Science Physician Assistant Program offered through the Florida College of Physician's Assistants prior to its closure in August of 1996. Prior to taking the examination, such applicant must successfully complete any clinical rotations that were not completed under such program prior to its termination and any additional clinical rotations with an appropriate physician assistant preceptor, not to exceed 6 months, that are determined necessary by the council. The boards shall determine, based on recommendations from the council, the facilities under which such incomplete or additional clinical rotations may be completed and shall also determine what constitutes successful completion thereof, provided such requirements are comparable to those established by accredited physician assistant programs. This sub subparagraph is repealed July 1, 2001.

2. The department may grant temporary licensure to an applicant who meets the requirements of subparagraph 1.

Between meetings of the council, the department may grant temporary licensure to practice based on the completion of all temporary licensure requirements. All such administratively issued licenses shall be reviewed and acted on at the next

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regular meeting of the council. A temporary license expires 30 days after receipt and notice of scores to the licenseholder from the first available examination specified in subparagraph 1. following licensure by the department. An applicant who fails the proficiency examination is no longer temporarily licensed, but may apply for a one time extension of temporary licensure after reapplying for the next available examination. Extended licensure shall expire upon failure of the licenseholder to sit for the next available examination or upon receipt and notice of scores to the licenseholder from such examination.

3. Notwithstanding any other provision of law, the

examination specified pursuant to subparagraph 1. shall be administered by the department only five times. Applicants certified by the board for examination shall receive at least 6 months' notice of eligibility prior to the administration of the initial examination. Subsequent examinations shall be administered at 1 year intervals following the reporting of the scores of the first and subsequent examinations. For the purposes of this paragraph, the department may develop, contract for the development of, purchase, or approve an examination that adequately measures an applicant's ability to practice with reasonable skill and safety. The minimum passing score on the examination shall be established by the department, with the advice of the board. Those applicants failing to pass that examination or any subsequent examination shall receive notice of the administration of the next examination with the notice of scores following such examination. Any applicant who passes the examination and meets the requirements of this section shall be licensed as a physician assistant with all rights defined thereby.

 $\underline{\text{(b)}(c)}$ The license must be renewed biennially. Each renewal must include:

- 1. A renewal fee not to exceed \$500 as set by the boards.
- 2. A sworn statement of no felony convictions in the previous 2 years.

 $\underline{\text{(c)}(d)}$ Each licensed physician assistant shall biennially complete 100 hours of continuing medical education or shall hold a current certificate issued by the National Commission on Certification of Physician Assistants.

(d)(e) Upon employment as a physician assistant, a licensed physician assistant must notify the department in writing within 30 days after such employment or after any subsequent changes in the supervising physician. The notification must include the full name, Florida medical license number, specialty, and address of the supervising physician.

(e)(f) Notwithstanding subparagraph (a)2., the department may grant a temporary license to a recent graduate of an approved program, as specified in subsection (6), who expects to take the first examination administered by the National Commission on Certification of Physician Assistants available for registration after the applicant's graduation, a temporary license. The temporary license shall expire 1 year after the date of graduation 30 days after receipt of scores of the proficiency examination administered by the National Commission on Certification of Physician Assistants. Between meetings of the council, the department may grant a temporary license to practice under this subsection based on the completion of all temporary licensure requirements. All such administratively issued licenses shall be reviewed and acted

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on at the next regular meeting of the council. The recent graduate may be licensed prior to employment, but must comply with paragraph(d)(e). An applicant who has passed the National Commission on Certification of Physician Assistants proficiency examination may be granted permanent licensure. An applicant failing the proficiency examination is no longer temporarily licensed, but may reapply for a 1 year extension of temporary licensure. An applicant may not be granted more than two temporary licenses and may not be licensed as a physician assistant until he or she passes the examination administered by the National Commission on Certification of Physician Assistants. As prescribed by board rule, the council may require an applicant who does not pass the national licensing examination after five or more attempts to complete additional remedial education or training. The council shall prescribe the additional requirements in a manner that permits the applicant to complete the requirements and be reexamined within 2 years after the date the applicant petitions the council to retake the examination a sixth or subsequent time. (f)(g) The Board of Medicine may impose any of the penalties authorized under ss. 456.072 and 458.331(2) upon a physician assistant if the physician assistant or the supervising physician has been found guilty of or is being investigated for any act that constitutes a violation of this chapter or chapter 456. Section 46. Subsections (4) and (5) of section 459.008, Florida Statutes, are amended to read: 459.008 Renewal of licenses and certificates.--(4) The board shall, by rule, prescribe continuing

education programs and courses, not to exceed 40 hours

31 biennially, as a condition for renewal of a license. The Such

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programs and courses must build on the basic educational requirements for licensure as an osteopathic physician and must be approved by the board. The board may mandate by rule specific continuing medical education requirements, and may approve by rule alternative methods of obtaining continuing education credits, including, but not limited to, attending a board meeting at which another licensee is disciplined, serving as a volunteer expert witness for the department in a disciplinary case, or serving as a member of a probable cause panel following the expiration of a board member's term.

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

Section 47. Subsection (9) of section 459.015, Florida Statutes, is amended to read:

459.015 Grounds for disciplinary action; action by the board and department. --

(9) When an investigation of an osteopathic physician is undertaken, the department shall promptly furnish to the osteopathic physician or his or her attorney a copy of the complaint or document which resulted in the initiation of the investigation. For purposes of this subsection, such documents include, but are not limited to: the pertinent portions of an annual report submitted to the department pursuant to s. 395.0197(6); a report of an adverse incident which is provided to the department pursuant to s. 395.0197; a report of peer review disciplinary action submitted to the department 31 pursuant to s. 395.0193(4) or s. 459.016, provided that the

investigations, proceedings, and records relating to such peer review disciplinary action shall continue to retain their 3 privileged status even as to the licensee who is the subject of the investigation, as provided by ss. 395.0193(8) and 459.016(3); a report of a closed claim submitted pursuant to s. 627.912; a presuit notice submitted pursuant to s. 6 766.106(2); and a petition brought under the Florida 8 Birth-Related Neurological Injury Compensation Plan, pursuant 9 to s. 766.305(2). The osteopathic physician may submit a written response to the information contained in the complaint 10 or document which resulted in the initiation of the 11 investigation within 30 45 days after service to the 12 13 osteopathic physician of the complaint or document. The 14 osteopathic physician's written response shall be considered by the probable cause panel. 15 Section 48. Subsections (1) and (2) of section 16 459.021, Florida Statutes, are amended to read: 17 459.021 Registration of resident physicians, interns, and fellows; list of hospital employees; penalty .--19 (1) Any person who holds a degree of Doctor of 20 Osteopathic Medicine from a college of osteopathic medicine 21 recognized and approved by the American Osteopathic 2.2 Association who desires to practice as a resident physician, 24 assistant resident physician, house physician, intern, or fellow in fellowship training which leads to subspecialty 2.5 board certification in this state, or any person desiring to 26 practice as a resident physician, assistant resident 27 physician, house physician, intern, or fellow in fellowship training in a teaching hospital in this state as defined in s. 408.07(44) or s. 395.805(2), who does not hold an active 30 31 license issued under this chapter shall apply to the

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department to be registered, on an application provided by the department, within 30 days prior to of commencing such a training program and shall remit a fee not to exceed \$300 as set by the board.

(2) Any person required to be registered under this section shall renew such registration annually and shall remit a renewal fee not to exceed \$300 as set by the board. registration shall be terminated upon the registrant's receipt of an active license issued under this chapter. No person shall be registered under this section for an aggregate of more than 5 years, unless additional years are approved by the board.

Section 49. Paragraphs (c) and (d) of subsection (1) of section 460.406, Florida Statutes, are amended and subsection (5) is added to that section to read:

460.406 Licensure by examination. --

- (1) Any person desiring to be licensed as a chiropractic physician shall apply to the department to take the licensure examination. There shall be an application fee set by the board not to exceed \$100 which shall be nonrefundable. There shall also be an examination fee not to exceed \$500 plus the actual per applicant cost to the department for purchase of portions of the examination from the National Board of Chiropractic Examiners or a similar national organization, which may be refundable if the applicant is found ineligible to take the examination. department shall examine each applicant who the board certifies has:
- (c) Submitted proof satisfactory to the department that he or she is within 6 months of graduating from or is a 31 graduate of a chiropractic college which is accredited by or

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has status with the Council on Chiropractic Education or its predecessor agency. However, any applicant who is a graduate of a chiropractic college that was initially accredited by the Council on Chiropractic Education in 1995, who graduated from such college within the 4 years immediately preceding such accreditation, and who is otherwise qualified shall be eligible to take the examination. No application for a license to practice chiropractic medicine shall be denied solely because the applicant is a graduate of a chiropractic college that subscribes to one philosophy of chiropractic medicine as distinguished from another.

- (d)1. For an applicant who has matriculated in a chiropractic college prior to July 2, 1990, completed at least 2 years of residence college work, consisting of a minimum of one-half the work acceptable for a bachelor's degree granted on the basis of a 4-year period of study, in a college or university accredited by an accrediting agency recognized and approved by the United States Department of Education. However, before prior to being certified by the board to sit for the examination, each applicant who has matriculated in a chiropractic college after July 1, 1990, shall have been granted a bachelor's degree, based upon 4 academic years of study, by a college or university accredited by a regional accrediting agency which is a member of the Council for Higher Education Accreditation, the United States Department of Education, or a successor organization Commission on Recognition of Postsecondary Accreditation.
- 2. Effective July 1, 2000, completed, before prior to matriculation in a chiropractic college, at least 3 years of residence college work, consisting of a minimum of 90 semester 31 hours leading to a bachelor's degree in a liberal arts college

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or university accredited by an accrediting agency recognized and approved by the United States Department of Education. However, before prior to being certified by the board to sit 3 for the examination, each applicant who has matriculated in a chiropractic college after July 1, 2000, shall have been granted a bachelor's degree from an institution holding accreditation for that degree from a regional accrediting agency which is recognized by the United States Department of Education. The applicant's chiropractic degree must consist of credits earned in the chiropractic program and may not include academic credit for courses from the bachelor's 12 degree. (5) A student in a school or college of chiropractic

accredited by the Council on Chiropractic Education, or its successors, in the final 6 months prior to his or her scheduled graduation, may file an application under subsection (1), take all examinations required for licensure, submit a set of fingerprints and pay all fees required for licensure. A chiropractic student who takes and successfully passes the licensure examinations and who otherwise meets all requirements for licensure as a chiropractic physician during the student's final 6 months of study must graduate and supply proof of graduation to the department before being certified for licensure under s. 460.406.

Section 50. Subsection (5) of section 460.413, Florida Statutes, is amended to read:

460.413 Grounds for disciplinary action; action by board or department. --

(5) When an investigation of a chiropractic physician is undertaken, the department shall promptly furnish to the chiropractic physician or her or his attorney a copy of the

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complaint or document which resulted in the initiation of the investigation. The chiropractic physician may submit a written response to the information contained in such complaint or document within 30 45 days after service to the chiropractic physician of the complaint or document. The chiropractic physician's written response shall be considered by the probable cause panel.

Section 51. Subsection (6) of section 461.013, Florida Statutes, is amended to read:

461.013 Grounds for disciplinary action; action by the board; investigations by department. --

(6) When an investigation of a podiatric physician is undertaken, the department shall promptly furnish to the podiatric physician or her or his attorney a copy of the complaint or document which resulted in the initiation of the investigation. The podiatric physician may submit a written response to the information contained in such complaint or document within 30 45 days after service to the podiatric physician of the complaint or document. The podiatric physician's written response shall be considered by the probable cause panel.

Section 52. Subsection (4) of section 461.014, Florida Statutes, is amended to read:

461.014 Residency. -- The board shall encourage and develop podiatric residency programs in hospitals in this state and shall establish such programs by the promulgation of rules, subject to the following conditions:

(4) Every hospital having a residency program shall annually semiannually, on January 1 and July 1 of each year, provide the board with a list of podiatric residents and such 31 other information as is required by the board.

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27 28 Section 53. Paragraph (b) of subsection (1) of section 463.006, Florida Statutes, is amended to read:

463.006 Licensure and certification by examination. --

- (1) Any person desiring to be a licensed practitioner pursuant to this chapter shall apply to the department to take the licensure and certification examinations. The department shall examine each applicant who the board determines has:
- (b) Submitted proof satisfactory to the department that she or he:
 - 1. Is at least 18 years of age.
- 2. Has graduated from an accredited school or college of optometry approved by rule of the board.
 - 3. Is of good moral character.
- 4. Has successfully completed at least 110 hours of transcript-quality coursework and clinical training in general and ocular pharmacology as determined by the board, at an institution that:
- a. Has facilities for both didactic and clinical instructions in pharmacology. \div and
- b. Is accredited by a regional or professional accrediting organization that is recognized and approved by the <u>Council for Higher Education</u> Commission on Recognition of <u>Postsecondary</u> Accreditation or the United States Department of Education, or a successor organization.
- 5. Has completed at least 1 year of supervised experience in differential diagnosis of eye disease or disorders as part of the optometric training or in a clinical setting as part of the optometric experience.
- Section 54. Subsection (1) of section 464.009, Florida

 Statutes, is amended and reenacted to read:
- 31 464.009 Licensure by endorsement.--

- (1) The department shall issue the appropriate license by endorsement to practice professional or practical nursing to an applicant who, upon applying to the department and remitting a fee set by the board not to exceed \$100, demonstrates to the board that he or she:
- (a) Holds a valid license to practice professional or practical nursing in another state or territory of the United States, provided that, when the applicant secured his or her original license, the requirements for licensure were substantially equivalent to or more stringent than those existing in Florida at that time;
- (b) Meets the qualifications for licensure in s. 464.008 and has successfully completed a state, regional, or national examination which is substantially equivalent to or more stringent than the examination given by the department; or
- (c) Has actively practiced nursing in another state, jurisdiction, or territory of the United States for 2 of the preceding 3 years without having his or her license acted against by the licensing authority of any jurisdiction.

 Applicants who become licensed under pursuant to this paragraph must complete within 6 months after licensure a Florida laws and rules course that is approved by the board. Once the department has received the results of the national criminal history check and has determined that the applicant has no criminal history, the appropriate license by endorsement shall be issued to the applicant. This paragraph is repealed July 1, 2004, unless reenacted by the Legislature.

Section 55. Paragraph (a) of subsection (4) of section 464.0205, Florida Statutes, is amended to read:

464.0205 Retired volunteer nurse certificate.--

(4) A retired volunteer nurse receiving certification 2 from the board shall: 3 (a) Work under the direct supervision of the director 4 of a county health department, a physician working under a limited license issued pursuant to $\underline{s. 458.315}$ $\underline{s. 458.317}$ or s. 459.0075, a physician licensed under chapter 458 or chapter 6 459, an advanced registered nurse practitioner certified under 8 s. 464.012, or a registered nurse licensed under s. 464.008 or s. 464.009. 9 Section 56. Subsection (6) is added to section 10 464.201, Florida Statutes, to read: 11 464.201 Definitions.--As used in this part, the term: 12 13 (6) "Practice of a certified nursing assistant" means 14 providing care and assisting persons with tasks relating to the activities of daily living. Such tasks are those 15 associated with personal care, maintaining mobility, nutrition 16 and hydration, toileting and elimination, assistive devices, 17 safety and cleanliness, data gathering, reporting abnormal 19 signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care, CPR and emergency care, 20 notification of residents' or patients' rights, documentation 21 of nursing assistant services, and other tasks that a 2.2 23 certified nurse assistant may perform after training beyond 24 that required for initial certification and upon validation of competence in that skill by a registered nurse. This 2.5 26 subsection does not restrict the ability of any person who is otherwise trained and educated from performing such tasks. 27 28 Section 57. Section 464.202, Florida Statutes, is 29 amended to read: 464.202 Duties and powers of the board. -- The board 30 31 | shall maintain, or contract with or approve another entity to

maintain, a state registry of certified nursing assistants. The registry must consist of the name of each certified nursing assistant in this state; other identifying information 3 defined by board rule; certification status; the effective date of certification; other information required by state or federal law; information regarding any crime or any abuse, 6 neglect, or exploitation as provided under chapter 435; and 8 any disciplinary action taken against the certified nursing 9 assistant. The registry shall be accessible to the public, the certificateholder, employers, and other state agencies. The 10 board shall adopt by rule testing procedures for use in 11 certifying nursing assistants and shall adopt rules regulating 12 13 the practice of certified nursing assistants which specify the 14 scope of practice authorized and level of supervision required for the practice of certified nursing assistants to enforce 15 this part. The board may contract with or approve another 16 entity or organization to provide the examination services, 17 including the development and administration of examinations. The board shall require that the contract provider offer 19 certified nursing assistant applications via the Internet, and 20 may require the contract provider to accept certified nursing 21 assistant applications for processing via the Internet. The 2.2 23 board shall require the contract provider to provide the 24 preliminary results of the certified nursing examination on the date the test is administered. The provider shall pay all 2.5 reasonable costs and expenses incurred by the board in 26 evaluating the provider's application and performance during 27 28 the delivery of services, including examination services and procedures for maintaining the certified nursing assistant 30 registry. 31

 Section 58. Subsections (1), (5), and (7) of section 464.203, Florida Statutes, are amended, and subsections (8), (9), and (10) are added to that section, to read:

464.203 Certified nursing assistants; certification requirement.--

- (1) The board shall issue a certificate to practice as a certified nursing assistant to any person who demonstrates a minimum competency to read and write and successfully passes the required <u>background Level I or Level II</u> screening <u>in subsection (9) pursuant to s. 400.215</u> and <u>who</u> meets one of the following requirements:
- (a) Has successfully completed an approved training program and achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion approved by the board and administered at a site and by personnel approved by the department.
- (b) Has achieved a minimum score, established by rule of the board, on the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion, approved by the board and administered at a site and by personnel approved by the department and:
 - 1. Has a high school diploma, or its equivalent; or
 - 2. Is at least 18 years of age.
- (c) Is currently certified in another state; is listed on that state's certified nursing assistant registry; and has not been found to have committed abuse, neglect, or exploitation in that state.
- 29 (d) Has completed the curriculum developed under the
 30 Enterprise Florida Jobs and Education Partnership Grant and
 31 achieved a minimum score, established by rule of the board, on

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the nursing assistant competency examination, which consists of a written portion and skills-demonstration portion, approved by the board and administered at a site and by personnel approved by the department.

- (5) Certification as a nursing assistant, in accordance with this part, may be renewed continues in effect until such time as the nursing assistant allows a period of 24 consecutive months to pass during which period the nursing assistant fails to perform any nursing-related services for monetary compensation. When a nursing assistant fails to perform any nursing-related services for monetary compensation for a period of 24 consecutive months, the nursing assistant must complete a new training and competency evaluation program or a new competency evaluation program.
- (7) A certified nursing assistant shall complete $\frac{12}{18}$ hours of inservice training during each calendar year. The certified nursing assistant shall be responsible for maintaining documentation demonstrating compliance with these provisions. The Council on Certified Nursing Assistants, in accordance with s. 464.2085(2)(b), shall propose rules to implement this subsection.
- (8) The department shall renew a certificate upon receipt of the renewal application and imposition of a fee of 24 \$20 which may be increased to not more than \$50 biennially. The department shall adopt rules establishing a procedure for the biennial renewal of certificates. Any certificate not renewed by July 1, 2006, shall be void.
 - (9) For purposes of this section, background screening shall include:
- 30 (a) A determination whether the person seeking the certificate has committed any act that would constitute

1	grounds for disciplinary sanctions as provided in s.
2	464.204(1); and
3	(b)1. For persons who have continuously resided in
4	this state for the 5 years immediately preceding the date of
5	screening, level 1 screening as set forth in chapter 435; or
6	2. For persons who have not continuously resided in
7	this state for the 5 years immediately preceding the date of
8	screening, level 2 screening as set forth in chapter 435.
9	(10) Beginning January 1, 2005, the Department of
10	Health and the Agency for Health Care Administration shall,
11	after certification of an applicant, post information relating
12	to background screening on the agency's background-screening
13	database, which shall be available only to employers and
14	prospective employers, who, as a condition of employment, are
15	required by law to conduct a background check for the
16	employment of certified nursing assistants.
17	Section 59. Paragraph (b) of subsection (1) of section
18	464.204, Florida Statutes, is amended to read:
19	464.204 Denial, suspension, or revocation of
20	certification; disciplinary actions
21	(1) The following acts constitute grounds for which
22	the board may impose disciplinary sanctions as specified in
23	subsection (2):
24	(b) Intentionally Violating any provision of this
25	chapter, chapter 456, or the rules adopted by the board.
26	Section 60. Subsection (2) of section 465.0075,
27	Florida Statutes, is amended to read:
28	465.0075 Licensure by endorsement; requirements;
29	fee
30	(2) An applicant licensed in another state for a
31	period in excess of 2 years from the date of application for

licensure in this state shall submit a total of at least 30 hours of board-approved continuing education for the 24 months 2 calendar years immediately preceding application. 3 Section 61. Subsections (2) and (4) of section 4 465.022, Florida Statutes, are amended to read: 5 6 465.022 Pharmacies; general requirements; fees.--7 (2) A pharmacy permit shall be issued only to a person 8 who is at least 18 years of age and of good moral character, 9 to a partnership whose partners are at least 18 years of age and of good moral character, or to a corporation that which is 10 registered pursuant to chapter 607 or chapter 617 whose 11 officers, directors, and shareholders with an ownership 12 13 interest of 5 percent or more are at least 18 years of age and of good moral character. 14 (4)(a) An application for a pharmacy permit must 15 include a set of fingerprints from each person with an 16 ownership interest of 5 percent or more and from any person 17 18 who, directly or indirectly, manages, oversees, or controls the operation of the applicant, including officers and 19 directors of a corporation. For corporations with over \$100 20 million of assets in Florida, the department may, as an 21 22 alternative, require a set of the fingerprints of up to five 23 corporate officers who are involved in the management and 24 operation of the pharmacy. A requirement that fingerprints of a corporate officer be submitted may be satisfied when those 2.5 fingerprints are on file with a state agency and available to 26 the department. The application must be accompanied by 2.7 payment of the costs incurred by the department for the 28 29 criminal history checks. (b) The department shall submit the fingerprints 30 31 provided by the applicant to the Department of Law Enforcement

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for a statewide criminal history check and the Department of

Law Enforcement shall forward the fingerprints to the Federal

Bureau of Investigation for a national criminal history check.

(c) After the application has been filed with the board and the permit fee provided in this section has been received, the board shall cause the application to be fully investigated, both as to the qualifications of the applicant and the prescription department manager or consultant pharmacist designated to be in charge and as to the premises and location described in the application.

Section 62. Section 465.023, Florida Statutes, is amended to read:

465.023 Pharmacy permittee; disciplinary action.--

- (1) The department or the board may deny a pharmacy permit application or revoke or suspend the permit of any pharmacy permittee, and may fine, place on probation, or otherwise discipline any pharmacy permittee when the applicant for a pharmacy permit, pharmacy permittee, or any officer, director, or agent of an applicant or permittee who has:
- (a) Obtained a permit by misrepresentation or fraud or through an error of the department or the board;
- (b) Attempted to procure, or has procured, a permit for any other person by making, or causing to be made, any false representation;
- (c) Violated any of the requirements of this chapter or any of the rules of the Board of Pharmacy; of chapter 499, known as the "Florida Drug and Cosmetic Act"; of 21 U.S.C. ss. 301-392, known as the "Federal Food, Drug, and Cosmetic Act"; of 21 U.S.C. ss. 821 et seq., known as the Comprehensive Drug Abuse Prevention and Control Act; or of chapter 893; or

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- (d) Been convicted or found guilty, regardless of adjudication, of a felony or any other crime involving moral turpitude in any of the courts of this state, of any other state, or of the United States: \cdot
- (e) Been convicted or disciplined by a regulatory agency of the Federal Government or a regulatory agency of another state for any offense that would constitute a violation of this chapter; or
- (f) Been convicted of, found quilty of, or entered a plea of quilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, the profession of pharmacy.
- (2) If a pharmacy permit is revoked or suspended, the owner, manager, or proprietor shall cease to operate the establishment as a pharmacy as of the effective date of the such suspension or revocation. In the event of a such revocation or suspension, the owner, manager, or proprietor shall remove from the premises all signs and symbols identifying the premises as a pharmacy. The period of the such suspension shall be prescribed by the Board of Pharmacy, but in no case shall it exceed 1 year. In the event that the permit is revoked, the person owning or operating the establishment shall not be entitled to make application for a permit to operate a pharmacy for a period of 1 year from the date of the such revocation. Upon the effective date of the such revocation, the permittee shall advise the Board of Pharmacy of the disposition of the medicinal drugs located on the premises. The Such disposition shall be subject to continuing supervision and approval by the Board of Pharmacy.

Section 63. Subsections (2) and (5) of section 2 465.025, Florida Statutes, are amended to read: 3 465.025 Substitution of drugs.--4 (2) A pharmacist who receives a prescription for a brand name drug shall, unless requested otherwise by the 5 6 purchaser, substitute a less expensive, generically equivalent drug product that is+ 8 (a) distributed by a business entity doing business, and subject to suit and service of legal process, in the 9 United States; and 10 (b) Listed in the formulary of generic and brand name 11 drug products as provided in subsection (5) for the brand name 12 13 drug prescribed, 14 unless the prescriber writes the words "MEDICALLY NECESSARY," 15 in her or his own handwriting, on the face of a written 16 prescription; or unless, in the case of an electronically 17 18 transmitted prescription, the prescriber indicates in the transmitted prescription that the brand name drug is medically 19 necessary; or unless, in the case of an oral prescription, the 20 prescriber expressly indicates to the pharmacist that the 2.1 22 brand name drug prescribed is medically necessary. 23 (5) Each community pharmacy shall establish a 24 formulary of generic and brand name drug products which, if 2.5 selected as the drug product of choice, would not pose a 26 threat to the health and safety of patients receiving prescription medication. In compiling the list of generic and 27 28 brand name drug products for inclusion in the formulary, the 29 pharmacist shall rely on drug product research, testing, information, and formularies compiled by other pharmacies, by 30

states, by the United States Department of Health, Education,

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and Welfare, by the United States Department of Health and Human Services, or by any other source which the pharmacist deems reliable. Each community pharmacy shall make such formulary available to the public, the Board of Pharmacy, or any physician requesting same. This formulary shall be revised following each addition, deletion, or modification of said formulary.

Section 64. Section 465.0251, Florida Statutes, is amended to read:

465.0251 Generic drugs; removal from formulary under specified circumstances. --

- (1) The Board of Pharmacy and the Board of Medicine shall remove any generic named drug product from the formulary established by <u>s. 465.025(5)</u> s. 465.025(6), if every commercially marketed equivalent of that drug product is "A" rated as therapeutically equivalent to a reference listed drug or is a reference listed drug as referred to in "Approved Drug Products with Therapeutic Equivalence Evaluations" (Orange Book) published by the United States Food and Drug Administration.
- (2) Nothing in This act does not shall alter or amend s. 465.025 as to existing law providing for the authority of physicians to prohibit generic drug substitution by writing "medically necessary" on the prescription.

Section 65. Section 465.026, Florida Statutes, is amended to read:

465.026 Filling of certain prescriptions. -- Nothing contained in This chapter does not shall be construed to prohibit a pharmacist licensed in this state from filling or refilling a valid prescription which is on file in a pharmacy 31 | located in this state or in another state and has been

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transferred from one pharmacy to another by any means, including any electronic means, under the following conditions:

- (1) Before Prior to dispensing any transferred prescription, the dispensing pharmacist must, either verbally or by any electronic means, do all of the following:
- (a) Advise the patient that the prescription on file at the other pharmacy must be canceled before it may be filled or refilled.
- (b) Determine that the prescription is valid and on file at the other pharmacy and that the prescription may be filled or refilled, as requested, in accordance with the prescriber's intent expressed on the prescription.
- (c) Notify the pharmacist or pharmacy where the prescription is on file that the prescription must be canceled.
- (d) Record in writing, or by any electronic means, the prescription order, the name of the pharmacy at which the prescription was on file, the prescription number, the name of the drug and the original amount dispensed, the date of original dispensing, and the number of remaining authorized refills.
- (e) Obtain the consent of the prescriber to the refilling of the prescription when the prescription, in the dispensing pharmacist's professional judgment, so requires. Any interference with the professional judgment of the dispensing pharmacist by any pharmacist or pharmacy permittee, or its agents or employees, shall be grounds for discipline.
- (2) Upon receipt of a prescription transfer request, if the pharmacist is satisfied in her or his professional 31 | judgment that the request is valid, or if the request has been

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validated by any electronic means, the pharmacist or pharmacy must do all of the following:

- (a) Transfer the information required by paragraph (1)(d) accurately and completely.
- (b) Record on the prescription, or by any electronic means, the requesting pharmacy and pharmacist and the date of request.
- (c) Cancel the prescription on file by electronic means or by recording the word "void" on the prescription record. No further prescription information shall be given or medication dispensed under pursuant to the original prescription.
- (3) If a transferred prescription is not dispensed within a reasonable time, the pharmacist shall, by any means, so notify the transferring pharmacy. The Such notice shall serve to revalidate the canceled prescription. The pharmacist who has served such notice shall then cancel the prescription in the same manner as set forth in paragraph (2)(c).
- (4) In the case of a prescription to be transferred from or to a pharmacy located in another state, it shall be the responsibility of the pharmacist or pharmacy located in the State of Florida to verify, whether by electronic means or otherwise, that the person or entity involved in the transfer is a licensed pharmacist or pharmacy in the other state.
- (5) Electronic transfers of prescriptions are permitted regardless of whether the transferor or transferee pharmacy is open for business.
- (6) The transfer of a prescription for medicinal drugs listed in Schedules III, IV, and V appearing in chapter 893 for the purpose of refill dispensing is permissible, subject 31 to the requirements of this section and federal law.

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Compliance with federal law shall be deemed compliance with the requirements of this section.

- (7) A community pharmacy licensed under this chapter which only receives and transfers prescriptions for dispensing by another pharmacy may transfer a prescription for a medicinal drug listed in Schedule II under chapter 893. The pharmacy receiving the prescription may ship, mail, or deliver in any manner the dispensed Schedule II medicinal drug into this state under the following conditions:
- (a) The pharmacy receiving and dispensing the transferred prescription maintains at all times a valid, unexpired license, permit, or registration to operate the pharmacy in compliance with the laws of the state in which the pharmacy is located and from which the medicinal drugs are dispensed;
- (b) The community pharmacy and the receiving pharmacy are owned and operated by the same person and share a centralized database; and
- (c) The community pharmacy assures compliance with federal law and subsections (1)-(5).
- Section 66. Present subsection (4) of section 465.0265, Florida Statutes, is redesignated as subsection (8), and a new subsection (4) and subsections (5), (6), and (7) are added to that section, to read:
 - 465.0265 Centralized prescription filling.--
- (4) A pharmacy that performs centralized prescription filling services may not mail or otherwise deliver a filled prescription directly to a patient or individual practitioner if the prescription was filled on behalf of another. The filled prescription must be transported to the originating
- 31 pharmacy for dispensing.

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(5) A pharmacy that provides centralized prescription
filling services may prepare prescriptions on behalf of other
pharmacies only if it has a contractual agreement to provide
these services or it shares a common owner. Each pharmacy that
performs centralized prescription filling services shall keep
a list of pharmacies for which it has agreed to provide these
services and must verify the Drug Enforcement Administration
registration of any pharmacy for which it is filling
prescriptions before sending or receiving a prescription for a
controlled substance.

- (6) Each pharmacy shall keep a list of pharmacies that fill prescriptions on its behalf and verify that those pharmacies are registered with the Drug Enforcement Administration.
- (7) A pharmacy that provides centralized prescription filling services must comply with the same security requirements applicable to pharmacies, including the general requirement to maintain effective controls and procedures to quard against theft and diversion of controlled substances.

Section 67. Paragraph (a) of subsection (3) of section 466.007, Florida Statutes, is amended to read:

466.007 Examination of dental hygienists.--

- (3) A graduate of a dental college or school shall be entitled to take the examinations required in this section to practice dental hygiene in this state if, in addition to the requirements specified in subsection (2), the graduate meets the following requirements:
- (a) Submits the following credentials for review by the board:
- 1. Transcripts totaling of predental education and dental education totaling 5 academic years of postsecondary

education, including 4 academic years of postsecondary dental education; and

2. A dental school diploma which is comparable to a D.D.S. or D.M.D.

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Such credentials shall be submitted in a manner provided by rule of the board. The board shall approve those credentials which comply with this paragraph and with rules of the board adopted under pursuant to this paragraph. The provisions of this paragraph notwithstanding, an applicant of a foreign dental college or school not accredited in accordance with s. 466.006(2)(b) who cannot produce the credentials required by this paragraph, as a result of political or other conditions in the country in which the applicant received his or her education, may seek the board's approval of his or her educational background by submitting, in lieu of the credentials required in this paragraph, such other reasonable and reliable evidence as may be set forth by board rule. board shall not accept such other evidence until it has made a reasonable attempt to obtain the credentials required by this paragraph from the educational institutions the applicant is alleged to have attended, unless the board is otherwise satisfied that such credentials cannot be obtained.

Section 68. Section 466.021, Florida Statutes, is amended to read:

466.021 Employment of unlicensed persons by dentist; penalty.--Every duly licensed dentist who uses the services of any unlicensed person for the purpose of constructing, altering, repairing, or duplicating any denture, partial denture, bridge splint, or orthodontic or prosthetic appliance 31 | shall be required to furnish such unlicensed person with a

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written work order in such form as prescribed by rule of the board. This form shall be dated and signed by such dentist and shall include the patient's name or number with sufficient 3 descriptive information to clearly identify the case for each separate and individual piece of work. A copy of such work 6 order shall be retained in a permanent file in the dentist's office for a period of $\frac{4}{2}$ years, and the original work order shall be retained in a permanent file for a period of 42years by such unlicensed person in her or his place of business. Such permanent file of work orders to be kept by 10 such dentist or by such unlicensed person shall be open to 11 inspection at any reasonable time by the department or its 12 13 duly constituted agent. Failure of the dentist to keep such 14 permanent records of such work orders shall subject the dentist to suspension or revocation of her or his license to 15 practice dentistry. Failure of such unlicensed person to have 16 17 in her or his possession a work order as required by this section shall be admissible evidence of a violation of this 19 chapter and shall constitute a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. 20 Nothing in this section shall preclude a registered dental 21 laboratory from working for another registered dental 2.2 23 laboratory, provided that such work is performed pursuant to 24 written authorization, in a form to be prescribed by rule of the board, which evidences that the originating laboratory has 25 obtained a valid work order and which sets forth the work to 26 be performed. Furthermore, nothing in this section does not 27 shall preclude a registered laboratory from providing its 28 29 services to dentists licensed and practicing in another state, 30 provided that such work is requested or otherwise authorized 31 | in written form which clearly identifies the name and address

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of the requesting dentist and which sets forth the work to be performed.

Section 69. Subsection (8) of section 467.009, Florida Statutes, is amended to read:

467.009 Midwifery programs; education and training requirements.--

(8) Nonpublic educational institutions that conduct approved midwifery programs shall be accredited by <u>an</u>

<u>accrediting agency recognized and approved by the Council for Higher Education Accreditation, the United States Department of Education, or a successor organization, a member of the Commission on Recognition of Postsecondary Accreditation and shall be licensed by the <u>Commission for Independent State</u>

<u>Board of Nonpublic Career Education</u>.</u>

Section 70. Section 467.013, Florida Statutes, is amended to read:

467.013 Inactive status.--A licensee may request that his or her license be placed in an inactive status by making application to the department <u>pursuant to department rule</u> and paying a fee.

(1) An inactive license may be renewed for one additional biennium upon application to the department and payment of the applicable biennium renewal fee. The department shall establish by rule procedures and fees for applying to place a license on inactive status, renewing an inactive license, and reactivating an inactive license. The fee for any of these procedures may not exceed the biennial renewal fee established by the department.

(2) Any license that is not renewed by the end of the biennium established by the department automatically reverts to involuntary inactive status unless the licensee has applied

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for voluntary inactive status. Such license may be reactivated only if the licensee meets the requirements for reactivating the license established by department rule.

- (3) A midwife who desires to reactivate an inactive license shall apply to the department, complete the reactivation application, remit the applicable fees, and submit proof of compliance with the requirements for continuing education established by department rule.
- (4) Each licensed midwife whose license has been placed on inactive status for more than 1 year must complete continuing education hours as a condition of reactivating the inactive license.
- (5) The licensee shall submit to the department evidence of participation in 10 hours of continuing education, approved by the department and clinically related to the practice of midwifery, for each year of the biennium in which the license was inactive. This requirement is in addition to submitting evidence of completing the continuing education required for the most recent biennium in which the licensee held an active license.

Section 71. Section 467.0135, Florida Statutes, is amended to read:

467.0135 Fees.--The department shall establish fees for application, examination, initial licensure, renewal of active status licensure, licensure by endorsement, inactive status, delinquent status, and reactivation of an inactive status license. The appropriate fee must be paid at the time of application and is payable to the Department of Health, in accordance with rules adopted by the department. A fee is nonrefundable, unless otherwise provided by rule. A fee may 31 not exceed:

	(1) Five number dollars for examination.
2	(1) Five hundred dollars for initial licensure.
3	(2) Five hundred dollars for renewal of an active
4	status license licensure.
5	(3)(4) Two hundred dollars for application, which fee
6	is nonrefundable .
7	(4)(5) Five hundred dollars for <u>renewal</u> reactivation
8	of an inactive <u>status</u> license.
9	(5)(6) Five hundred dollars for licensure by
10	endorsement.
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12	A fee for inactive status, reactivation of an inactive <u>status</u>
13	license, or delinquency may not exceed the fee established by
14	the department for biennial renewal of an active license. All
15	fees collected under this section shall be deposited in the
16	Medical Quality Assurance Trust Fund.
17	Section 72. Subsection (1) of section 467.017, Florida
18	Statutes, is amended to read:
19	467.017 Emergency care plan; immunity
20	(1) Every licensed midwife shall develop a written
21	plan for the appropriate delivery of emergency care. A copy
22	of the plan shall accompany any application for license
23	issuance <u>and must be made available upon request of the</u>
24	department or renewal. The plan shall address the following:
25	(a) Consultation with other health care providers.
26	(b) Emergency transfer.
27	(c) Access to neonatal intensive care units and
28	obstetrical units or other patient care areas.
29	Section 73. Paragraph (b) of subsection (2) and
30	paragraph (b) of subsection (3) of section 468.1155, Florida
31	Statutes, are amended to read:

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468.1155 Provisional license; requirements.--

- (2) The department shall issue a provisional license to practice speech-language pathology to each applicant who the board certifies has:
- (b) Received a master's degree or is currently enrolled in a doctoral degree program with a major emphasis in speech-language pathology from an institution of higher learning which is, or at the time the applicant was enrolled and graduated was, accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, the United States Department of Education, or a successor organization, or from an institution which is a member in good standing with the Association of Universities and Colleges of Canada. An applicant who graduated from or is currently enrolled in a program at a university or college outside the United States or Canada must present documentation of the determination of equivalency to standards established by the Council for Higher Education Accreditation in order to qualify. The applicant must have completed 60 semester hours that include:
- 1. Fundamental information applicable to the normal development and use of speech, hearing, and language; information about training in management of speech, hearing, and language disorders; and information supplementary to these fields.
 - 2. Six semester hours in audiology.
- 3. Thirty of the required 60 semester hours in courses acceptable toward a graduate degree by the college or university in which these courses were taken, of which 24 semester hours must be in speech-language pathology.

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- (3) The department shall issue a provisional license to practice audiology to each applicant who the board certifies has:
- (b) Received a master's degree or is currently enrolled in a doctoral degree program with a major emphasis in audiology from an institution of higher learning which is, or at the time the applicant was enrolled and graduated was, accredited by an accrediting agency recognized by the Council for Higher Education Accreditation, the United States

 Department of Education, or a successor organization, or from an institution which is a member in good standing with the Association of Universities and Colleges of Canada. An applicant who graduated from or is currently enrolled in a program at a university or college outside the United States or Canada must present documentation of the determination of equivalency to standards established by the Council for Higher Education Accreditation in order to qualify. The applicant must have completed 60 semester hours that include:
- 1. Fundamental information applicable to the normal development and use of speech, hearing, and language; information about training in management of speech, hearing, and language disorders; and information supplementary to these fields.
 - 2. Six semester hours in speech-language pathology.
- 3. Thirty of the required 60 semester hours in courses acceptable toward a graduate degree by the college or university in which these courses were taken, of which 24 semester hours must be in audiology.
- 29 Section 74. Section 468.352, Florida Statutes, is 30 amended to read:

(Substantial rewording of section. See

1	s. 468.352, F.S., for present text.)
2	468.352 Definitions As used in this part, the term:
3	(1) "Board" means the Board of Respiratory Care.
4	(2) "Certified respiratory therapist" means any person
5	licensed pursuant to this part who is certified by the
6	National Board for Respiratory Care or its successor; who is
7	employed to deliver respiratory care services, under the order
8	of a physician licensed under chapter 458 or chapter 459, in
9	accordance with protocols established by a hospital or other
10	health care provider or the board; and who functions in
11	situations of unsupervised patient contact requiring
12	individual judgment.
13	(3) "Critical care" means care given to a patient in
14	any setting involving a life-threatening emergency.
15	(4) "Department" means the Department of Health.
16	(5) "Direct supervision" means practicing under the
17	direction of a licensed, registered, or certified respiratory
18	therapist who is physically on the premises and readily
19	available, as defined by the board.
20	(6) "Physician supervision" means supervision and
21	control by a physician licensed under chapter 458 or chapter
22	459 who assumes the legal liability for the services rendered
23	by the personnel employed in his or her office. Except in the
24	case of an emergency, physician supervision requires the easy
25	availability of the physician within the office or the
26	physical presence of the physician for consultation and
27	direction of the actions of the persons who deliver
28	respiratory care services.
29	(7) "Practice of respiratory care" or "respiratory
30	therapy" means the allied health specialty associated with the
31	cardiopulmonary system that is practiced under the orders of a

1	physician licensed under chapter 458 or chapter 459 and in
2	accordance with protocols, policies, and procedures
3	established by a hospital or other health care provider or the
4	board, including the assessment, diagnostic evaluation,
5	treatment, management, control, rehabilitation, education, and
6	care of patients in all care settings.
7	(8) "Registered respiratory therapist" means any
8	person licensed under this part who is registered by the
9	National Board for Respiratory Care or its successor, and who
10	is employed to deliver respiratory care services under the
11	order of a physician licensed under chapter 458 or chapter
12	459, in accordance with protocols established by a hospital or
13	other health care provider or the board, and who functions in
14	situations of unsupervised patient contact requiring
15	individual judgment.
16	(9) "Respiratory care practitioner" means any person
17	licensed under this part who is employed to deliver
18	respiratory care services, under direct supervision, pursuant
19	to the order of a physician licensed under chapter 458 or
20	chapter 459.
21	(10) "Respiratory care services" includes:
22	(a) Evaluation and disease management.
23	(b) Diagnostic and therapeutic use of respiratory
24	equipment, devices, or medical gas.
25	(c) Administration of drugs, as duly ordered or
26	prescribed by a physician licensed under chapter 458 or
27	chapter 459 and in accordance with protocols, policies, and
28	procedures established by a hospital or other health care
29	provider or the board.
30	(d) Initiation, management, and maintenance of
31	equipment to assist and support ventilation and respiration.

1	(e) Diagnostic procedures, research, and therapeutic
2	treatment and procedures, including measurement of ventilatory
3	volumes, pressures, and flows; specimen collection and
4	analysis of blood for gas transport and acid/base
5	determinations; pulmonary-function testing; and other related
6	physiological monitoring of cardiopulmonary systems.
7	(f) Cardiopulmonary rehabilitation.
8	(q) Cardiopulmonary resuscitation, advanced cardiac
9	life support, neonatal resuscitation, and pediatric advanced
10	life support, or equivalent functions.
11	(h) Insertion and maintenance of artificial airways
12	and intravascular catheters.
13	(i) Education of patients, families, the public, or
14	other health care providers, including disease process and
15	management programs and smoking prevention and cessation
16	programs.
17	(j) Initiation and management of hyperbaric oxygen.
18	Section 75. Section 468.355, Florida Statutes, is
19	amended to read:
20	(Substantial rewording of section. See
21	s. 468.355, F.S., for present text.)
22	468.355 Licensure requirements To be eliqible for
23	licensure by the board, an applicant must be an active
24	"Certified Respiratory Therapist" or an active "Registered
25	Respiratory Therapist" as designated by the National Board for
26	Respiratory Care, or its successor.
27	Section 76. Section 468.368, Florida Statutes, is
28	amended to read:
29	(Substantial rewording of section. See
30	s. 468.368, F.S., for present text.)
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1	468.368 Exemptions This part may not be construed to
2	<pre>prevent or restrict the practice, service, or activities of:</pre>
3	(1) Any person licensed in this state by any other law
4	from engaging in the profession or occupation for which he or
5	she is licensed.
6	(2) Any legally qualified person in the state or
7	another state or territory who is employed by the United
8	States Government or any agency thereof while such person is
9	discharging his or her official duties.
10	(3) A friend or family member who is providing
11	respiratory care services to an ill person and who does not
12	represent himself or herself to be a respiratory care
13	practitioner or respiratory therapist.
14	(4) An individual providing respiratory care services
15	in an emergency who does not represent himself or herself as a
16	respiratory care practitioner or respiratory therapist.
17	(5) Any individual employed to deliver, assemble, set
18	up, or test equipment for use in a home, upon the order of a
19	physician licensed under chapter 458 or chapter 459. This
20	subsection does not, however, authorize the practice of
21	respiratory care without a license.
22	(6) Any individual certified or registered as a
23	pulmonary function technologist who is credentialed by the
24	National Board for Respiratory Care for performing
25	cardiopulmonary diagnostic studies.
26	(7) Any student who is enrolled in an accredited
27	respiratory care program approved by the board, while
28	performing respiratory care as an integral part of a required
29	course.
30	(8) The delivery of incidental respiratory care to
31	noninstitutionalized persons by surrogate family members who

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2 respiratory care therapists. 3 (9) Any individual credentialed by the Underseas 4 Hyperbaric Society in hyperbaric medicine or its equivalent as 5 determined by the board, while performing related duties. This subsection does not, however, authorize the practice of 6 respiratory care without a license. 8 Section 77. Effective January 1, 2005, sections 9 468.356 and 468.357, Florida Statutes, are repealed. Section 78. Subsection (2) of section 468.509, Florida 10 Statutes, is amended to read: 11 468.509 Dietitian/nutritionist; requirements for 12 13 licensure.--14 (2) The agency shall examine any applicant who the board certifies has completed the application form and 15 remitted the application and examination fees specified in s. 16 468.508 and who: 17 18 (a)1. Possesses a baccalaureate or postbaccalaureate

do not represent themselves as registered or certified

- (a)1. Possesses a baccalaureate or postbaccalaureate degree with a major course of study in human nutrition, food and nutrition, dietetics, or food management, or an equivalent major course of study, from a school or program accredited, at the time of the applicant's graduation, by the appropriate accrediting agency recognized by the Council for Higher Education Commission on Recognition of Postsecondary Accreditation, or and the United States Department of Education, or a successor organization; and
- 2. Has completed a preprofessional experience component of not less than 900 hours or has education or experience determined to be equivalent by the board; or
- 30 (b)1. Has an academic degree, from a foreign country, 31 that has been validated by an accrediting agency approved by

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the United States Department of Education as equivalent to the baccalaureate or postbaccalaureate degree conferred by a regionally accredited college or university in the United States;

- 2. Has completed a major course of study in human nutrition, food and nutrition, dietetics, or food management; and
- 3. Has completed a preprofessional experience component of not less than 900 hours or has education or experience determined to be equivalent by the board.

Section 79. Section 468.707, Florida Statutes, is 11 amended to read: 12

468.707 Licensure by examination; requirements.--

(1) Any person desiring to be licensed as an athletic trainer shall apply to the department on a form approved by the department.

(1) (a) The department shall license each applicant who:

(a)1. Has completed the application form and remitted the required fees.

 $(b)^2$. Is at least 21 years of age.

(c)3. Has obtained a baccalaureate degree from a college or university accredited by an accrediting agency recognized and approved by the United States Department of Education, or the Council for Higher Education Commission on Recognition of Postsecondary Accreditation, or a successor organization, or approved by the board.

(d)4. Has completed coursework from a college or university accredited by an accrediting agency recognized and approved by the United States Department of Education, or the 31 Council for Higher Education Commission on Recognition of

Postsecondary Accreditation, or a successor organization, or approved by the board, in each of the following areas, as 3 provided by rule: health, human anatomy, kinesiology/biomechanics, human physiology, physiology of exercise, basic athletic training, and advanced athletic 6 training. 7 (e)5. Has current certification in standard first aid and cardiovascular pulmonary resuscitation from the American Red Cross or an equivalent certification as determined by the 9 board. 10 (f) 6. Has, within 2 of the preceding 5 years, attained 11 a minimum of 800 hours of athletic training experience under 12 13 the direct supervision of a licensed athletic trainer or an 14 athletic trainer certified by the National Athletic Trainers' Association or a comparable national athletic standards 15 organization. 16 17 $(q)^{7}$. Has passed an examination administered or 18 approved by the board. 19 (2)(b) The department shall also license each applicant who: 20 (a) 1. Has completed the application form and remitted 21 22 the required fees no later than October 1, 1996. 23 $(b)^2$. Is at least 21 years of age. 24 (c) Has current certification in standard first aid and cardiovascular pulmonary resuscitation from the American 25 Red Cross or an equivalent certification as determined by the 26 27 board. 28 (d)1.4.a. Has practiced athletic training for at least 3 of the 5 years preceding application; or 30

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2.b. Is currently certified by the National Athletic Trainers' Association or a comparable national athletic standards organization.

(2) Pursuant to the requirements of s. 456.034, each applicant shall complete a continuing education course on human immunodeficiency virus and acquired immune deficiency syndrome as part of initial licensure.

Section 80. Section 480.041, Florida Statutes, is amended to read:

480.041 Massage therapists; qualifications; licensure; endorsement. --

- (1) Any person is qualified for licensure as a massage therapist under this act who:
- (a) Has completed an application form and submitted the appropriate fee to the department, is at least 18 years of age, or has received a high school diploma or graduate equivalency diploma, and demonstrates good moral character;
- (b) Has completed a course of study at a board-approved massage school or has completed an apprenticeship program that meets standards adopted by the board; and
- (c) Has received a passing grade on a board-approved national an examination certified administered by the department.
- (2) Every person desiring to be examined for licensure as a massage therapist shall apply to the department in writing upon forms prepared and furnished by the department. Such Applicants for licensure shall be subject to the provisions of s. 480.046(1). Applicants may take an examination administered by the department only upon meeting 31 the requirements of this section as determined by the board.

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(3) Upon an applicant's passing the examination and paying the initial licensure fee, the department shall issue to the applicant a license, valid until the next scheduled renewal date, to practice massage.

(3)(4) The board shall adopt rules:

- (a) Establishing a minimum training program for apprentices.
- (b) Providing for educational standards, examination, and certification for the practice of colonic irrigation, as defined in s. 480.033(6), by massage therapists.
- (c) Specifying licensing procedures for practitioners desiring to be licensed in this state who hold an active license and have practiced in any other state, territory, or jurisdiction of the United States or any foreign national jurisdiction which has licensing standards substantially similar to, equivalent to, or more stringent than the standards of this state.
- (4) Notwithstanding s. 456.017(1)(c)2., the department shall adopt rules for the administration of a state-developed written examination for the practice of colonic irrigation, and that examination must be administered until a national examination is certified by the department.

Section 81. Subsection (9) of section 486.021, Florida Statutes, is amended to read:

486.021 Definitions.--In this chapter, unless the context otherwise requires, the term:

(9) "Direct supervision" means supervision by a physical therapist who is licensed pursuant to this chapter. Except in a case of emergency, direct supervision requires the physical presence of the licensed physical therapist for 31 consultation and direction of the actions of a physical

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therapist or physical therapist assistant who is practicing under a temporary permit and who is a candidate for licensure by examination.

Section 82. Section 486.031, Florida Statutes, is amended to read:

486.031 Physical therapist; licensing requirements.--To be eligible for licensing as a physical therapist, an applicant must:

- (1) Be at least 18 years old.÷
- (2) Be of good moral character.; and
- therapy which has been approved for the educational preparation of physical therapists by an the appropriate accrediting agency recognized by the Council for Higher Education Commission on Recognition of Postsecondary Accreditation or the United States Department of Education, or a successor organization, at the time of her or his graduation and have passed, to the satisfaction of the board, the American Registry Examination prior to 1971 or a national examination approved by the board to determine her or his fitness for practice as a physical therapist as hereinafter provided;
- (b) Have received a diploma from a program in physical therapy in a foreign country and have educational credentials deemed equivalent to those required for the educational preparation of physical therapists in this country, as recognized by the appropriate agency as identified by the board, and have passed to the satisfaction of the board an examination to determine her or his fitness for practice as a physical therapist as hereinafter provided; or

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provided in s. 486.081. Section 83. Section 486.051, Florida Statutes, is 3 4 amended to read: 5 486.051 Physical therapist; examination of applicant. -- The examinations of an applicant for licensing as 6 a physical therapist shall be in accordance with rules adopted 8 by the board, to test the applicant's qualifications and shall 9 include the taking of tests a test by the applicant. applicant fails to pass the examination in three attempts, the 10 applicant shall not be eligible for reexamination unless she 11 or he completes additional educational or training 12 13 requirements prescribed by the board. An applicant who has 14 completed the additional educational or training requirements prescribed by the board may take the examination on two more 15 occasions. If the applicant has failed to pass the 16 examination after five attempts, she or he is no longer 17 18 eligible to take the examination. Section 84. Section 486.081, Florida Statutes, is 19 amended to read: 20 486.081 Physical therapist; issuance of license by 21 22 endorsement without examination to a person licensed in 23 another jurisdiction passing examination of another authorized 24 examining board; fee. --(1) The board may cause a license to be issued through 2.5 the department by endorsement without examination to any 26

(c) Be entitled to licensure without examination as

authorized examining board of another state, the District of

applicant who presents evidence satisfactory to the board,

prior to 1971 or <u>of licensure in another jurisdiction</u> an examination in physical therapy before a similar lawfully

under oath, of having passed the American Registry Examination

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Columbia, a territory, or a foreign country, if the standards for licensure in physical therapy in such other <u>jurisdiction</u> state, district, territory, or foreign country are determined by the board to be as high as those of this state, as established by rules adopted pursuant to this chapter. Any person who holds a license pursuant to this section may use the words "physical therapist" or "physiotherapist," or the letters "P.T.," in connection with her or his name or place of business to denote her or his licensure hereunder.

- (2) At the time of making application for licensure <u>by</u> endorsement under without examination pursuant to the terms of this section, the applicant shall pay to the department a fee not to exceed \$175 as fixed by the board, no part of which will be returned.
- (3) If an applicant seeking reentry into the profession has not been in active practice within the last 3 years, the applicant shall, before applying for licensure, submit to the board documentation of competence to practice as required by rule of the board.

Section 85. Section 486.102, Florida Statutes, is amended to read:

486.102 Physical therapist assistant; licensing requirements.—To be eligible for licensing by the board as a physical therapist assistant, an applicant must:

- (1) Be at least 18 years old.÷
- (2) Be of good moral character.; and
- (3)(a) Have been graduated from a school giving a course of not less than 2 years for physical therapist assistants, which has been approved for the educational preparation of physical therapist assistants by the appropriate accrediting agency recognized by the Council for

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<u>Higher Education</u> Commission on Recognition of Postsecondary Accreditation or the United States Department of Education, or a successor organization, or which is approved by the board, 3 at the time of the applicant's her or his graduation. An applicant must and have passed to the satisfaction of the board an examination to determine the applicant's eligibility for licensure to her or his fitness for practice as a physical therapist assistant as hereinafter provided;

- (b) Be a graduate of a physical therapy assistant program Have been graduated from a school giving a course for physical therapist assistants in a foreign country and have educational credentials deemed equivalent to those required for the educational preparation of physical therapist assistants in this country, as recognized by the appropriate agency as identified by the board, and passed to the satisfaction of the board an examination to determine the applicant's eligibility for licensure to her or his fitness for practice as a physical therapist assistant as hereinafter provided; or
- (c) Be entitled to licensure by endorsement without examination as provided in s. 486.107.

Section 86. Section 486.104, Florida Statutes, is amended to read:

486.104 Physical therapist assistant; examination of applicant .-- The examination of an applicant for licensing as a physical therapist assistant shall be in accordance with rules adopted by the board, to test the applicant's qualifications and shall include the taking of tests a test by the applicant. If an applicant fails to pass the examination in three attempts, the applicant shall not be eligible for

reexamination unless she or he completes additional

educational or training requirements prescribed by the board. An applicant who has completed the additional educational or training requirements prescribed by the board may take the examination on two more occasions. If the applicant has failed to pass the examination after five attempts, she or he is no longer eligible to take the examination.

Section 87. Section 486.107, Florida Statutes, is amended to read:

486.107 Physical therapist assistant; issuance of license by endorsement without examination to person licensed in another jurisdiction; fee.--

- (1) The board may cause a license to be issued through the department by endorsement without examination to any applicant who presents evidence to the board, under oath, of licensure in another jurisdiction state, the District of Columbia, or a territory, if the standards for registering as a physical therapist assistant or licensing of a physical therapist assistant, as the case may be, in such other jurisdiction state are determined by the board to be as high as those of this state, as established by rules adopted pursuant to this chapter. Any person who holds a license pursuant to this section may use the words "physical therapist assistant," or the letters "P.T.A.," in connection with her or his name to denote licensure hereunder.
- (2) At the time of making application for licensing by endorsement without examination pursuant to the terms of this section, the applicant shall pay to the department a fee not to exceed \$175 as fixed by the board, no part of which will be returned.
- (3) An applicant seeking reentry into the profession who has not been in active practice within the last 3 years

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shall, prior to applying for licensure, submit to the board documentation of competence to practice as required by rule of 3 the board.

Section 88. Subsection (2) of section 486.109, Florida Statutes, is amended to read:

486.109 Continuing education. --

- (2) The board shall <u>accept</u> approve only those courses sponsored by a college or university which provides a curriculum for professional education of training physical therapists or physical therapist assistants which is accredited by, or has status with an accrediting agency approved by, the United States Department of Education as determined by board rule, or courses sponsored or approved by the Florida Physical Therapy Association or the American Physical Therapy Association.
- Section 89. Subsection (2) of section 486.161, Florida Statutes, is amended to read:

486.161 Exemptions. --

- (2) No provision of this chapter shall be construed to prohibit:
 - (a) Any student who is enrolled in a school or course of physical therapy approved by the board from performing such acts of physical therapy as are incidental to her or his course of study. ; or
- (b) Any physical therapist from another state from performing physical therapy incidental to a course of study when taking or giving a postgraduate course or other course of study in this state, provided such physical therapist is licensed in another jurisdiction or holds an appointment on the faculty of a school approved for training physical 31 therapists or physical therapist assistants.

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<u>(c) Any physical therapist who is licensed in another</u>
jurisdiction of the United States or credentialed in another
country from performing physical therapy if that person, by
contract or employment, is providing physical therapy to
individuals affiliated with or employed by an established
athletic team, athletic organization, or performing arts
company temporarily practicing, competing, or performing in
this state for not more than 60 days in a calendar year.

Section 90. Section 486.172, Florida Statutes, is amended to read:

486.172 Application of s. 456.021.--The provisions of s. 456.021, relating to the qualification of immigrants for examination to practice a licensed profession or occupation, shall also be applicable to the provisions of this chapter.

Section 91. Paragraph (b) of subsection (2) of section 490.005, Florida Statutes, is amended to read:

490.005 Licensure by examination.--

- (2) Any person desiring to be licensed as a school psychologist shall apply to the department to take the licensure examination. The department shall license each applicant who the department certifies has:
- (b) Submitted satisfactory proof to the department that the applicant:
- 1. Has received a doctorate, specialist, or equivalent degree from a program primarily psychological in nature and has completed 60 semester hours or 90 quarter hours of graduate study, in areas related to school psychology as defined by rule of the department, from a college or university which at the time the applicant was enrolled and graduated was accredited by an accrediting agency recognized 31 and approved by the <u>Council for Higher Education</u>

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Accreditation, the United States Department of Education, or a successor organization, Commission on Recognition of Postsecondary Accreditation or from an institution that which is publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada.

- 2. Has had a minimum of 3 years of experience in school psychology, 2 years of which must be supervised by an individual who is a licensed school psychologist or who has otherwise qualified as a school psychologist supervisor, by education and experience, as set forth by rule of the department. A doctoral internship may be applied toward the supervision requirement.
- 3. Has passed an examination provided by the department.

Section 92. Paragraph (a) of subsection (2) of section 490.014, Florida Statutes, is amended to read:

490.014 Exemptions.--

- (2) No person shall be required to be licensed or provisionally licensed under this chapter who:
- (a) Is a salaried employee of a government agency or of a private provider contracting with the governmental agency for the performance of the same essential services previously provided by the governmental agency; developmental services program, mental health, alcohol, or drug abuse facility operating pursuant to chapter 393, chapter 394, or chapter 397; subsidized child care program, subsidized child care case management program, or child care resource and referral program operating pursuant to chapter 402; child-placing or child-caring agency licensed pursuant to chapter 409; domestic violence center certified pursuant to chapter 39; accredited 31 academic institution; or research institution, if such

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employee is performing duties for which he or she was trained and hired solely within the confines of such agency, facility, or institution, so long as the employee is not held out to the public as a psychologist pursuant to s. 490.012(1)(a).

Section 93. Subsections (1), (3), and (4) of section 491.005, Florida Statutes, are amended to read:

491.005 Licensure by examination. --

- (1) CLINICAL SOCIAL WORK. -- Upon verification of documentation and payment of a fee not to exceed \$200, as set by board rule, plus the actual per applicant cost to the department for purchase of the examination from the American Association of State Social Worker's Boards or a similar national organization, the department shall issue a license as a clinical social worker to an applicant who the board certifies:
- (a) Has made application therefor and paid the appropriate fee.
- (b)1. Has received a doctoral degree in social work from a graduate school of social work which at the time the applicant graduated was accredited by an accrediting agency recognized by the United States Department of Education or has received a master's degree in social work from a graduate school of social work which at the time the applicant graduated:
- a. Was accredited by the Council on Social Work Education; 26
 - b. Was accredited by the Canadian Association of Schools of Social Work; or
- 29 c. Has been determined to have been a program equivalent to programs approved by the Council on Social Work 30 31 Education by the Foreign Equivalency Determination Service of

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the Council on Social Work Education. An applicant who graduated from a program at a university or college outside of the United States or Canada must present documentation of the equivalency determination from the council in order to qualify.

- 2. The applicant's graduate program must have emphasized direct clinical patient or client health care services, including, but not limited to, coursework in clinical social work, psychiatric social work, medical social work, social casework, psychotherapy, or group therapy. The applicant's graduate program must have included all of the following coursework:
- a. A supervised field placement which was part of the applicant's advanced concentration in direct practice, during which the applicant provided clinical services directly to clients.
- b. Completion of 24 semester hours or 32 quarter hours in theory of human behavior and practice methods as courses in clinically oriented services, including a minimum of one course in psychopathology, and no more than one course in research, taken in a school of social work accredited or approved pursuant to subparagraph 1.
- 3. If the course title which appears on the applicant's transcript does not clearly identify the content of the coursework, the applicant shall be required to provide additional documentation, including, but not limited to, a syllabus or catalog description published for the course.
- (c) Has had not less than 2 years of clinical social work experience, which took place subsequent to completion of a graduate degree in social work at an institution meeting the 31 accreditation requirements of this section, under the

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supervision of a licensed clinical social worker or the equivalent who is a qualified supervisor as determined by the 3 board. An individual who intends to practice in Florida to satisfy clinical experience requirements must register 4 pursuant to s. 491.0045 prior to commencing practice. If the 6 applicant's graduate program was not a program which emphasized direct clinical patient or client health care 8 services as described in subparagraph (b)2., the supervised 9 experience requirement must take place after the applicant has completed a minimum of 15 semester hours or 22 quarter hours 10 of the coursework required. A doctoral internship may be 11 applied toward the clinical social work experience 12 13 requirement. The clinical experience requirement may be met by 14 work performed on or off the premises of the supervising clinical social worker, or the equivalent, if all work is 15 performed under the direct supervision of provided the 16 off premises work is not the independent private practice 17 rendering of clinical social work that does not have a 19 licensed mental health professional, as determined by the board, on the premises at the same time the intern is 20 providing services. 21

- (d) Has passed a theory and practice examination approved provided by the board department for this purpose_which may be taken only following completion of the requirement for clinical experience.
- (e) Has demonstrated, in a manner designated by rule of the board, knowledge of the laws and rules governing the practice of clinical social work, marriage and family therapy, and mental health counseling.
- (f) Has satisfied all requirements for coursework in this section by successfully completing the required course as

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a student or by teaching the required graduate course as an instructor or professor in an accredited institution.

- (3) MARRIAGE AND FAMILY THERAPY.--Upon verification of documentation and payment of a fee not to exceed \$200, as set by board rule, plus the actual cost to the department for the purchase of the examination from the Association of Marital and Family Therapy Regulatory Board, or similar national organization, the department shall issue a license as a marriage and family therapist to an applicant who the board certifies:
- (a) Has made application therefor and paid the appropriate fee. $\ensuremath{\text{appropriate}}$
- (b)1. Has a minimum of a master's degree with major emphasis in marriage and family therapy, or a closely related field, and has completed all of the following requirements:
- a. Thirty-six semester hours or 48 quarter hours of graduate coursework, which must include a minimum of 3 semester hours or 4 quarter hours of graduate-level course credits in each of the following nine areas: dynamics of marriage and family systems; marriage therapy and counseling theory and techniques; family therapy and counseling theory and techniques; individual human development theories throughout the life cycle; personality theory or general counseling theory and techniques; psychopathology; human sexuality theory and counseling techniques; psychosocial theory; and substance abuse theory and counseling techniques. Courses in research, evaluation, appraisal, assessment, or testing theories and procedures; thesis or dissertation work; or practicums, internships, or fieldwork may not be applied toward this requirement.

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- b. A minimum of one graduate-level course of 3 semester hours or 4 quarter hours in legal, ethical, and professional standards issues in the practice of marriage and family therapy or a course determined by the board to be equivalent.
- c. A minimum of one graduate-level course of 3 semester hours or 4 quarter hours in diagnosis, appraisal, assessment, and testing for individual or interpersonal disorder or dysfunction; and a minimum of one 3-semester-hour or 4-quarter-hour graduate-level course in behavioral research which focuses on the interpretation and application of research data as it applies to clinical practice. Credit for thesis or dissertation work, practicums, internships, or fieldwork may not be applied toward this requirement.
- d. A minimum of one supervised clinical practicum, internship, or field experience in a marriage and family counseling setting, during which the student provided 180 direct client contact hours of marriage and family therapy services under the supervision of an individual who met the requirements for supervision under paragraph (c). This requirement may be met by a supervised practice experience which took place outside the academic arena, but which is certified as equivalent to a graduate-level practicum or internship program which required a minimum of 180 direct client contact hours of marriage and family therapy services currently offered within an academic program of a college or university accredited by an accrediting agency approved by the United States Department of Education, or an institution which is publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada or a 31 training institution accredited by the Commission on

Accreditation for Marriage and Family Therapy Education recognized by the United States Department of Education. Certification shall be required from an official of such college, university, or training institution.

2. If the course title which appears on the applicant's transcript does not clearly identify the content of the coursework, the applicant shall be required to provide additional documentation, including, but not limited to, a syllabus or catalog description published for the course.

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The required master's degree must have been received in an 11 institution of higher education which at the time the 12 13 applicant graduated was: fully accredited by a regional 14 accrediting body recognized by the Council for Higher Education Accreditation, the United States Department of 15 Education, or a successor organization Commission on 16 Recognition of Postsecondary Accreditation; publicly 17 recognized as a member in good standing with the Association of Universities and Colleges of Canada; or an institution of 19 higher education located outside the United States and Canada, 20 which at the time the applicant was enrolled and at the time 21 22 the applicant graduated maintained a standard of training

regional accrediting body recognized by the <u>Council for Higher</u>

Education Accreditation, the <u>United States Department of</u>

Education, or a successor organization Commission on

Recognition of Postsecondary Accreditation. The <u>Such</u> foreign education and training must have been received in an

substantially equivalent to the standards of training of those

institutions in the United States which are accredited by a

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31 recognized by the government of the country in which it is

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located as an institution or program to train students to practice as professional marriage and family therapists or psychotherapists. The burden of establishing that the requirements of this provision have been met shall be upon the applicant, and the board shall require documentation, such as, but not limited to, an evaluation by a foreign equivalency determination service, as evidence that the applicant's graduate degree program and education were equivalent to an accredited program in this country. An applicant with a master's degree from a program which did not emphasize marriage and family therapy may complete the coursework requirement in a training institution fully accredited by the Commission on Accreditation for Marriage and Family Therapy Education recognized by the United States Department of Education.

(c) Has had not less than 2 years of clinical experience during which 50 percent of the applicant's clients were receiving marriage and family therapy services, which must be at the post-master's level under the supervision of a licensed marriage and family therapist with at least 5 years of experience, or the equivalent, who is a qualified supervisor as determined by the board. An individual who intends to practice in Florida to satisfy the clinical experience requirements must register pursuant to s. 491.0045 prior to commencing practice. If a graduate has a master's degree with a major emphasis in marriage and family therapy or a closely related field that did not include all the coursework required under sub-subparagraphs (b)1.a.-c., credit for the post-master's level clinical experience shall not commence until the applicant has completed a minimum of 10 of 31 the courses required under sub-subparagraphs (b)1.a.-c., as

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determined by the board, and at least 6 semester hours or 9 quarter hours of the course credits must have been completed in the area of marriage and family systems, theories, or techniques. Within the 3 years of required experience, the applicant shall provide direct individual, group, or family therapy and counseling, to include the following categories of cases: unmarried dyads, married couples, separating and divorcing couples, and family groups including children. doctoral internship may be applied toward the clinical experience requirement. The clinical experience requirement may be met by work performed on or off the premises of the supervising marriage and family therapist, or the equivalent, if all work is performed under the direct supervision of provided the off premises work is not the independent private practice rendering of marriage and family therapy services that does not have a licensed mental health professional, as determined by the board, on the premises at the same time the intern is providing services.

- (d) Has passed a theory and practice examination approved provided by the board department for this purpose, which may be taken only following completion of the requirement for clinical experience.
- (e) Has demonstrated, in a manner designated by rule of the board, knowledge of the laws and rules governing the practice of clinical social work, marriage and family therapy, and mental health counseling.
- (f) For the purposes of dual licensure, the department shall license as a marriage and family therapist any person who meets the requirements of s. 491.0057. Fees for dual licensure shall not exceed those stated in this subsection.

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- (q) Has satisfied all requirements for coursework in this section by successfully completing the required course as a student or by teaching the required graduate course as an instructor or professor in an accredited institution.
- (4) MENTAL HEALTH COUNSELING. -- Upon verification of documentation and payment of a fee not to exceed \$200, as set by board rule, plus the actual per applicant cost to the department for purchase of the examination from the Professional Examination Service for the National Academy of Certified Clinical Mental Health Counselors or a similar national organization, the department shall issue a license as a mental health counselor to an applicant who the board certifies:
- (a) Has made application therefor and paid the appropriate fee.
- (b)1. Has a minimum of an earned master's degree from a mental health counseling program accredited by the Council for the Accreditation of Counseling and Related Educational Programs that consists of at least 60 semester hours or 80 quarter hours of clinical and didactic instruction, including a course in human sexuality and a course in substance abuse. If the master's degree is earned from a program related to the practice of mental health counseling that is not accredited by the Council for the Accreditation of Counseling and Related Educational Programs, then the coursework and practicum, internship, or fieldwork must consist of at least 60 semester hours or 80 quarter hours and meet the following requirements:
- a. Thirty-three semester hours or 44 quarter hours of graduate coursework, which must include a minimum of 3 semester hours or 4 quarter hours of graduate-level coursework 31 in each of the following 11 content areas: counseling theories

and practice; human growth and development; diagnosis and treatment of psychopathology; human sexuality; group theories and practice; individual evaluation and assessment; career and lifestyle assessment; research and program evaluation; social and cultural foundations; counseling in community settings; and substance abuse. Courses in research, thesis or dissertation work, practicums, internships, or fieldwork may not be applied toward this requirement.

- b. A minimum of 3 semester hours or 4 quarter hours of graduate-level coursework in legal, ethical, and professional standards issues in the practice of mental health counseling, which includes goals, objectives, and practices of professional counseling organizations, codes of ethics, legal considerations, standards of preparation, certifications and licensing, and the role identity and professional obligations of mental health counselors. Courses in research, thesis or dissertation work, practicums, internships, or fieldwork may not be applied toward this requirement.
- c. The equivalent, as determined by the board, of at least 1,000 hours of university-sponsored supervised clinical practicum, internship, or field experience as required in the accrediting standards of the Council for Accreditation of Counseling and Related Educational Programs for mental health counseling programs. This experience may not be used to satisfy the post-master's clinical experience requirement.
- 2. If the course title which appears on the applicant's transcript does not clearly identify the content of the coursework, the applicant shall be required to provide additional documentation, including, but not limited to, a syllabus or catalog description published for the course.

Education and training in mental health counseling must have been received in an institution of higher education which at 3 the time the applicant graduated was: fully accredited by a regional accrediting body recognized by the Council for Higher Education Accreditation, the United States Department of 5 Education, or a successor organization Commission on 6 Recognition of Postsecondary Accreditation; publicly 8 recognized as a member in good standing with the Association of Universities and Colleges of Canada; or an institution of 9 higher education located outside the United States and Canada, 10 which at the time the applicant was enrolled and at the time 11 the applicant graduated maintained a standard of training 12 13 substantially equivalent to the standards of training of those 14 institutions in the United States which are accredited by a regional accrediting body recognized by the Council for Higher 15 Education Accreditation, the United States Department of 16 Education, or a successor organization Commission on 17 18 Recognition of Postsecondary Accreditation. Such foreign education and training must have been received in an 19 institution or program of higher education officially 20 recognized by the government of the country in which it is 21 22 located as an institution or program to train students to practice as mental health counselors. The burden of 24 establishing that the requirements of this provision have been met shall be upon the applicant, and the board shall require 25 documentation, such as, but not limited to, an evaluation by a 26 foreign equivalency determination service, as evidence that 27 28 the applicant's graduate degree program and education were 29 equivalent to an accredited program in this country. 30 (c) Has had not less than 2 years of clinical experience in mental health counseling, which must be at the

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post-master's level under the supervision of a licensed mental health counselor or the equivalent who is a qualified supervisor as determined by the board. An individual who 3 intends to practice in Florida to satisfy the clinical 4 experience requirements must register pursuant to s. 491.0045 5 prior to commencing practice. If a graduate has a master's 6 degree with a major related to the practice of mental health 8 counseling that did not include all the coursework required 9 under sub-subparagraphs (b)1.a.-b., credit for the post-master's level clinical experience shall not commence 10 until the applicant has completed a minimum of seven of the 11 courses required under sub-subparagraphs (b)1.a.-b., as 12 13 determined by the board, one of which must be a course in 14 psychopathology or abnormal psychology. A doctoral internship may be applied toward the clinical experience requirement. The 15 clinical experience requirement may be met by work performed 16 on or off the premises of the supervising mental health 17 counselor, or the equivalent, if all work is performed under 19 the direct supervision of provided the off premises work is not the independent private practice rendering of services 20 that does not have a licensed mental health professional, as 21 22 determined by the board, on the premises at the same time the intern is providing services. 23

- (d) Has passed a theory and practice examination approved provided by the board department for this purpose, which may be taken only following completion of the requirement for clinical experience.
- (e) Has demonstrated, in a manner designated by rule of the board, knowledge of the laws and rules governing the practice of clinical social work, marriage and family therapy, 31 and mental health counseling.

(f) Has satisfied all requirements for coursework in
this section by successfully completing the required course as
a student or by teaching the required graduate course as an
instructor or professor in an accredited institution.

Section 94. Paragraph (b) of subsection (1) of section 491.006, Florida Statutes, is amended to read:

491.006 Licensure or certification by endorsement.--

- (1) The department shall license or grant a certificate to a person in a profession regulated by this chapter who, upon applying to the department and remitting the appropriate fee, demonstrates to the board that he or she:
- (b)1. Holds an active valid license to practice and has actively practiced the profession for which licensure is applied in another state for 3 of the last 5 years immediately preceding licensure.
- 2. Meets the education requirements of this chapter for the profession for which licensure is applied.
- 3. Has passed a substantially equivalent licensing examination in another state or has passed the licensure examination in this state in the profession for which the applicant seeks licensure.
- 4. Holds a license in good standing, is not under investigation for an act that would constitute a violation of this chapter, and has not been found to have committed any act that would constitute a violation of this chapter. The fees paid by any applicant for certification as a master social worker under this section are nonrefundable.

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An applicant for licensure by endorsement as a mental health counselor who has completed the two years of post-master's clinical experience prior to completing the required course in

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psychopathology or abnormal psychology and who has been licensed in another state for 5 of the last 6 years without 3 being subject to disciplinary action, may be licensed by the 4 board upon successful completion of the required course in psychopathology or abnormal psychology. 5

Section 95. Subsection (2) of section 491.009, Florida Statutes, is amended to read:

491.009 Discipline.--

(2) The department, in the case of a certified master social worker, or, in the case of psychologists, the board, may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found quilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1).

Section 96. Paragraph (a) of subsection (4) of section 491.014, Florida Statutes, is amended to read:

491.014 Exemptions.--

- (4) No person shall be required to be licensed, provisionally licensed, registered, or certified under this chapter who:
- (a) Is a salaried employee of a government agency or of a private provider contracting with a governmental agency for the performance of the same essential services previously provided by the governmental agency; developmental services program, mental health, alcohol, or drug abuse facility operating pursuant to chapter 393, chapter 394, or chapter 397; subsidized child care program, subsidized child care case management program, or child care resource and referral program operating pursuant to chapter 402; child-placing or 31 child-caring agency licensed pursuant to chapter 409; domestic

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violence center certified pursuant to chapter 39; accredited academic institution; or research institution, if such employee is performing duties for which he or she was trained and hired solely within the confines of such agency, facility, or institution, so long as the employee is not held out to the public as a clinical social worker, mental health counselor, or marriage and family therapist.

Section 97. Section 491.0145, Florida Statutes, is amended to read:

491.0145 Certified master social worker.--The department may not adopt any rules that would cause any person who was not licensed as a certified master social worker in accordance with this chapter on January 1, 1990, to become licensed. The department may certify an applicant for a designation as a certified master social worker upon the following conditions:

- (1) The applicant completes an application to be provided by the department and pays a nonrefundable fee not to exceed \$250 to be established by rule of the department. The completed application must be received by the department at least 60 days before the date of the examination in order for the applicant to qualify to take the scheduled exam.
- (2) The applicant submits proof satisfactory to the department that the applicant has received a doctoral degree in social work, or a master's degree with a major emphasis or specialty in clinical practice or administration, including, but not limited to, agency administration and supervision, program planning and evaluation, staff development, research, community organization, community services, social planning, and human service advocacy. Doctoral degrees must have been 31 received from a graduate school of social work which at the

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time the applicant was enrolled and graduated was accredited by an accrediting agency approved by the United States

Department of Education. Master's degrees must have been received from a graduate school of social work which at the time the applicant was enrolled and graduated was accredited by the Council on Social Work Education or the Canadian Association of Schools of Social Work or by one that meets comparable standards.

- experience, as defined by rule, including, but not limited to, clinical services or administrative activities as defined in subsection (2), 2 years of which must be at the post-master's level under the supervision of a person who meets the education and experience requirements for certification as a certified master social worker, as defined by rule, or licensure as a clinical social worker under this chapter. A doctoral internship may be applied toward the supervision requirement.
- (4) Any person who holds a master's degree in social work from institutions outside the United States may apply to the department for certification if the academic training in social work has been evaluated as equivalent to a degree from a school accredited by the Council on Social Work Education. Any such person shall submit a copy of the academic training from the Foreign Equivalency Determination Service of the Council on Social Work Education.
- (5) The applicant has passed an examination required by the department for this purpose. The nonrefundable fee for such examination may not exceed \$250 as set by department rule.

(6) Nothing in this chapter shall be construed to authorize a certified master social worker to provide clinical 3 social work services. 4 Section 98. Section 491.0146, Florida Statutes, is created to read: 5 6 491.0146 Saving clause. -- All licenses to practice as a certified master social worker issued under this chapter and valid on October 1, 2002, shall remain in full force and 8 9 effect. Section 99. Subsection (3) of section 491.0147, 10 Florida Statutes, is amended to read: 11 491.0147 Confidentiality and privileged 12 13 communications. -- Any communication between any person licensed 14 or certified under this chapter and her or his patient or client shall be confidential. This secrecy may be waived 15 under the following conditions: 16 (3)(a) When there is a clear and immediate probability 17 18 of physical harm to the patient or client, to other individuals, or to society and the person licensed or 19 certified under this chapter communicates the information only 20 to the potential victim, appropriate family member, or law 21 22 enforcement or other appropriate authorities. 23 (b) There shall be no civil or criminal liability 24 arising from the disclosure of otherwise confidential communications by a person licensed or certified under this 2.5 chapter when the disclosure is made under paragraph (a). 26 Section 100. Paragraph (b) of subsection (4) of 2.7 28 section 766.314, Florida Statutes, is amended to read: 29 766.314 Assessments; plan of operation.--30

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- (4) The following persons and entities shall pay into the association an initial assessment in accordance with the plan of operation:
- (b)1. On or before October 15, 1988, all physicians licensed pursuant to chapter 458 or chapter 459 as of October 1, 1988, other than participating physicians, shall be assessed an initial assessment of \$250, which must be paid no later than December 1, 1988.
- 2. Any such physician who becomes licensed after September 30, 1988, and before January 1, 1989, shall pay into the association an initial assessment of \$250 upon licensure.
- 3. Any such physician who becomes licensed on or after January 1, 1989, shall pay an initial assessment equal to the most recent assessment made pursuant to this paragraph, paragraph (5)(a), or paragraph (7)(b).
- 4. However, if the physician is a physician specified in this subparagraph, the assessment is not applicable:
- a. A resident physician, assistant resident physician, or intern in an approved postgraduate training program, as defined by the Board of Medicine or the Board of Osteopathic Medicine by rule;
- b. A retired physician who has withdrawn from the practice of medicine but who maintains an active license as evidenced by an affidavit filed with the Department of Health. Prior to reentering the practice of medicine in this state, a retired physician as herein defined must notify the Board of Medicine or the Board of Osteopathic Medicine and pay the appropriate assessments pursuant to this section;
- c. A physician who holds a limited license pursuant to $\underline{\text{s. 458.315}} \ \underline{\text{s. 458.317}} \ \text{and who is not being compensated for}$

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- d. A physician who is employed full time by the United States Department of Veterans Affairs and whose practice is confined to United States Department of Veterans Affairs hospitals; or
- e. A physician who is a member of the Armed Forces of the United States and who meets the requirements of s. 456.024.
- f. A physician who is employed full time by the State of Florida and whose practice is confined to state-owned correctional institutions, a county health department, or state-owned mental health or developmental services facilities, or who is employed full time by the Department of Health.
- Section 101. Paragraph (a) of subsection (2) of section 817.505, Florida Statutes, is amended to read:
- 817.505 Patient brokering prohibited; exceptions; penalties.--
 - (2) For the purposes of this section, the term:
- "Health care provider or health care facility" means any person or entity licensed, certified, or registered with the Department of Health or the Agency for Health Care Administration; any person or entity that has contracted with the Agency for Health Care Administration to provide goods or services to Medicaid recipients as provided under s. 409.907; a county health department established under part I of chapter 154; any community service provider contracting with the Department of Children and Family Services to furnish alcohol, drug abuse, or mental health services under part IV of chapter 394; any substance abuse service provider licensed under chapter 397; or any federally supported primary care program 31 | such as a migrant or community health center authorized under

1 ss. 329 and 330 of the United States Public Health Services 2 Act.

Section 102. Subsection (1) of section 817.567, Florida Statutes, is amended to read:

817.567 Making false claims of academic degree or title.--

- (1) No person in the state may claim, either orally or in writing, to possess an academic degree, as defined in s. 1005.02, or the title associated with said degree, unless the person has, in fact, been awarded said degree from an institution that is:
- (a) Accredited by a regional or professional accrediting agency recognized by the United States Department of Education, or the Council for Higher Education Commission on Recognition of Postsecondary Accreditation, or a successor organization;
- (b) Provided, operated, and supported by a state government or any of its political subdivisions or by the Federal Government;
- (c) A school, institute, college, or university chartered outside the United States, the academic degree from which has been validated by an accrediting agency approved by the United States Department of Education as equivalent to the baccalaureate or postbaccalaureate degree conferred by a regionally accredited college or university in the United States;
- (d) Licensed by the State Board of Independent Colleges and Universities pursuant to ss. 1005.01-1005.38 or exempt from licensure pursuant to s. 246.085; or
- (e) A religious seminary, institute, college, oruniversity which offers only educational programs that prepare

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students for a religious vocation, career, occupation, profession, or lifework, and the nomenclature of whose certificates, diplomas, or degrees clearly identifies the religious character of the educational program.

Section 103. Subsection (13) of section 1009.992,

Florida Statutes, is amended to read:

1009.992 Definitions.--As used in this act:

which, by virtue of law or charter, is accredited by and holds membership in the <u>Council for Higher Education Commission on Recognition of Postsecondary Accreditation or a successor organization;</u> which grants baccalaureate or associate degrees; which is not a pervasively sectarian institution; and which does not discriminate in the admission of students on the basis of race, color, religion, sex, or creed.

Section 104. Subsection (2) of section 468.711, Florida Statutes, is amended to read:

468.711 Renewal of license; continuing education.--

(2) The board may, by rule, prescribe continuing education requirements, not to exceed 24 hours biennially. The criteria for continuing education shall be approved by the board and shall include 4 hours in standard first aid and cardiovascular pulmonary resuscitation from the American Red Cross or equivalent training as determined by the board.

Section 105. Section 468.723, Florida Statutes, is amended to read:

468.723 Exemptions.--Nothing in this part shall be construed as preventing or restricting:

(1) The professional practice of a licensee of the department who is acting within the scope of such practice.

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(2) A student athletic trainer acting under the direct supervision of a licensed athletic trainer.

(3) A person employed as a teacher apprentice trainer

I, a teacher apprentice trainer II, or a teacher athletic

trainer under s. 1012.46.

(3)(4) A person from administering standard first aid treatment to an athlete.

(4)(5) A person licensed under chapter 548, provided such person is acting within the scope of such license.

(5)(6) A person providing personal training instruction for exercise, aerobics, or weightlifting, if the person does not represent himself or herself as able to provide "athletic trainer" services and if any recognition or treatment of injuries is limited to the provision of first aid.

Section 106. Section 1012.46, Florida Statutes, is amended to read:

1012.46 Athletic trainers.--

athletic injuries prevention and treatment program. Central to this program should be the employment and availability of persons trained in the prevention and treatment of physical injuries which may occur during athletic activities. The program should reflect opportunities for progressive advancement and compensation in employment as provided in subsection (2) and meet certain other minimum standards developed by the Department of Education. The goal of the Legislature is to have school districts employ and have available a full-time teacher athletic trainer in each high school in the state.

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- (2) To the extent practicable, a school district program should include the following employment classification and advancement scheme:
- (a) First responder.--To qualify as a first responder, a person must possess a professional, temporary, part-time, adjunct, or substitute certificate pursuant to s. 1012.56, be certified in cardiopulmonary resuscitation, first aid, and have 15 semester hours in courses such as care and prevention of athletic injuries, anatomy, physiology, nutrition, counseling, and other similar courses approved by the Commissioner of Education. This person may only administer first aid and similar care and may not hold himself or herself out to the school district or public as an athletic trainer pursuant to part XIII of chapter 468.
- (b) Teacher Athletic trainer.--To qualify as an a teacher athletic trainer, a person must be licensed as required by part XIII of chapter 468 and may be used by the school district as possess a professional, temporary, part-time, adjunct, or substitute teacher provided such person holds a certificate pursuant to s. 1012.35, s. 1012.56 or s. 1012.57, and be licensed as required by part XIII of chapter 468.

Section 107. Reactivation of license for clinical research purposes.--

(1) Any person who was licensed to practice medicine in this state, who left the practice of medicine for purposes of retirement, and who, at the time of retirement, was in good standing with the Board of Medicine may apply to have his or her license reinstated, without examination, solely for the purpose of providing medical services to patients in a clinical research setting. Such person must not have been out

of the practice of medicine for more than 15 years at the time he or she applies for reactivation under this section. (2) The board shall, by rule, set the reactivation 3 4 fee, not to exceed \$300. 5 (3) This section shall apply only to persons who meet 6 all of the following criteria: 7 (a) The person must be not less than 85 years of age 8 on July 1, 2004. 9 (b) The person must be providing medical services as part of a clinical study that has been reviewed and approved 10 by a federal, state, or local institutional review board. 11 (4) This section expires June 30, 2005, unless 12 13 reviewed and saved from repeal through reenactment by the 14 Legislature. Section 108. Subsection (1) of section 466.0135, 15 Florida Statutes, is amended to read: 16 466.0135 Continuing education; dentists.--17 18 (1) In addition to the other requirements for renewal set out in this chapter, each licensed dentist shall be 19 required to complete biennially not less than 30 hours of 20 continuing professional education in dental subjects. Programs 21 22 of continuing education shall be programs of learning that 23 contribute directly to the dental education of the dentist and 24 may include, but shall not be limited to, attendance at lectures, study clubs, college postgraduate courses, or 2.5 scientific sessions of conventions; and research, graduate 26 study, teaching, or service as a clinician. Programs of 2.7 28 continuing education shall be acceptable when adhering to the 29 following general guidelines: 30

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	(a)	The a	im of	conti	nuing	educati	ion	for	dent	ists	is	to
improve	e all	phase	s of	dental	healt	h care	del	Liver	ry to	the		
public												

- (b) Continuing education courses shall address one or more of the following areas of professional development, including, but not limited to:
- Basic medical and scientific subjects, including, but not limited to, biology, physiology, pathology, biochemistry, and pharmacology;
- 2. Clinical and technological subjects, including, but not limited to, clinical techniques and procedures, materials, and equipment; and
 - 3. Subjects pertinent to oral health and safety.
- (c) In addition to courses described under paragraph (b), the board may authorize up to 2 hours' credit for a course on practice management which includes, but is not limited to, principles of ethical practice management, provider substance abuse, effective communications with patients, time management, and burnout prevention.

 $\underline{(d)(c)}$ Continuing education credits shall be earned at the rate of one-half credit hour per 25-30 contact minutes of instruction and one credit hour per 50-60 contact minutes of instruction.

Section 109. Subsection (5) is added to section 480.034, Florida Statutes, to read:

480.034 Exemptions.--

(5) The establishment licensure requirements of this act do not apply to massage therapists licensed under this chapter or to the office of a health care practitioner licensed under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 466, or chapter 486, if massage

therapy provided by a massage therapist at the office is only provided to the patients of the health care practitioner. Section 110. Paragraph (h) is added to subsection (3) 3 4 of section 400.9905, Florida Statutes, to read: 5 400.9905 Definitions.--6 (3) "Clinic" means an entity at which health care services are provided to individuals and which tenders charges 8 for reimbursement for such services. For purposes of this 9 part, the term does not include and the licensure requirements of this part do not apply to: 10 (h) Entities that provide only oncology or radiation 11 therapy services by physicians licensed under chapter 458 or 12 13 459. 14 Section 111. The amendment made by this act to section 400.9905(3), Florida Statutes, is intended to clarify the 15 legislative intent of this provision as it existed at the time 16 the provision initially took effect as section 456.0375(1)(b), 17 18 Florida Statutes, and section 400.9905(3)(h), Florida 19 Statutes, as created by this act, shall operate retroactively to October 1, 2001. 20 Section 112. Paragraph (c) of subsection (10) and 21 paragraph (a) of subsection (17) of section 400.506, Florida 2.2 23 Statutes, are amended to read: 24 400.506 Licensure of nurse registries; requirements; penalties.--2.5 (10)26 27 (c) A nurse registry shall, at the time of contracting for services through the nurse registry, advise the patient, 28 29 the patient's family, or a person acting on behalf of the patient of the availability of registered nurses to make 30 31 visits to the patient's home at an additional cost. A

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registered nurse shall make monthly visits to the patient's home to assess the patient's condition and quality of care being provided by the certified nursing assistant or home health aide. Any condition that which in the professional judgment of the nurse requires further medical attention shall be reported to the attending physician and the nurse registry. The assessment shall become a part of the patient's file with the nurse registry and may be reviewed by the agency during their survey procedure.

- (17) All persons referred for contract in private residences by a nurse registry must comply with the following requirements for a plan of treatment:
- (a) When, in accordance with the privileges and restrictions imposed upon a nurse under part I of chapter 464, the delivery of care to a patient is under the direction or supervision of a physician or when a physician is responsible for the medical care of the patient, a medical plan of treatment must be established for each patient receiving care or treatment provided by a licensed nurse in the home. original medical plan of treatment must be timely signed by the physician, physician's assistant, or advanced registered nurse practitioner, acting within his or her respective scope of practice, and reviewed by him or her in consultation with the licensed nurse at least every 2 months. Any additional order or change in orders must be obtained from the physician, physician's assistant, or advanced registered nurse practitioner and reduced to writing and timely signed by the physician, physician's assistant, or advanced registered nurse practitioner. The delivery of care under a medical plan of treatment must be substantiated by the appropriate nursing

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notes or documentation made by the nurse in compliance with nursing practices established under part I of chapter 464. 3 Section 113. <u>Sections 456.033, 456.034, 458.313,</u> 458.3147, 458.316, 458.3165, 458.317, subsection (3) of 4 5 section 468.711, and paragraph (h) of subsection (1) of section 480.044, Florida Statutes, are repealed. 6 7 Section 114. Subsection (2) of section 466.006, 8 Florida Statutes, is amended to read: 9 466.006 Examination of dentists.--(2) An applicant shall be entitled to take the 10 examinations required in this section to practice dentistry in 11 this state if the applicant: 12 13 (a) Is 18 years of age or older. 14 (b) 1. Is a graduate of a dental school accredited by the Commission on Accreditation of the American Dental 15 Association or its successor agency, if any, or any other 16 nationally recognized accrediting agency; or-17 2. Is a dental student in the final year of a program at such an accredited school who has completed all the 19 coursework necessary to prepare the student to perform the 20 clinical and diagnostic procedures required to pass the 21 22 examinations. With respect to a dental student in the final 23 year of a program at a dental school, a passing score on the 24 examinations is valid for 180 days after the date the examinations were completed. A dental school student who takes 2.5 26 the licensure examinations during the student's final year of an approved dental school must have graduated before being 2.7

(c) Has successfully completed the National Board of Dental Examiners dental examination within 10 years of the 31 date of application.

certified for licensure pursuant to s. 466.011.

1	Section Il5. Section 466.0065, Florida Statutes, is
2	created to read:
3	466.0065 Regional licensure examinations
4	(1) It is the intent of the Legislature that schools
5	of dentistry be allowed to offer regional licensure
6	examinations to dental students who are in the final year of a
7	program at an approved dental school for the sole purpose of
8	facilitating the student's licensing in other jurisdictions.
9	This section does not allow a person to be licensed as a
10	dentist in this state without taking the examinations as set
11	forth in s. 466.006, nor does this section mean that regional
12	examinations administered under this section may be
13	substituted for complying with testing requirements under s.
14	466.006.
15	(2) Each school of dentistry in this state which is
16	accredited by the Commission on Accreditation of the American
17	Dental Association or its successor agency may, upon written
18	approval by the Board of Dentistry, offer regional licensure
19	examinations only to dental students in the final year of a
20	program at an approved dental school, if the board has
21	approved the hosting school's written plan to comply with the
22	following conditions:
23	(a) A member of the regional examination body's board
24	of directors or equivalent thereof must be a member of the
25	American Association of Dental Examiners.
26	(b) The student must have successfully passed parts I
27	and II of the National Board of Dental Examiners examination
28	within 2 years before taking the regional examination.
29	(c) The student must possess medical malpractice
30	insurance in amounts not less than the amounts required to
31	take the Florida licensure examinations.

1	(d) At least one of the examination monitors must be a
2	dentist licensed in this state who has completed all necessary
3	standardization exercises required by the regional examination
4	body. Recruitment of examination monitors is the
5	responsibility of the regional examination body.
6	(e) Adequate arrangements, as defined by the regional
7	examination body and as otherwise required by law, must be
8	made, when necessary, for patients who require followup care
9	as a result of procedures performed during the clinical
10	portion of the regional examination. The regional examination
11	body must inform patients in writing of their right to
12	followup care in advance of any procedures performed by a
13	student.
14	(f) The board chair or the chair's designee must be
15	allowed to observe testing while it is in progress.
16	(q) Each student, upon being deemed eligible by the
17	dental school to apply to the regional examination body to
18	take the regional examination, must receive written disclosure
19	in at least 12-point boldface type that states: "This
20	examination does not meet the licensure requirements of
21	chapter 466, Florida Statutes, for licensure in the State of
22	Florida. Persons wishing to practice dentistry in Florida must
23	pass the Florida licensure examinations."
24	(h) The student must be enrolled as a dental student
25	in the student's final year of a program at an approved dental
26	school that is accredited by the Commission on Accreditation
27	of the American Dental Association or its successor agency.
28	(i) The student must have completed all coursework
29	deemed necessary by the dental school to prepare the student
30	to perform all clinical and diagnostic procedures required to

31 pass the regional examination.

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

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

Section 116. Section 456.048, Florida Statutes, is amended to read:

456.048 Financial responsibility requirements for certain health care practitioners. --

(1) As a prerequisite for licensure or license renewal, the Board of Acupuncture, the Board of Chiropractic Medicine, the Board of Podiatric Medicine, and the Board of Dentistry shall, by rule, require that all health care practitioners licensed under the respective board, and the Board of Medicine and the Board of Osteopathic Medicine shall, by rule, require that all anesthesiologist assistants licensed pursuant to s. 458.3475 or s. 459.023, and the Board of Nursing shall, by rule, require that advanced registered nurse practitioners certified under s. 464.012, and the department shall, by rule, require that midwives maintain medical 31 | malpractice insurance or provide proof of financial

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responsibility in an amount and in a manner determined by the board or department to be sufficient to cover claims arising out of the rendering of or failure to render professional care and services in this state.

- (2) The board or department may grant exemptions upon application by practitioners meeting any of the following criteria:
- (a) Any person licensed under chapter 457, <u>s.</u>

 458.3475, <u>s.</u> 459.023, chapter 460, chapter 461, <u>s.</u> 464.012, chapter 466, or chapter 467 who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions. For the purposes of this subsection, an agent of the state, its agencies, or its subdivisions is a person who is eligible for coverage under any self-insurance or insurance program authorized by the provisions of <u>s.</u> 768.28(15) or who is a volunteer under <u>s.</u> 110.501(1).
- (b) Any person whose license or certification has become inactive under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter 461, part I of chapter 464, chapter 466, or chapter 467 and who is not practicing in this state. Any person applying for reactivation of a license must show either that such licensee maintained tail insurance coverage which provided liability coverage for incidents that occurred on or after October 1, 1993, or the initial date of licensure in this state, whichever is later, and incidents that occurred before the date on which the license became inactive; or such licensee must submit an affidavit stating that such licensee has no unsatisfied medical malpractice judgments or settlements at the time of application for reactivation.

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- (c) Any person holding a limited license pursuant to s. 456.015, and practicing under the scope of such limited license.
- (d) Any person licensed or certified under chapter 457, <u>s. 458.3475</u>, <u>s. 459.023</u>, chapter 460, chapter 461, s. 464.012, chapter 466, or chapter 467 who practices only in conjunction with his or her teaching duties at an accredited school or in its main teaching hospitals. Such person may engage in the practice of medicine to the extent that such practice is incidental to and a necessary part of duties in connection with the teaching position in the school.
- (e) Any person holding an active license or certification under chapter 457, <u>s. 458.3475</u>, <u>s. 459.023</u>, chapter 460, chapter 461, s. 464.012, chapter 466, or chapter 467 who is not practicing in this state. If such person initiates or resumes practice in this state, he or she must notify the department of such activity.
- (f) Any person who can demonstrate to the board or department that he or she has no malpractice exposure in the state.
- (3) Notwithstanding the provisions of this section, the financial responsibility requirements of ss. 458.320 and 459.0085 shall continue to apply to practitioners licensed under those chapters, except for anesthesiologist assistants licensed pursuant to s. 458.3475 or s. 459.023 who must meet the requirements of this section.
- Section 117. Paragraph (dd) of subsection (1) of section 458.331, Florida Statutes, is amended to read:
- 458.331 Grounds for disciplinary action; action by the board and department.--

31 <u>environments.</u>

1	(1) The following acts constitute grounds for denial
2	of a license or disciplinary action, as specified in s.
3	456.072(2):
3	450.072(2).
4	(dd) Failing to supervise adequately the activities of
5	those physician assistants, paramedics, emergency medical
6	technicians, or advanced registered nurse practitioners, or
7	anesthesiologist assistants acting under the supervision of
8	the physician.
9	Section 118. Section 458.3475, Florida Statutes, is
10	created to read:
11	458.3475 Anesthesiologist assistants
12	(1) DEFINITIONS As used in this section, the term:
13	(a) "Anesthesiologist" means an allopathic physician
14	who holds an active, unrestricted license; who has
15	successfully completed an anesthesiology training program
16	approved by the Accreditation Council on Graduate Medical
17	Education or its equivalent; and who is certified by the
18	American Board of Anesthesiology, is eligible to take that
19	board's examination, or is certified by the Board of
20	Certification in Anesthesiology affiliated with the American
21	Association of Physician Specialists.
22	(b) "Anesthesiologist assistant" means a graduate of
23	an approved program who is licensed to perform medical
24	services delegated and directly supervised by a supervising
25	anesthesiologist.
26	(c) "Anesthesiology" means the practice of medicine
27	that specializes in the relief of pain during and after
28	surgical procedures and childbirth, during certain chronic
29	disease processes, and during resuscitation and critical care
30	of patients in the operating room and intensive care

1	(d) "Approved program" means a program for the
2	education and training of anesthesiologist assistants which
3	has been approved by the boards as provided in subsection (5).
4	(e) "Boards" means the Board of Medicine and the Board
5	of Osteopathic Medicine.
6	(f) "Continuing medical education" means courses
7	recognized and approved by the boards, the American Academy of
8	Physician Assistants, the American Medical Association, the
9	American Osteopathic Association, the American Academy of
10	Anesthesiologist Assistants, the American Society of
11	Anesthesiologists, or the Accreditation Council on Continuing
12	Medical Education.
13	(q) "Direct supervision" means the on-site, personal
14	supervision by an anesthesiologist who is present in the
15	office when the procedure is being performed in that office,
16	or is present in the surgical or obstetrical suite when the
17	procedure is being performed in that surgical or obstetrical
18	suite and who is in all instances immediately available to
19	provide assistance and direction to the anesthesiologist
20	assistant while anesthesia services are being performed.
21	(h) "Proficiency examination" means an entry-level
22	examination approved by the boards, including examinations
23	administered by the National Commission on Certification of
24	Anesthesiologist Assistants.
25	(i) "Trainee" means a person who is currently enrolled
26	in an approved program.
27	(2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST
28	(a) An anesthesiologist who directly supervises an
29	anesthesiologist assistant must be qualified in the medical
30	areas in which the anesthesiologist assistant performs and is
31	liable for the performance of the anesthesiologist assistant.

1	An anesthesiologist may only supervise two anesthesiologist
2	assistants at the same time. The board may, by rule, allow an
3	anesthesiologist to supervise up to four anesthesiologist
4	assistants, after July 1, 2008.
5	(b) An anesthesiologist or group of anesthesiologists
6	must, upon establishing a supervisory relationship with an
7	anesthesiologist assistant, file with the board a written
8	protocol that includes, at a minimum:
9	1. The name, address, and license number of the
10	anesthesiologist assistant.
11	2. The name, address, license number, and federal Drug
12	Enforcement Administration number of each physician who will
13	be supervising the anesthesiologist assistant.
14	3. The address of the anesthesiologist assistant's
15	primary practice location and the address of any other
16	locations where the anesthesiologist assistant may practice.
17	4. The date the protocol was developed and the dates
18	of all revisions.
19	5. The signatures of the anesthesiologist assistant
20	and all supervising physicians.
21	6. The duties and functions of the anesthesiologist
22	assistant.
23	7. The conditions or procedures that require the
24	personal provision of care by an anesthesiologist.
25	8. The procedures to be followed in the event of an
26	anesthetic emergency.
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28	The protocol must be on file with the board before the
29	anesthesiologist assistant may practice with the
30	anesthesiologist or group. An anesthesiologist assistant may

31 not practice unless a written protocol has been filed for that

1	anesthesiologist assistant in accordance with this paragraph,
2	and the anesthesiologist assistant may only practice under the
3	direct supervision of an anesthesiologist who has signed the
4	protocol. The protocol must be updated biennially.
5	(3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS
6	(a) An anesthesiologist assistant may assist an
7	anesthesiologist in developing and implementing an anesthesia
8	care plan for a patient. In providing assistance to an
9	anesthesiologist, an anesthesiologist assistant may perform
10	duties established by rule by the board in any of the
11	following functions that are included in the anesthesiologist
12	assistant's protocol while under the direct supervision of an
13	anesthesiologist:
14	1. Obtain a comprehensive patient history and present
15	the history to the supervising anesthesiologist.
16	2. Pretest and calibrate anesthesia delivery systems
17	and monitor, obtain, and interpret information from the
18	systems and monitors.
19	3. Assist the supervising anesthesiologist with the
20	implementation of medically accepted monitoring techniques.
21	4. Establish basic and advanced airway interventions,
22	including intubation of the trachea and performing ventilatory
23	support.
24	5. Administer intermittent vasoactive drugs and start
25	and adjust vasoactive infusions.
26	6. Administer anesthetic drugs, adjuvant drugs, and
27	accessory drugs.
28	7. Assist the supervising anesthesiologist with the
29	performance of epidural anesthetic procedures and spinal
30	anesthetic procedures.

1	8. Administer blood, blood products, and supportive
2	fluids.
3	9. Support life functions during anesthesia health
4	care, including induction and intubation procedures, the use
5	of appropriate mechanical supportive devices, and the
6	management of fluid, electrolyte, and blood component
7	balances.
8	10. Recognize and take appropriate corrective action
9	for abnormal patient responses to anesthesia, adjunctive
10	medication, or other forms of therapy.
11	11. Participate in management of the patient while in
12	the postanesthesia recovery area, including the administration
13	of any supporting fluids or drugs.
14	12. Place special peripheral and central venous and
15	arterial lines for blood sampling and monitoring as
16	appropriate.
17	(b) Nothing in this section or chapter prevents
18	third-party payors from reimbursing employers of
19	anesthesiologist assistants for covered services rendered by
20	such anesthesiologist assistants.
21	(c) An anesthesiologist assistant must clearly convey
22	to the patient that he or she is an anesthesiologist
23	assistant.
24	(d) An anesthesiologist assistant may perform
25	anesthesia tasks and services within the framework of a
26	written practice protocol developed between the supervising
27	anesthesiologist and the anesthesiologist assistant.
28	(e) An anesthesiologist assistant may not prescribe,
29	order, or compound any controlled substance, legend drug, or
30	medical device, nor may an anesthesiologist assistant dispense
31	sample drugs to patients. Nothing in this paragraph prohibits

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1	an anesthesiologist assistant from administering legend drugs
2	or controlled substances; intravenous drugs, fluids, or blood
3	products; or inhalation or other anesthetic agents to patients
4	which are ordered by the supervising anesthesiologist and
5	administered while under the direct supervision of the
6	supervising anesthesiologist.

- (4) PERFORMANCE BY TRAINEES.--The practice of a trainee is exempt from the requirements of this chapter while the trainee is performing assigned tasks as a trainee in conjunction with an approved program. Before providing anesthesia services, including the administration of anesthesia in conjunction with the requirements of an approved program, the trainee must clearly convey to the patient that he or she is a trainee.
- (5) PROGRAM APPROVAL. -- The boards shall approve programs for the education and training of anesthesiologist assistants which meet standards established by board rules.

 The boards may recommend only those anesthesiologist assistant training programs that hold full accreditation or provisional accreditation from the Commission on Accreditation of Allied Health Education Programs.
 - (6) ANESTHESIOLOGIST ASSISTANT LICENSURE. --
- (a) Any person desiring to be licensed as an anesthesiologist assistant must apply to the department. The department shall issue a license to any person certified by the board to:
 - 1. Be at least 18 years of age.
- 2. Have satisfactorily passed a proficiency

 examination with a score established by the National

 Commission on Certification of Anesthesiologist Assistants.
- 31 3. Be certified in advanced cardiac life support.

1	4. Have completed the application form and remitted an
2	application fee, not to exceed \$1,000, as set by the boards.
3	An application must include:
4	a. A certificate of completion of an approved graduate
5	level program.
6	b. A sworn statement of any prior felony convictions.
7	c. A sworn statement of any prior discipline or denial
8	of licensure or certification in any state.
9	d. Two letters of recommendation from
10	anesthesiologists.
11	(b) A license must be renewed biennially. Each renewal
12	<pre>must include:</pre>
13	1. A renewal fee, not to exceed \$1,000, as set by the
14	boards.
15	2. A sworn statement of no felony convictions in the
16	immediately preceding 2 years.
17	(c) Each licensed anesthesiologist assistant must
18	biennially complete 40 hours of continuing medical education
19	or hold a current certificate issued by the National
20	Commission on Certification of Anesthesiologist Assistants or
21	its successor.
22	(d) An anesthesiologist assistant must notify the
23	department in writing within 30 days after obtaining
24	employment that requires a license under this chapter and
25	after any subsequent change in his or her supervising
26	anesthesiologist. The notification must include the full name,
27	license number, specialty, and address of the supervising
28	anesthesiologist. Submission of a copy of the required
29	protocol by the anesthesiologist assistant satisfies this
30	requirement.
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1	(e) The Board of Medicine may impose upon an
2	anesthesiologist assistant any penalty specified in s. 456.072
3	or s. 458.331(2) if the anesthesiologist assistant or the
4	supervising anesthesiologist is found quilty of or is
5	investigated for an act that constitutes a violation of this
6	chapter or chapter 456.
7	(7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
8	ADVISE THE BOARD
9	(a) The chairman of the board may appoint an
10	anesthesiologist and an anesthesiologist assistant to advise
11	the board as to the adoption of rules for the licensure of
12	anesthesiologist assistants. The board may use a committee
13	structure that is most practicable in order to receive any
14	recommendations to the board regarding rules and all matters
15	relating to anesthesiologist assistants, including, but not
16	limited to, recommendations to improve safety in the clinical
17	practices of licensed anesthesiologist assistants.
18	(b) In addition to its other duties and
19	responsibilities as prescribed by law, the board shall:
20	1. Recommend to the department the licensure of
21	anesthesiologist assistants.
22	2. Develop all rules regulating the use of
23	anesthesiologist assistants by qualified anesthesiologists
24	under this chapter and chapter 459, except for rules relating
25	to the formulary developed under s. 458.347(4)(f). The board
26	shall also develop rules to ensure that the continuity of
27	supervision is maintained in each practice setting. The boards
28	shall consider adopting a proposed rule at the regularly
29	scheduled meeting immediately following the submission of the
30	proposed rule. A proposed rule may not be adopted by either
31	board unless both boards have accepted and approved the

	identical language contained in the proposed rule. The
2	language of all proposed rules must be approved by both boards
3	pursuant to each respective board's quidelines and standards
4	regarding the adoption of proposed rules.
5	3. Address concerns and problems of practicing
6	anesthesiologist assistants to improve safety in the clinical
7	practices of licensed anesthesiologist assistants.
8	(c) When the board finds that an applicant for
9	licensure has failed to meet, to the board's satisfaction,
10	each of the requirements for licensure set forth in this
11	section, the board may enter an order to:
12	1. Refuse to certify the applicant for licensure;
13	2. Approve the applicant for licensure with
14	restrictions on the scope of practice or license; or
15	3. Approve the applicant for conditional licensure.
16	Such conditions may include placement of the licensee on
17	probation for a period of time and subject to such conditions
18	as the board specifies, including, but not limited to,
19	requiring the licensee to undergo treatment, to attend
20	continuing education courses, or to take corrective action.
21	(8) PENALTY A person who falsely holds himself or
22	herself out as an anesthesiologist assistant commits a felony
23	of the third degree, punishable as provided in s. 775.082, s.
24	775.083, or s. 775.084.
25	(9) DENIAL, SUSPENSION, OR REVOCATION OF
26	LICENSURE The boards may deny, suspend, or revoke the
27	license of an anesthesiologist assistant who the board
28	determines has violated any provision of this section or
29	chapter or any rule adopted pursuant thereto.
30	(10) RULESThe boards shall adopt rules to
31	administer this section.

- I	(11) TERRETARY REPORTED TO A CONTROL OF THE CONTROL
1	(11) LIABILITYA supervising anesthesiologist is
2	liable for any act or omission of an anesthesiologist
3	assistant acting under the anesthesiologist's supervision and
4	control and shall comply with the financial responsibility
5	requirements of this chapter and chapter 456, as applicable.
6	(12) FEESThe department shall allocate the fees
7	collected under this section to the board.
8	Section 119. Paragraph (hh) of subsection (1) of
9	section 459.015, Florida Statutes, is amended to read:
10	459.015 Grounds for disciplinary action; action by the
11	board and department
12	(1) The following acts constitute grounds for denial
13	of a license or disciplinary action, as specified in s.
14	456.072(2):
15	(hh) Failing to supervise adequately the activities of
16	those physician assistants, paramedics, emergency medical
17	technicians, advanced registered nurse practitioners,
18	anesthesiologist assistants, or other persons acting under the
19	supervision of the osteopathic physician.
20	Section 120. Section 459.023, Florida Statutes, is
21	created to read:
22	459.023 Anesthesiologist assistants
23	(1) DEFINITIONS As used in this section, the term:
24	(a) "Anesthesiologist" means an osteopathic physician
25	who holds an active, unrestricted license; who has
26	successfully completed an anesthesiology training program
27	approved by the Accreditation Council on Graduate Medical
28	Education, or its equivalent, or the American Osteopathic
29	Association; and who is certified by the American Osteopathic
30	Board of Anesthesiology or is eligible to take that board's
31	examination, is certified by the American Board of

1	Anesthesiology or is eligible to take that board's
2	examination, or is certified by the Board of Certification in
3	Anesthesiology affiliated with the American Association of
4	Physician Specialists.
5	(b) "Anesthesiologist assistant" means a graduate of
6	an approved program who is licensed to perform medical
7	services delegated and directly supervised by a supervising
8	anesthesiologist.
9	(c) "Anesthesiology" means the practice of medicine
10	that specializes in the relief of pain during and after
11	surgical procedures and childbirth, during certain chronic
12	disease processes, and during resuscitation and critical care
13	of patients in the operating room and intensive care
14	environments.
15	(d) "Approved program" means a program for the
16	education and training of anesthesiologist assistants which
17	has been approved by the boards as provided in subsection (5).
18	(e) "Boards" means the Board of Medicine and the Board
19	of Osteopathic Medicine.
20	(f) "Continuing medical education" means courses
21	recognized and approved by the boards, the American Academy of
22	Physician Assistants, the American Medical Association, the
23	American Osteopathic Association, the American Academy of
24	Anesthesiologist Assistants, the American Society of
25	Anesthesiologists, or the Accreditation Council on Continuing
26	Medical Education.
27	(q) "Direct supervision" means the on-site, personal
28	supervision by an anesthesiologist who is present in the
29	office when the procedure is being performed in that office,
30	or is present in the surgical or obstetrical suite when the

31 procedure is being performed in that surgical or obstetrical

1	suite and who is in all instances immediately available to
2	provide assistance and direction to the anesthesiologist
3	assistant while anesthesia services are being performed.
4	(h) "Proficiency examination" means an entry-level
5	examination approved by the boards, including examinations
6	administered by the National Commission on Certification of
7	Anesthesiologist Assistants.
8	(i) "Trainee" means a person who is currently enrolled
9	in an approved program.
10	(2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST
11	(a) An anesthesiologist who directly supervises an
12	anesthesiologist assistant must be qualified in the medical
13	areas in which the anesthesiologist assistant performs and is
14	liable for the performance of the anesthesiologist assistant.
15	An anesthesiologist may only supervise two anesthesiologist
16	assistants at the same time. The board may, by rule, allow an
17	anesthesiologist to supervise up to four anesthesiologist
18	assistants, after July 1, 2008.
19	(b) An anesthesiologist or group of anesthesiologists
20	must, upon establishing a supervisory relationship with an
21	anesthesiologist assistant, file with the board a written
22	protocol that includes, at a minimum:
23	1. The name, address, and license number of the
24	anesthesiologist assistant.
25	2. The name, address, license number, and federal Drug
26	Enforcement Administration number of each physician who will
27	be supervising the anesthesiologist assistant.
28	3. The address of the anesthesiologist assistant's
29	primary practice location and the address of any other

30 <u>locations where the anesthesiologist assistant may practice.</u>

1	4. The date the protocol was developed and the dates
2	of all revisions.
3	5. The signatures of the anesthesiologist assistant
4	and all supervising physicians.
5	6. The duties and functions of the anesthesiologist
6	assistant.
7	7. The conditions or procedures that require the
8	personal provision of care by an anesthesiologist.
9	8. The procedures to be followed in the event of an
10	anesthetic emergency.
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12	The protocol must be on file with the board before the
13	anesthesiologist assistant may practice with the
14	anesthesiologist or group. An anesthesiologist assistant may
15	not practice unless a written protocol has been filed for that
16	anesthesiologist assistant in accordance with this paragraph,
17	and the anesthesiologist assistant may only practice under the
18	direct supervision of an anesthesiologist who has signed the
19	protocol. The protocol must be updated biennially.
20	(3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS
21	(a) An anesthesiologist assistant may assist an
22	anesthesiologist in developing and implementing an anesthesia
23	care plan for a patient. In providing assistance to an
24	anesthesiologist, an anesthesiologist assistant may perform
25	duties established by rule by the board in any of the
26	following functions that are included in the anesthesiologist
27	assistant's protocol while under the direct supervision of an
28	anesthesiologist:
29	1. Obtain a comprehensive patient history and present
30	the history to the supervising anesthesiologist.
31	

1	2. Pretest and calibrate anesthesia delivery systems
2	and monitor, obtain, and interpret information from the
3	systems and monitors.
4	3. Assist the supervising anesthesiologist with the
5	implementation of medically accepted monitoring techniques.
6	4. Establish basic and advanced airway interventions,
7	including intubation of the trachea and performing ventilatory
8	support.
9	5. Administer intermittent vasoactive drugs and start
10	and adjust vasoactive infusions.
11	6. Administer anesthetic drugs, adjuvant drugs, and
12	accessory drugs.
13	7. Assist the supervising anesthesiologist with the
14	performance of epidural anesthetic procedures and spinal
15	anesthetic procedures.
16	8. Administer blood, blood products, and supportive
17	fluids.
18	9. Support life functions during anesthesia health
19	care, including induction and intubation procedures, the use
20	of appropriate mechanical supportive devices, and the
21	management of fluid, electrolyte, and blood component
22	balances.
23	10. Recognize and take appropriate corrective action
24	for abnormal patient responses to anesthesia, adjunctive
25	medication, or other forms of therapy.
26	11. Participate in management of the patient while in
27	the postanesthesia recovery area, including the administration
28	of any supporting fluids or drugs.
29	12. Place special peripheral and central venous and
30	arterial lines for blood sampling and monitoring as
31	appropriate.

1	(b) Nothing in this section or chapter prevents
2	third-party payors from reimbursing employers of
3	anesthesiologist assistants for covered services rendered by
4	such anesthesiologist assistants.
5	(c) An anesthesiologist assistant must clearly convey
6	to the patient that she or he is an anesthesiologist
7	assistant.
8	(d) An anesthesiologist assistant may perform
9	anesthesia tasks and services within the framework of a
10	written practice protocol developed between the supervising
11	anesthesiologist and the anesthesiologist assistant.
12	(e) An anesthesiologist assistant may not prescribe,
13	order, or compound any controlled substance, legend drug, or
14	medical device, nor may an anesthesiologist assistant dispense
15	sample drugs to patients. Nothing in this paragraph prohibits
16	an anesthesiologist assistant from administering legend drugs
17	or controlled substances; intravenous drugs, fluids, or blood
18	products; or inhalation or other anesthetic agents to patients
19	which are ordered by the supervising anesthesiologist and
20	administered while under the direct supervision of the
21	supervising anesthesiologist.
22	(4) PERFORMANCE BY TRAINEES The practice of a
23	trainee is exempt from the requirements of this chapter while
24	the trainee is performing assigned tasks as a trainee in
25	conjunction with an approved program. Before providing
26	anesthesia services, including the administration of
27	anesthesia in conjunction with the requirements of an approved
28	program, the trainee must clearly convey to the patient that
29	he or she is a trainee.

(5) PROGRAM APPROVAL. -- The boards shall approve

31 programs for the education and training of anesthesiologist

1	assistants which meet standards established by board rules.
2	The board may recommend only those anesthesiologist assistant
3	training programs that hold full accreditation or provisional
4	accreditation from the Commission on Accreditation of Allied
5	Health Education Programs.
6	(6) ANESTHESIOLOGIST ASSISTANT LICENSURE
7	(a) Any person desiring to be licensed as an
8	anesthesiologist assistant must apply to the department. The
9	department shall issue a license to any person certified by
10	the board to:
11	1. Be at least 18 years of age.
12	2. Have satisfactorily passed a proficiency
13	examination with a score established by the National
14	Commission on Certification of Anesthesiologist Assistants.
15	3. Be certified in advanced cardiac life support.
16	4. Have completed the application form and remitted an
17	application fee, not to exceed \$1,000, as set by the boards.
18	An application must include:
19	a. A certificate of completion of an approved graduate
20	level program.
21	b. A sworn statement of any prior felony convictions.
22	c. A sworn statement of any prior discipline or denial
23	of licensure or certification in any state.
24	d. Two letters of recommendation from
25	anesthesiologists.
26	(b) A license must be renewed biennially. Each renewal
27	<pre>must include:</pre>
28	1. A renewal fee, not to exceed \$1,000, as set by the
29	boards.
30	2. A sworn statement of no felony convictions in the

31 <u>immediately preceding 2 years.</u>

1	(c) Each licensed anesthesiologist assistant must
2	biennially complete 40 hours of continuing medical education
3	or hold a current certificate issued by the National
4	Commission on Certification of Anesthesiologist Assistants or
5	its successor.
6	(d) An anesthesiologist assistant must notify the
7	department in writing within 30 days after obtaining
8	employment that requires a license under this chapter and
9	after any subsequent change in her or his supervising
10	anesthesiologist. The notification must include the full name,
11	license number, specialty, and address of the supervising
12	anesthesiologist. Submission of a copy of the required
13	protocol by the anesthesiologist assistant satisfies this
14	requirement.
15	(e) The Board of Osteopathic Medicine may impose upon
16	an anesthesiologist assistant any penalty specified in s.
17	456.072 or s. 459.015(2) if the anesthesiologist assistant or
18	the supervising anesthesiologist is found quilty of or is
19	investigated for an act that constitutes a violation of this
20	chapter or chapter 456.
21	(7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
22	ADVISE THE BOARD
23	(a) The chairman of the board may appoint an
24	anesthesiologist and an anesthesiologist assistant to advise
25	the board as to the adoption of rules for the licensure of
26	anesthesiologist assistants. The board may use a committee
27	structure that is most practicable in order to receive any
28	recommendations to the board regarding rules and all matters
29	relating to anesthesiologist assistants, including, but not

30 limited to, recommendations to improve safety in the clinical

31 practices of licensed anesthesiologist assistants.

1	(b) In addition to its other duties and
2	responsibilities as prescribed by law, the board shall:
3	1. Recommend to the department the licensure of
4	anesthesiologist assistants.
5	2. Develop all rules regulating the use of
6	anesthesiologist assistants by qualified anesthesiologists
7	under this chapter and chapter 458, except for rules relating
8	to the formulary developed under s. 458.347(4)(f). The board
9	shall also develop rules to ensure that the continuity of
10	supervision is maintained in each practice setting. The boards
11	shall consider adopting a proposed rule at the regularly
12	scheduled meeting immediately following the submission of the
13	proposed rule. A proposed rule may not be adopted by either
14	board unless both boards have accepted and approved the
15	identical language contained in the proposed rule. The
16	language of all proposed rules must be approved by both boards
17	pursuant to each respective board's quidelines and standards
18	regarding the adoption of proposed rules.
19	3. Address concerns and problems of practicing
20	anesthesiologist assistants to improve safety in the clinical
21	practices of licensed anesthesiologist assistants.
22	(c) When the board finds that an applicant for
23	licensure has failed to meet, to the board's satisfaction,
24	each of the requirements for licensure set forth in this
25	section, the board may enter an order to:
26	1. Refuse to certify the applicant for licensure;
27	2. Approve the applicant for licensure with
28	restrictions on the scope of practice or license; or
29	3. Approve the applicant for conditional licensure.
30	Such conditions may include placement of the licensee on
31	probation for a period of time and subject to such conditions

1	as the board specifies, including, but not limited to,
2	requiring the licensee to undergo treatment, to attend
3	continuing education courses, or to take corrective action.
4	(8) PENALTY A person who falsely holds herself or
5	himself out as an anesthesiologist assistant commits a felony
6	of the third degree, punishable as provided in s. 775.082, s.
7	775.083, or s. 775.084.
8	(9) DENIAL, SUSPENSION, OR REVOCATION OF
9	LICENSURE The boards may deny, suspend, or revoke the
10	license of an anesthesiologist assistant who the board
11	determines has violated any provision of this section or
12	chapter or any rule adopted pursuant thereto.
13	(10) RULES The boards shall adopt rules to
14	administer this section.
15	(11) LIABILITY A supervising anesthesiologist is
16	liable for any act or omission of an anesthesiologist
17	assistant acting under the anesthesiologist's supervision and
18	control and shall comply with the financial responsibility
19	requirements of this chapter and chapter 456, as applicable.
20	(12) FEESThe department shall allocate the fees
21	collected under this section to the board.
22	Section 121. Subsections (1) and (2) of section
23	400.487, Florida Statutes, are amended to read:
24	400.487 Home health service agreements; physician's_
25	physician's assistant's, and advanced registered nurse
26	<pre>practitioner's treatment orders; patient assessment;</pre>
27	establishment and review of plan of care; provision of
28	services; orders not to resuscitate
29	(1) Services provided by a home health agency must be
30	covered by an agreement between the home health agency and the
31	patient or the patient's legal representative specifying the

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home health services to be provided, the rates or charges for services paid with private funds, and the <u>sources method</u> of payment, which may include Medicare, Medicaid, private <u>insurance</u>, personal funds, or a combination thereof. A home health agency providing skilled care must make an assessment of the patient's needs within 48 hours after the start of services.

- (2) When required by the provisions of chapter 464; part I, part III, or part V of chapter 468; or chapter 486, the attending physician, physician's assistant, or advanced registered nurse practitioner, acting within his or her respective scope of practice, shall for a patient who is to receive skilled care must establish treatment orders for a patient who is to receive skilled care. The treatment orders must be signed by the physician, physician's assistant, or advanced registered nurse practitioner before a claim for payment for the skilled services is submitted by the home health agency. If the claim is submitted to a managed care organization, the treatment orders must be signed in the time allowed under the provider agreement. The treatment orders shall within 30 days after the start of care and must be reviewed, as frequently as the patient's illness requires, by the physician, physician's assistant, or advanced registered nurse practitioner in consultation with the home health agency personnel that provide services to the patient.
- Section 122. <u>Sections 122-134 of this act may be cited</u>

 27 <u>as the "Clara Ramsey Care of the Elderly Act."</u>
- 28 Section 123. <u>Certified Geriatric Specialist</u>
 29 Preparation Pilot Program.--
- 30 (1) The Agency for Workforce Innovation shall
 31 establish a pilot program for delivery of geriatric nursing

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education to certified nursing assistants who wish to become

certified geriatric specialists. The agency shall select two

pilot sites in nursing homes that have received the Gold Seal

designation under section 400.235, Florida Statutes; have been

designated as a teaching nursing home under section 430.80,

Florida Statutes; or have not received a class I or class II

deficiency within the 30 months preceding application for this

program.

(2) To be eligible to receive geriatric nursing

- (2) To be eliqible to receive geriatric nursing education, a certified nursing assistant must have been employed by a participating nursing home for at least 1 year and must have received a high school diploma or its equivalent.
- (3) The education shall be provided at the worksite and in coordination with the certified nursing assistant's work schedule.
- (4) Faculty shall provide the instruction under an approved nursing program pursuant to section 464.019, Florida Statutes.
- (5) The education must be designed to prepare the certified nursing assistant to meet the requirements for certification as a geriatric specialist. The didactic and clinical education must include all portions of the practical nursing curriculum pursuant to section 464.019, Florida Statutes, except for pediatric and obstetric/maternal-child education, and must include additional education in the care of ill, injured, or infirm geriatric patients and the maintenance of health, the prevention of injury, and the
- 30 Section 124. <u>Certified Geriatric Specialty Nursing</u>
 31 <u>Initiative Steering Committee.--</u>

provision of palliative care for geriatric patients.

1	(1) In order to quide the implementation of the
2	Certified Geriatric Specialist Preparation Pilot Program,
3	there is created a Certified Geriatric Specialty Nursing
4	Initiative Steering Committee. The steering committee shall be
5	composed of the following members:
6	(a) The chair of the Board of Nursing or his or her
7	designee;
8	(b) A representative of the Agency for Workforce
9	Innovation, appointed by the Director of Workforce Innovation;
10	(c) A representative of Workforce Florida, Inc.,
11	appointed by the chair of the Board of Directors of Workforce
12	Florida, Inc.;
13	(d) A representative of the Department of Education,
14	appointed by the Commissioner of Education;
15	(e) A representative of the Department of Health,
16	appointed by the Secretary of Health;
17	(f) A representative of the Agency for Health Care
18	Administration, appointed by the Secretary of Health Care
19	Administration;
20	(q) The Director of the Florida Center for Nursing;
21	(h) A representative of the Department of Elderly
22	Affairs, appointed by the Secretary of Elderly Affairs; and
23	(i) A representative of a Gold Seal nursing home that
24	is not one of the pilot program sites, appointed by the
25	Secretary of Health Care Administration.
26	(2) The steering committee shall:
27	(a) Provide consultation and quidance to the Agency
28	for Workforce Innovation on matters of policy during the
29	implementation of the pilot program; and
30	(b) Provide oversight to the evaluation of the pilot
31	program.

1	(3) Members of the steering committee are entitled to
2	reimbursement for per diem and travel expenses under section
3	112.061, Florida Statutes.
4	(4) The steering committee shall complete its
5	activities by June 30, 2007, and the authorization for the
6	steering committee ends on that date.
7	Section 125. Evaluation of the Certified Geriatric
8	Specialist Preparation Pilot Program The Agency for
9	Workforce Innovation, in consultation with the Certified
10	Geriatric Specialty Nursing Initiative Steering Committee,
11	shall conduct or contract for an evaluation of the pilot
12	program. The agency shall ensure that an evaluation report is
13	submitted to the Governor, the President of the Senate, and
14	the Speaker of the House of Representatives by January 1,
15	2007. The evaluation must address the experience and success
16	of the certified nursing assistants in the pilot program and
17	must contain recommendations regarding the expansion of the
18	delivery of geriatric nursing education in nursing homes.
19	Section 126. Reports The Agency for Workforce
20	Innovation shall submit status reports and recommendations
21	regarding legislation necessary to further the implementation
22	of the pilot program to the Governor, the President of the
23	Senate, and the Speaker of the House of Representatives on
24	January 1, 2005, January 1, 2006, and January 1, 2007.
25	Section 127. Section 464.0125, Florida Statutes, is
26	created to read:
27	464.0125 Certified geriatric specialists;
28	certification requirements
29	(1) DEFINITIONS; RESPONSIBILITIES
30	(a) As used in this section, the term:
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nursing.

1. "Certified geriatric specialist" means a person who meets the qualifications specified in this section and who is certified by the board to practice as a certified geriatric specialist. 2. "Geriatric patient" means any patient who is 60 years of age or older. 3. "Practice of certified geriatric specialty nursing" means the performance of selected acts in facilities licensed under part II or part III of chapter 400, including the administration of treatments and medications, in the care of ill, injured, or infirm geriatric patients and the promotion of wellness, maintenance of health, and prevention of illness of geriatric patients under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist. The scope of practice of a certified geriatric specialist includes the practice of practical nursing as defined in s. 464.003 for geriatric patients only, except for any act in which instruction and clinical knowledge of pediatric nursing or obstetric/maternal-child nursing is required. A certified geriatric specialist, while providing nursing services in facilities licensed under part II or part III of chapter 400, may supervise the activities of certified nursing assistants and other unlicensed personnel providing services in such facilities in accordance with rules adopted by the board. (b) The certified geriatric specialist shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and

(2) CERTIFICATION.--

experience in performing certified geriatric specialty

(a) Any certified nursing assistant desiring to be		
certified as a certified geriatric specialist must apply to		
the department and submit proof that he or she holds a current		
certificate as a certified nursing assistant under part II of		
this chapter and has satisfactorily completed the following		
requirements:		
1. Is in good mental and physical health, is a		
recipient of a high school diploma or its equivalent; has		
completed the requirements for graduation from an approved		
program for nursing or its equivalent, as determined by the		
board, for the preparation of licensed practical nurses,		
except for instruction and clinical knowledge of pediatric		
nursing or obstetric/maternal-child nursing; and has completed		
additional education in the care of ill, injured, or infirm		
geriatric patients, the maintenance of health, the prevention		
of injury, and the provision of palliative care for geriatric		
patients. By September 1, 2004, the Board of Nursing shall		
adopt rules establishing the core competencies for the		
additional education in geriatric care. Any program that is		
approved on July 1, 2004, by the board for the preparation of		
registered nurses or licensed practical nurses may provide		
education for the preparation of certified geriatric		
specialists without further board approval.		
2. Has the ability to communicate in the English		
language, which may be determined by an examination given by		
the department.		

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

1	(b) Each applicant who meets the requirements of this
2	subsection is, unless denied pursuant to s. 464.018, entitled
3	to certification as a certified geriatric specialist. The
4	board must certify, and the department must issue a
5	certificate to practice as a certified geriatric specialist
6	to, any certified nursing assistant who meets the
7	qualifications set forth in this section. The board shall
8	establish an application fee not to exceed \$100 and a biennial
9	renewal fee not to exceed \$50. The board may adopt rules to
10	administer this section.
11	(c) A person receiving certification under this
12	section shall:
13	1. Work only within the confines of a facility
14	licensed under part II or part III of chapter 400.
15	2. Care for geriatric patients only.
16	3. Comply with the minimum standards of practice for
17	nurses and be subject to disciplinary action for violations of
18	s. 464.018.
19	(3) ARTICULATION Any certified geriatric specialist
20	who completes the additional instruction and coursework in an
21	approved nursing program pursuant to s. 464.019 for the
22	preparation of practical nursing in the areas of pediatric
23	nursing and obstetric/maternal-child nursing is, unless denied
24	pursuant to s. 464.018, entitled to licensure as a licensed
25	practical nurse if the applicant otherwise meets the
26	requirements of s. 464.008.
27	(4) TITLES AND ABBREVIATIONS; RESTRICTIONS;
28	PENALTIES
29	(a) Only persons who hold certificates to practice as
30	certified geriatric specialists in this state or who are
31	performing services within the practice of certified geriatric

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specialty nursing pursuant to the exception set forth in s. 464.022(8) may use the title "Certified Geriatric Specialist" and the abbreviation "C.G.S."

- (b) A person may not practice or advertise as, or assume the title of, certified geriatric specialist or use the abbreviation "C.G.S." or take any other action that would lead the public to believe that person is certified as such or is performing services within the practice of certified geriatric specialty nursing pursuant to the exception set forth in s. 464.022(8), unless that person is certified to practice as such.
- (c) A violation of this subsection is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- (5) VIOLATIONS AND PENALTIES. -- Practicing certified geriatric specialty nursing, as defined in this section, without holding an active certificate to do so constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Section 128. Paragraph (b) of subsection (1) of section 381.00315, Florida Statutes, is amended to read:

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

- (1) As used in this section, the term:
- (b) "Public health emergency" means any occurrence, or threat thereof, whether natural or man made, which results or may result in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, 31 | biological toxins, or situations involving mass casualties or

natural disasters. Prior to declaring a public health emergency, the State Health Officer shall, to the extent possible, consult with the Governor and shall notify the Chief of Domestic Security Initiatives as created in s. 943.03. The declaration of a public health emergency shall continue until the State Health Officer finds that the threat or danger has been dealt with to the extent that the emergency conditions no longer exist and he or she terminates the declaration.

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

- 1. Directing manufacturers of prescription drugs or over-the-counter drugs who are permitted under chapter 499 and wholesalers of prescription drugs located in this state who are permitted under chapter 499 to give priority to the shipping of specified drugs to pharmacies and health care providers within geographic areas that have been identified by the State Health Officer. The State Health Officer must identify the drugs to be shipped. Manufacturers and wholesalers located in the state must respond to the State Health Officer's priority shipping directive before shipping the specified drugs.
- 2. Notwithstanding chapters 465 and 499 and rules adopted thereunder, directing pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized

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by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.

- 3. Notwithstanding s. 456.036, temporarily reactivating the inactive license of the following health care practitioners, when such practitioners are needed to respond to the public health emergency: physicians licensed under chapter 458 or chapter 459; physician assistants licensed under chapter 458 or chapter 459; certified geriatric specialists certified under part I of chapter 464; licensed practical nurses, registered nurses, and advanced registered nurse practitioners licensed under part I of chapter 464; respiratory therapists licensed under part V of chapter 468; and emergency medical technicians and paramedics certified under part III of chapter 401. Only those health care practitioners specified in this paragraph who possess an unencumbered inactive license and who request that such license be reactivated are eliqible for reactivation. An inactive license that is reactivated under this paragraph shall return to inactive status when the public health emergency ends or prior to the end of the public health emergency if the State Health Officer determines that the health care practitioner is no longer needed to provide services during the public health emergency. Such licenses may only be reactivated for a period not to exceed 90 days without meeting the requirements of s. 456.036 or chapter 401, as applicable.
- 4. Ordering an individual to be examined, tested, vaccinated, treated, or quarantined for communicable diseases that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or 31 unwilling to be examined, tested, vaccinated, or treated for

reasons of health, religion, or conscience may be subjected to quarantine.

- a. Examination, testing, vaccination, or treatment may be performed by any qualified person authorized by the State Health Officer.
- b. If the individual poses a danger to the public health, the State Health Officer may subject the individual to quarantine. If there is no practical method to quarantine the individual, the State Health Officer may use any means necessary to vaccinate or treat the individual.

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- Any order of the State Health Officer given to effectuate this 12 13 paragraph shall be immediately enforceable by a law 14 enforcement officer under s. 381.0012.
- Section 129. Subsection (14) of section 400.021, 15 Florida Statutes, is amended to read: 16
 - 400.021 Definitions.--When used in this part, unless the context otherwise requires, the term:
 - (14) "Nursing service" means such services or acts as may be rendered, directly or indirectly, to and in behalf of a person by individuals as defined in ss. s. 464.003 and 464.0125.
 - Section 130. Paragraphs (a) and (c) of subsection (3) of section 400.23, Florida Statutes, are amended to read:
- 400.23 Rules; evaluation and deficiencies; licensure 2.5 status.--26
- (3)(a) The agency shall adopt rules providing for the minimum staffing requirements for nursing homes. These requirements shall include, for each nursing home facility, a minimum certified nursing assistant staffing of 2.3 hours of 31 direct care per resident per day beginning January 1, 2002,

increasing to 2.6 hours of direct care per resident per day beginning January 1, 2003, and increasing to 2.9 hours of 3 direct care per resident per day beginning May 1, 2004. Beginning January 1, 2002, no facility shall staff below one 4 certified nursing assistant per 20 residents, and a minimum licensed nursing staffing of 1.0 hour of direct resident care 6 per resident per day but never below one licensed nurse per 40 8 residents. For purposes of computing nursing staffing minimums and ratios, certified geriatric specialists shall be 9 considered licensed nursing staff. Nursing assistants employed 10 never below one licensed nurse per 40 residents. Nursing 11 assistants employed under s. 400.211(2) may be included in 12 13 computing the staffing ratio for certified nursing assistants 14 only if they provide nursing assistance services to residents on a full-time basis. Each nursing home must document 15 compliance with staffing standards as required under this 16 paragraph and post daily the names of staff on duty for the 17 benefit of facility residents and the public. The agency shall recognize the use of licensed nurses for compliance with 19 minimum staffing requirements for certified nursing 20 assistants, provided that the facility otherwise meets the 21 22 minimum staffing requirements for licensed nurses and that the 23 licensed nurses so recognized are performing the duties of a 24 certified nursing assistant. Unless otherwise approved by the agency, licensed nurses counted towards the minimum staffing 2.5 requirements for certified nursing assistants must exclusively 26 perform the duties of a certified nursing assistant for the 2.7 28 entire shift and shall not also be counted towards the minimum 29 staffing requirements for licensed nurses. If the agency 30 approved a facility's request to use a licensed nurse to 31 perform both licensed nursing and certified nursing assistant

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duties, the facility must allocate the amount of staff time specifically spent on certified nursing assistant duties for the purpose of documenting compliance with minimum staffing requirements for certified and licensed nursing staff. In no event may the hours of a licensed nurse with dual job responsibilities be counted twice.

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

Section 131. Paragraph (b) of subsection (2) of section 409.908, Florida Statutes, is amended to read:

409.908 Reimbursement of Medicaid providers. -- Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein. These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, 31 and full payment at the recalculated rate shall be affected

retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

(2)

- (b) Subject to any limitations or directions provided for in the General Appropriations Act, the agency shall establish and implement a Florida Title XIX Long-Term Care Reimbursement Plan (Medicaid) for nursing home care in order to provide care and services in conformance with the applicable state and federal laws, rules, regulations, and quality and safety standards and to ensure that individuals eligible for medical assistance have reasonable geographic access to such care.
- 1. Changes of ownership or of licensed operator do not qualify for increases in reimbursement rates associated with the change of ownership or of licensed operator. The agency shall amend the Title XIX Long Term Care Reimbursement Plan to provide that the initial nursing home reimbursement rates, for the operating, patient care, and MAR components, associated with related and unrelated party changes of ownership or

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licensed operator filed on or after September 1, 2001, are equivalent to the previous owner's reimbursement rate.

- 2. The agency shall amend the long-term care reimbursement plan and cost reporting system to create direct care and indirect care subcomponents of the patient care component of the per diem rate. These two subcomponents together shall equal the patient care component of the per diem rate. Separate cost-based ceilings shall be calculated for each patient care subcomponent. The direct care subcomponent of the per diem rate shall be limited by the cost-based class ceiling, and the indirect care subcomponent shall be limited by the lower of the cost-based class ceiling, by the target rate class ceiling, or by the individual provider target. The agency shall adjust the patient care component effective January 1, 2002. The cost to adjust the direct care subcomponent shall be net of the total funds previously allocated for the case mix add-on. The agency shall make the required changes to the nursing home cost reporting forms to implement this requirement effective January 1, 2002.
- 3. The direct care subcomponent shall include salaries and benefits of direct care staff providing nursing services including registered nurses, licensed practical nurses, certified qeriatric specialists certified under part I of chapter 464, and certified nursing assistants who deliver care directly to residents in the nursing home facility. This excludes nursing administration, MDS, and care plan coordinators, staff development, and staffing coordinator.
- 4. All other patient care costs shall be included in the indirect care cost subcomponent of the patient care per diem rate. There shall be no costs directly or indirectly

allocated to the direct care subcomponent from a home office or management company.

- 5. On July 1 of each year, the agency shall report to the Legislature direct and indirect care costs, including average direct and indirect care costs per resident per facility and direct care and indirect care salaries and benefits per category of staff member per facility.
- 6. In order to offset the cost of general and professional liability insurance, the agency shall amend the plan to allow for interim rate adjustments to reflect increases in the cost of general or professional liability insurance for nursing homes. This provision shall be implemented to the extent existing appropriations are available.

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

Section 132. Subsection (1) and paragraph (a) of subsection (2) of section 1009.65, Florida Statutes, are amended to read:

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1009.65 Medical Education Reimbursement and Loan Repayment Program. --

- (1) To encourage qualified medical professionals to practice in underserved locations where there are shortages of such personnel, there is established the Medical Education Reimbursement and Loan Repayment Program. The function of the program is to make payments that offset loans and educational expenses incurred by students for studies leading to a medical or nursing degree, medical or nursing licensure, or advanced registered nurse practitioner certification or physician assistant licensure. The following licensed or certified health care professionals are eligible to participate in this program: medical doctors with primary care specialties, doctors of osteopathic medicine with primary care specialties, physician's assistants, <u>certified geriatric specialists</u> certified under part I of chapter 464, licensed practical nurses and registered nurses, and advanced registered nurse practitioners with primary care specialties such as certified nurse midwives. Primary care medical specialties for physicians include obstetrics, gynecology, general and family practice, internal medicine, pediatrics, and other specialties which may be identified by the Department of Health.
- (2) From the funds available, the Department of Health shall make payments to selected medical professionals as follows:
- (a) Up to \$4,000 per year for certified geriatric specialists certified under part I of chapter 464, licensed practical nurses, and registered nurses, up to \$10,000 per year for advanced registered nurse practitioners and physician's assistants, and up to \$20,000 per year for 31 physicians. Penalties for noncompliance shall be the same as

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those in the National Health Services Corps Loan Repayment
Program. Educational expenses include costs for tuition,
matriculation, registration, books, laboratory and other fees,
other educational costs, and reasonable living expenses as
determined by the Department of Health.

Section 133. Subsection (2) of section 1009.66,

Section 133. Subsection (2) of section 1009.66, Florida Statutes, is amended to read:

1009.66 Nursing Student Loan Forgiveness Program. --

(2) To be eligible, a candidate must have graduated from an accredited or approved nursing program and have received a Florida license as a licensed practical nurse, a certified geriatric specialist certified under part I of chapter 464, or a registered nurse or a Florida certificate as an advanced registered nurse practitioner.

Section 134. The sum of \$157,017 is appropriated from the General Revenue Fund to the Agency for Workforce

Innovation to support the work of the Certified Geriatric

Specialty Nursing Initiative Steering Committee, to administer the pilot sites, to contract for an evaluation, and to the extent that funds are available, and if necessary, to provide nursing faculty, substitute certified nursing assistants for those who are in clinical education, and technical support to the pilot sites during the 2004-2005 fiscal year.

Section 135. Subsections (3) and (4) of section 400.9905, Florida Statutes, are amended, and subsections (5) and (6) are added to that section, to read:

400.9905 Definitions.--

(3) "Clinic" means an entity at which health care services are provided to individuals and which tenders charges for reimbursement for such services, including a mobile clinic and a portable equipment provider. For purposes of this part,

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the term does not include and the licensure requirements of this part do not apply to:

- chapter 395; or entities licensed or registered by the state under chapter 395; or entities licensed or registered by the state and providing only health care services within the scope of services authorized under their respective licenses granted under ss. 383.30-383.335, chapter 390, chapter 394, chapter 395, chapter 397, this chapter except part XIII, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483 480, chapter 484, or chapter 651, end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U, or providers certified under 42 C.F.R. part 485, subpart B or subpart H, or any entity that provides neonatal or pediatric hospital-based healthcare services by licensed practitioners solely within a hospital licensed under chapter 395.
- (b) Entities that own, directly or indirectly, entities licensed or registered by the state pursuant to chapter 395; or entities that own, directly or indirectly, entities licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses granted under ss. 383.30-383.335, chapter 390, chapter 394, chapter 395, chapter 397, this chapter except part XIII, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483 480, chapter 484, or chapter 651, end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U, or providers certified under 42 C.F.R. part 485, subpart B or subpart H, or any entity that provides neonatal or pediatric hospital-based healthcare services by licensed practitioners solely within a hospital licensed under chapter 395.

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(c) Entities that are owned, directly or indirectly, by an entity licensed or registered by the state pursuant to chapter 395; or entities that are owned, directly or indirectly, by an entity licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to their respective licenses granted under ss. 383.30-383.335, chapter 390, chapter 394, chapter 395, chapter 397, this chapter except part XIII, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483 480, chapter 484, or chapter 651, end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U, or providers certified under 42 C.F.R. part 485, subpart B or subpart H, or any entity that provides neonatal or pediatric hospital-based healthcare services by licensed practitioners solely within a hospital licensed under chapter 395.

(d) Entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state pursuant to chapter 395; or entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the state and providing only health care services within the scope of services authorized pursuant to its respective license granted under ss. 383.30-383.335, chapter 390, chapter 394, chapter 395, chapter 397, this chapter except part XIII, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483 480, chapter 484, or chapter 651, end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U, or providers certified under 42 C.F.R. part 485, subpart B or subpart H, or any entity that provides neonatal or pediatric hospital-based

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services by licensed practitioners solely within a hospital licensed under chapter 395.

- (e) An entity that is exempt from federal taxation under 26 U.S.C. s. 501(c)(3) or s. 501(c)(4), and any community college or university clinic, and any entity owned or operated by federal or state government, including agencies, subdivisions, or municipalities thereof.
- (f) A sole proprietorship, group practice, partnership, or corporation that provides health care services by physicians covered by s. 627.419, that is directly supervised by one or more of such physicians, and that is wholly owned by one or more of those physicians or by a physician and the spouse, parent, child, or sibling of that physician.
- (q)(f) A sole proprietorship, group practice, partnership, or corporation that provides health care services by licensed health care practitioners under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, chapter 490, chapter 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, or s. 464.012, which are wholly owned by one or more a licensed health care practitioners practitioner, or the licensed health care practitioners set forth in this paragraph practitioner and the spouse, parent, or child, or sibling of a licensed health care practitioner, so long as one of the owners who is a licensed health care practitioner is supervising the services performed therein and is legally responsible for the entity's compliance with all federal and state laws. However, a health care practitioner may not supervise services beyond 31 the scope of the practitioner's license, except that, for the

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in s. 456.053(3)(b).

purposes of this part, a clinic owned by a licensee in s.

456.053(3)(b) that provides only services authorized pursuant
to s. 456.053(3)(b) may be supervised by a licensee specified
in s. 456.053(3)(b).

 $\frac{(h)(g)}{(g)}$ Clinical facilities affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.

- (i) Entities that provide only oncology or radiation therapy services by physicians licensed under chapter 458 or 459.
- (4) "Medical director" means a physician who is employed or under contract with a clinic and who maintains a full and unencumbered physician license in accordance with chapter 458, chapter 459, chapter 460, or chapter 461. However, if the clinic does not provide services pursuant to the respective physician practice acts listed in this subsection, it is limited to providing health care services pursuant to chapter 457, chapter 484, chapter 486, chapter 490, or chapter 491 or part I, part III, part X, part XIII, or part XIV of chapter 468, the clinic may appoint a Florida-licensed health care practitioner who does not provide services pursuant to the respective physician practice acts listed in this subsection licensed under that chapter to serve as a clinic director who is responsible for the clinic's activities. A health care practitioner may not serve as the clinic director if the services provided at the clinic are beyond the scope of that practitioner's license, except that a licensee specified in s. 456.053(3)(b) that provides only

services authorized pursuant to s. 456.053(3)(b) may serve as clinic director of an entity providing services as specified

1	(5) "Mobile clinic" means a movable or detached
2	self-contained health care unit within or from which direct
3	health care services are provided to individuals and that
4	otherwise meets the definition of a clinic in subsection (3).
5	(6) "Portable equipment provider" means an entity that
6	contracts with or employs persons to provide portable
7	equipment to multiple locations performing treatment or
8	diagnostic testing of individuals, that bills third-party
9	payors for those services, and that otherwise meets the
10	definition of a clinic in subsection (3).
11	Section 136. The creation of paragraph 400.9905(3)(i),
12	Florida Statutes, by this act is intended to clarify the
13	legislative intent of this provision as it existed at the time
14	the provision initially took effect as section 456.0375(1)(b),
15	Florida Statutes, and paragraph 400.9905(3)(i), Florida
16	Statutes, as created by this act, shall operate retroactively
17	to October 1, 2001. Nothing in this section shall be construed
18	as amending, modifying, limiting, or otherwise affecting in
19	any way the legislative intent, scope, terms, prohibition, or
20	requirements of section 456.053, Florida Statutes.
21	Section 137. Subsections (1), (2), and (3) and
22	paragraphs (a) and (b) of subsection (7) of section 400.991,
23	Florida Statutes, are amended to read:
24	400.991 License requirements; background screenings;
25	prohibitions
26	(1)(a) Each clinic, as defined in s. 400.9905, must be
27	licensed and shall at all times maintain a valid license with
28	the agency. Each clinic location shall be licensed separately
29	regardless of whether the clinic is operated under the same
30	business name or management as another clinic.
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- (b) Each mobile clinic must obtain a separate health care clinic license and clinics must provide to the agency, at least quarterly, its their projected street location locations to enable the agency to locate and inspect such clinic clinics. A portable equipment provider must obtain a health care clinic license for a single administrative office and is not required to submit quarterly projected street locations.
- (2) The initial clinic license application shall be filed with the agency by all clinics, as defined in s. 400.9905, on or before July March 1, 2004. A clinic license must be renewed biennially.
- (3) Applicants that submit an application on or before July March 1, 2004, which meets all requirements for initial licensure as specified in this section shall receive a temporary license until the completion of an initial inspection verifying that the applicant meets all requirements in rules authorized by s. 400.9925. However, a clinic engaged in magnetic resonance imaging services may not receive a temporary license unless it presents evidence satisfactory to the agency that such clinic is making a good faith effort and substantial progress in seeking accreditation required under s. 400.9935.
- (7) Each applicant for licensure shall comply with the following requirements:
- (a) As used in this subsection, the term "applicant" means individuals owning or controlling, directly or indirectly, 5 percent or more of an interest in a clinic; the medical or clinic director, or a similarly titled person who is responsible for the day-to-day operation of the licensed clinic; the financial officer or similarly titled individual 31 | who is responsible for the financial operation of the clinic;

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and licensed health care practitioners medical providers at the clinic.

(b) Upon receipt of a completed, signed, and dated application, the agency shall require background screening of the applicant, in accordance with the level 2 standards for screening set forth in chapter 435. Proof of compliance with the level 2 background screening requirements of chapter 435 which has been submitted within the previous 5 years in compliance with any other health care licensure requirements of this state is acceptable in fulfillment of this paragraph. Applicants who own less than 10 percent of a health care clinic are not required to submit fingerprints under this section.

Section 138. Subsections (9) and (11) of section 400.9935, Florida Statutes, are amended to read:

400.9935 Clinic responsibilities.--

(9) Any person or entity providing health care services which is not a clinic, as defined under s. 400.9905, may voluntarily apply for a certificate of exemption from licensure under its exempt status with the agency on a form that sets forth its name or names and addresses, a statement of the reasons why it cannot be defined as a clinic, and other information deemed necessary by the agency. An exemption is not transferable. The agency may charge an applicant for a certificate of exemption \$100 or the actual cost, whichever is less, for processing the certificate.

(11)(a) Each clinic engaged in magnetic resonance imaging services must be accredited by the Joint Commission on Accreditation of Healthcare Organizations, the American College of Radiology, or the Accreditation Association for 31 | Ambulatory Health Care, within 1 year after licensure.

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However, a clinic may request a single, 6-month extension if it provides evidence to the agency establishing that, for good cause shown, such clinic can not be accredited within 1 year after licensure, and that such accreditation will be completed within the 6-month extension. After obtaining accreditation as required by this subsection, each such clinic must maintain accreditation as a condition of renewal of its license.

(b) The agency may deny disallow the application or revoke the license of any entity formed for the purpose of avoiding compliance with the accreditation provisions of this subsection and whose principals were previously principals of an entity that was unable to meet the accreditation requirements within the specified timeframes. The agency may adopt rules as to the accreditation of magnetic resonance imaging clinics.

Section 139. Subsections (1) and (3) of section 400.995, Florida Statutes, are amended, and subsection (10) is added to said section, to read:

400.995 Agency administrative penalties.--

- (1) The agency may deny the application for a license renewal, revoke or suspend the license, and impose administrative fines penalties against clinics of up to \$5,000 per violation for violations of the requirements of this part or rules of the agency. In determining if a penalty is to be imposed and in fixing the amount of the fine, the agency shall consider the following factors:
- (a) The gravity of the violation, including the probability that death or serious physical or emotional harm to a patient will result or has resulted, the severity of the action or potential harm, and the extent to which the 31 provisions of the applicable laws or rules were violated.

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- (b) Actions taken by the owner, medical director, or clinic director to correct violations.
 - (c) Any previous violations.
- (d) The financial benefit to the clinic of committing or continuing the violation.
- (3) Any action taken to correct a violation shall be documented in writing by the owner, medical director, or clinic director of the clinic and verified through followup visits by agency personnel. The agency may impose a fine and, in the case of an owner-operated clinic, revoke or deny a clinic's license when a clinic medical director or clinic director knowingly fraudulently misrepresents actions taken to correct a violation.
- (10) If the agency issues a notice of intent to deny a license application after a temporary license has been issued pursuant to s. 400.991(3), the temporary license shall expire on the date of the notice and may not be extended during any proceeding for administrative or judicial review pursuant to chapter 120.

Section 140. The agency shall refund 90 percent of the license application fee to applicants that submitted their health care clinic licensure fees and applications but were subsequently exempted from licensure by this act.

Section 141. Any person or entity defined as a clinic under section 400.9905, Florida Statutes, shall not be in violation of part XIII of chapter 400, Florida Statutes, due to failure to apply for a clinic license by March 1, 2004, as previously required by section 400.991, Florida Statutes.

Payment to any such person or entity by an insurer or other person liable for payment to such person or entity may not be

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denied on the grounds that the person or entity failed to
   apply for or obtain a clinic license before March 1, 2004.
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           Section 142. Except for this section and sections
    135-141, which shall take effect upon becoming a law, and
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    except that section 136 shall apply retroactively to March 1,
    2004, this act shall take effect July 1, 2004.
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