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; requiring disclosure of licensure to patients; 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

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

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temporary licensure; authorizing the board to 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

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

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

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

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certified master social worker; creating s. 491.0146, F.S.; providing for the validity of certain licenses to practice as a certified master social worker; amending s. 491.0147, F.S.; providing an exemption from liability for disclosure of confidential information under certain circumstances; creating s. 514.0305, F.S.; requiring the pools to be enclosed by a barrier; establishing additional safety requirements; requiring inspections; providing penalties for violations; providing that attorney's fees and costs be awarded to the Department of Health at a hearing at which the department prevails; providing definitions and for application; providing for exceptions; amending s. 514.0115, F.S.; providing that certain condominiums and cooperatives must comply with specified requirements of law; amending s. 766.314, F.S.; correcting a cross-reference; amending s. 817.505, F.S.; clarifying provisions prohibiting actions that constitute patient brokering; amending s. 817.567, F.S., relating to making false claims of a degree or title; correcting a reference; amending s. 1009.992, F.S., relating to the Florida Higher Education Loan Authority Act; correcting a reference; amending s. 468.711, F.S.; deleting the requirement that continuing education for athletic trainers include first aid; amending s. 468.723, F.S.; revising exemptions from licensure requirements;

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amending s. 1012.46, F.S.; providing that a first responder for a school district may not represent himself or herself as an athletic trainer; providing for reactivation of a license to practice medicine by certain retired practitioners; providing conditions on such reactivation; providing for a fee; providing powers, including rulemaking powers, of the Board of Medicine; providing for future review and expiration; amending s. 466.0135, F.S.; providing additional requirements for continuing education for dentists; amending s. 480.034, F.S.; exempting certain massage therapists from premises licensure; amending s. 400.9905, F.S.; providing that certain entities providing oncology or radiation therapy services are exempt from the licensure requirements of part XIII of ch. 400, F.S.; providing legislative intent with respect to such exemption; providing for retroactive application; repealing ss. 456.033, 456.034, 458.313, 458.3147, 458.316, 458.3165, 458.317, 468.711(3), and 480.044(1)(h), F.S., relating to instruction concerning HIV and AIDS, licensure by endorsement of physicians, medical school eligibility, public health and public psychiatry certificates, limited licenses, and examination fees; amending s. 466.006, F.S.; allowing certain dental students to take the examinations required to practice dentistry in this state under specified conditions;

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providing a prerequisite to licensure of such students; creating s. 466.0065, F.S.; allowing certain dental students to take regional licensure examinations under specified conditions; restricting the applicability of examination results to licensing in other jurisdictions; requiring approval by the Board of Dentistry and providing prerequisites to such approval; amending s. 456.048, F.S.; requiring the Board of Medicine and the Board of Osteopathic Medicine to require medical 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.;

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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 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

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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 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; 2 amending s. 400.23, F.S.; specifying that 3 certified geriatric specialists shall be 4 considered licensed nursing staff; authorizing 5 licensed practical nurses to supervise the 6 activities of certified geriatric specialists 7 in nursing home facilities according to rules 8 adopted by the Board of Nursing; amending s. 9 409.908, F.S.; revising the methodology for reimbursement of Medicaid program providers to 10 include services of certified geriatric 11 specialists; amending s. 1009.65, F.S.; 12 13 revising eligibility for the Medical Education 14 Reimbursement and Loan Repayment Program to include certified geriatric specialists; 15 amending s. 1009.66, F.S.; revising eligibility 16 requirements for the Nursing Student Loan 17 18 Forgiveness Program to include certified geriatric specialists; providing an 19 appropriation; amending s. 400.9905, F.S.; 20 revising the definitions of "clinic" and 21 22 "medical director" and defining "mobile clinic" 23 and "portable equipment provider" for purposes 24 of the Health Care Clinic Act; providing that certain entities providing oncology or 25 radiation therapy services are exempt from the 26 licensure requirements of part XIII of ch. 400, 27 28 F.S.; providing legislative intent with respect 29 to such exemption; providing for retroactive application; amending s. 400.991, F.S.; 30 requiring each mobile clinic to obtain a health 31

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care clinic license; requiring a portable equipment provider to obtain a health care clinic license for a single office and exempting such a provider from submitting certain information to the Agency for Health Care Administration; revising the date by which an initial application for a health care clinic license must be filed with the agency; revising the definition of "applicant"; amending s. 400.9935, F.S.; assigning responsibilities for ensuring billing; providing that an exemption 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; amending s. 456.025, F.S.; deleting requirements for the Department of Health to administer an electronic continuing education tracking system for health care practitioners; amending s. 456.072, F.S.; providing for discipline of licensees who fail to meet continuing education requirements as a prerequisite for license renewal three or more times; creating s. 381.03015, F.S.; providing legislative intent with respect to a health

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care practitioner workforce database; providing definitions; creating the Florida Health Care Practitioner Workforce Database within the Department of Health; authorizing the database to be implemented in stages; giving priority in the database for information concerning allopathic and osteopathic physicians; specifying data elements of allopathic and osteopathic physicians for inclusion in the database; requiring that data for the health care practitioner workforce database be gathered from existing data sources; requiring certain entities to provide data elements to the department; authorizing the department to create an advisory committee; requiring the department to adopt rules; providing that the act will not take effect unless funds are specifically appropriated for this purpose; prohibiting the use of a specified trust fund to administer the act; amending s. 456.039, F.S.; revising the requirements for updating the information submitted by designated health care professionals for licensure and license renewal; authorizing the Department of Health to receive automated criminal arrest information concerning health care professionals who are subject to the profiling requirements; requiring certain health professionals to submit fingerprints to the Department of Health and to pay fees for a criminal history records check; amending s.

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456.0391, F.S.; revising the requirements for information submitted by advanced registered nurse practitioners for certification; authorizing the Department of Health to receive automated criminal arrest information concerning health care professionals who are subject to the profiling requirements; requiring certain health professionals to submit fingerprints to the Department of Health and to pay fees for a criminal history records check; requiring applications for a physician license and license renewal to be submitted electronically by a specified date; amending s. 456.042, F.S.; requiring designated health care practitioners to electronically submit updates of required information for compilation into practitioner profiles; amending s. 456.051, F.S.; revising requirements for the Department of Health to publish reports of claims or actions for damages for certain health care practitioners on the practitioner profiles; amending ss. 458.319, 459.008, 460.407, and 461.007, F.S.; revising requirements for physician licensure renewal; authorizing the Department of Health to gain access to renewal applicants' records in an automated system maintained by the Department of Law Enforcement; amending s. 461.014, F.S.; providing that each hospital annually provide a list of podiatric residents; providing an appropriation; providing that persons or

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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. Be It Enacted by the Legislature of the State of Florida: 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 older, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the United States Centers for Disease Control and Prevention and subject to the clinical judgment of the responsible practitioner. Section 2. Subsections (9), (10), and (11) are added

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to section 395.003, Florida Statutes, to read:

1	395.003 Licensure; issuance, renewal, denial,
2	modification, suspension, and revocation
3	(9) A hospital may not be licensed or relicensed if:
4	(a) The diagnosis-related groups for 65 percent or
5	more of the discharges from the hospital, in the most recent
6	year for which data is available to the Agency for Health Care
7	Administration pursuant to s. 408.061, are for diagnosis,
8	care, and treatment of patients who have:
9	1. Cardiac-related diseases and disorders classified
10	as diagnosis-related groups 103-145, 478-479, 514-518, or
11	<u>525-527;</u>
12	2. Orthopedic-related diseases and disorders
13	classified as diagnosis-related groups 209-256, 471, 491,
14	496-503, or 519-520;
15	3. Cancer-related diseases and disorders classified as
16	diagnosis-related groups 64, 82, 172, 173, 199, 200, 203,
17	257-260, 274, 275, 303, 306, 307, 318, 319, 338, 344, 346,
18	347, 363, 366, 367, 400-414, 473, or 492; or
19	4. Any combination of the above discharges.
20	(b) The hospital restricts its medical and surgical
21	services to primarily or exclusively cardiac, orthopedic,
22	surgical, or oncology specialties.
23	(10) A hospital licensed as of June 1, 2004, shall be
24	exempt from subsection (9) as long as the hospital maintains
25	the same ownership, facility street address, and range of
26	services that were in existence on June 1, 2004. Any transfer
27	of beds, or other agreements that result in the establishment
28	of a hospital or hospital services within the intent of this
29	section, shall be subject to subsection (9). Unless the
30	hospital is otherwise exempt under subsection (9), the agency
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shall deny or revoke the license of a hospital that violates any of the criteria set forth in that subsection. 3 (11) The agency may adopt rules implementing the licensure requirements set forth in subsection (9). Within 14 4 days after rendering its decision on a license application or 5 revocation, the agency shall publish its proposed decision in 6 the Florida Administrative Weekly. Within 21 days after 8 publication of the agency's decision, any authorized person 9 may file a request for an administrative hearing. In administrative proceedings challenging the approval, denial, 10 or revocation of a license pursuant to subsection (9), the 11 hearing must be based on the facts and law existing at the 12 13 time of the agency's proposed agency action. Existing 14 hospitals may initiate or intervene in an administrative hearing to approve, deny, or revoke licensure under subsection 15 16 (9) based upon a showing that an established program will be substantially affected by the issuance or renewal of a license 17 18 to a hospital within the same district or service area. 19 Section 3. Subsection (1) of section 395.003, Florida Statutes, is amended to read: 20 395.003 Licensure; issuance, renewal, denial, 21 modification, suspension, and revocation. --2.2 23 (1)(a) A No person may not shall establish, conduct, 24 or maintain a hospital, ambulatory surgical center, or mobile surgical facility in this state without first obtaining a 2.5 license under this part. 26 (b)1. It is unlawful for \underline{a} any person to use or 2.7 28 advertise to the public, in any way or by any medium 29 whatsoever, any facility as a "hospital," "ambulatory surgical center," or "mobile surgical facility" unless such facility 30 31 has first secured a license under the provisions of this part.

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- 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
- Section 4. Subsection (4) of section 395.0193, Florida Statutes, is amended to read:

located off the premises of licensed hospitals may not be

- 395.0193 Licensed facilities; peer review; disciplinary powers; agency or partnership with physicians .--
- (4) Pursuant to ss. 458.337 and 459.016, any disciplinary actions taken under subsection (3) shall be reported in writing to the Division of Medical Health Quality Assurance of the Department of Health agency within 30 working days after its initial occurrence, regardless of the pendency 31 of appeals to the governing board of the hospital. The

authorized by the agency.

notification shall identify the disciplined practitioner, the action taken, and the reason for such action. All final disciplinary actions taken under subsection (3), if different 3 from those which were reported to the division agency within 30 days after the initial occurrence, shall be reported within 10 working days to the Division of Medical Health Quality 6 Assurance of the department agency in writing and shall 8 specify the disciplinary action taken and the specific grounds therefor. The division shall review each report and determine 9 whether it potentially involved conduct by the licensee that 10 is subject to disciplinary action, in which case s. 456.073 11 shall apply. The reports are not subject to inspection under 12 13 s. 119.07(1) even if the division's investigation results in a 14 finding of probable cause. Section 5. Subsection (7) of section 395.0197, Florida 15 Statutes, is amended to read: 16 395.0197 Internal risk management.--17 18 (7) Any of the following adverse incidents, whether occurring in the licensed facility or arising from health care 19

- (a) The death of a patient;
- (b) Brain or spinal damage to a patient;
- 25 (c) The performance of a surgical procedure on the wrong patient;
- 27 (d) The performance of a wrong-site surgical procedure;
 - (e) The performance of a wrong surgical procedure;

prior to admission in the licensed facility, shall be reported

by the facility to the agency within 15 calendar days after

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its occurrence:

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- (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 public by the agency or the appropriate regulatory board. However, the agency or the appropriate regulatory board shall make available, upon written request by a health care professional against whom probable cause has been found, any such records 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

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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. 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 <u>department</u> agency and the appropriate professional board in its 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 the release of a patient have been provided to the department or otherwise identify those documents that have not been provided. If the <u>department</u> agency requests copies of the records, the facility <u>may charge the department</u> the reasonable costs of reproducing the records shall charge no more than its

actual copying costs, including reasonable staff time. The

records must be sealed and must not be available to the public pursuant to s. 119.07(1) or any other statute providing access to records, nor may they be available to the public as part of 3 the record of investigation for and prosecution in 4 disciplinary proceedings made available to the public by the 5 6 department agency or the appropriate regulatory board. However, the <u>department</u> agency must make available, upon 8 written request by a practitioner against whom probable cause 9 has been found, any such records that form the basis of the determination of probable cause. 10

- 1. Reasonable costs of reproducing copies of written or typed documents or reports may not be more than:
 - a. For the first 25 pages, \$1 per page.
 - b. For each page in excess of 25 pages, 25 cents.
- 2. Reasonable costs of reproducing X rays and other special kinds of records are the actual costs. The term <u>"actual costs" means the cost of the material and supplies</u> used to duplicate the record, as well as the labor costs associated with the duplication.
- (1) Researchers or facility personnel for research purposes if the facility or researchers demonstrate compliance 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 31 | 395.7015, Florida Statutes, is amended to read:

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- 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 fewer physicians who are licensed under pursuant to chapter 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 31 | services, and in which services are rendered by a physician

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licensed by the Board of Medicine under s. 458.311, s. 458.313, or s. 458.315 s. 458.317, or by an osteopathic physician licensed by the Board of Osteopathic Medicine under 3 s. 459.006, s. 459.007, or s. 459.0075. For purposes of this paragraph, "sophisticated radiological services" means the 5 following: magnetic resonance imaging; nuclear medicine; 6 angiography; arteriography; computed tomography; positron 8 emission tomography; digital vascular imaging; bronchography; 9 lymphangiography; splenography; ultrasound, excluding ultrasound providers that are part of a private physician's 10 office practice or when ultrasound is provided by two or more 11 physicians licensed under chapter 458 or chapter 459 who are 12 13 members of the same professional association and who practice 14 in the same medical specialties; and such other sophisticated radiological services, excluding mammography, as adopted in 15 rule by the board. 16

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:

(10) Keep full records of resident admissions and discharges; medical and general health status, including medical records, personal and social history, and identity and address of next of kin or other persons who may have responsibility for the affairs of the residents; and individual resident care plans including, but not limited to, prescribed services, service frequency and duration, and service goals. The records shall be open to inspection by the agency. A certified true and complete copy of the records shall be provided to the Department of Health upon subpoena

1	issued under s. 456.057 or s. 456.071. The provisions of
2	chapter 456 apply to the records obtained under this section.
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4	Facilities that have been awarded a Gold Seal under the
5	program established in s. 400.235 may develop a plan to
6	provide certified nursing assistant training as prescribed by
7	federal regulations and state rules and may apply to the
8	agency for approval of their program.
9	Section 9. Subsection (3) is added to section 400.145,
10	Florida Statutes, to read:
11	400.145 Records of care and treatment of resident;
12	copies to be furnished
13	(3) The administrator or records custodian in a
14	facility licensed under this chapter shall certify that a true
15	and complete copy of the records requested pursuant to a
16	subpoena or patient release have been provided to the
17	Department of Health or otherwise identify those documents
18	that have not been provided. The department may be charged a
19	reasonable fee, in accordance with subsection (1), for copies
20	of written or typed documents or reports provided to the
21	department.
22	Section 10. Subsections (7) and (8) of section
23	400.147, Florida Statutes, are amended to read:
24	400.147 Internal risk management and quality assurance
25	program
26	(7) The facility shall initiate an investigation and
27	shall notify the agency within 1 business day after the risk
28	manager or his or her designee has received a report under
29	pursuant to paragraph (1)(d). The notification must be made in
30	writing and be provided electronically, by facsimile device or
31	overnight mail delivery. The notification must include

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information regarding the identity of the affected resident, the type of adverse incident, the initiation of an investigation by the facility, and whether the events causing or resulting in the adverse incident represent a potential risk to any other resident. The notification 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, the Department of Health, or the appropriate regulatory board. 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 Department of Health agency shall review each incident 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. 456.073 shall apply.

- (8)(a) Each facility shall complete the investigation and submit an adverse incident report to the agency for each adverse incident within 15 calendar days after its occurrence. If, after a complete investigation, the risk manager determines that the incident was not an adverse incident as defined in subsection (5), the facility shall include this information in the report. The agency shall develop a form for reporting this information.
- (b) A copy of the report submitted The 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.

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The <u>division</u> 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.

Section 11. Subsections (1) and (4) of section 400.211, 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 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 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 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
- 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.

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

Section 12. 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 31 purposes of this subsection, screened and qualified under s.

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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 13. 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 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 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 shall review each incident and determine whether it potentially involved conduct by a health care professional who is subject to disciplinary action, in which case the provisions of s. 456.073 apply.

Section 14. Section 400.455, Florida Statutes, is 2 created to read: 3 400.455 Certified copy of subpoenaed records. -- Upon a 4 subpoena issued by the Department of Health pursuant to s. 5 456.057 or s. 456.071, a certified true and complete copy of the requested records shall be provided. The department may be 6 charged a reasonable fee for copies of all documents provided to the department under this section. The provisions of 8 chapter 456 apply to the records obtained under this section. 9 Section 15. Paragraph (m) of subsection (1) of section 10 440.13, Florida Statutes, is amended to read: 11 440.13 Medical services and supplies; penalty for 12 13 violations; limitations.--14 (1) DEFINITIONS.--As used in this section, the term: (m) "Medicine" means a drug prescribed by an 15 authorized health care provider and includes only generic 16 drugs or single-source patented drugs for which there is no 17 generic equivalent, unless the authorized health care provider 19 writes or states that the brand-name drug as defined in s. 465.025 is medically necessary, or is a drug appearing on the 20 schedule of drugs created pursuant to s. 465.025(5)21 465.025(6), or is available at a cost lower than its generic 2.2 23 equivalent. 24 Section 16. Section 456.005, Florida Statutes, is amended to read: 25 456.005 Long-range policy planning; plans, reports, 26 and recommendations. -- To facilitate efficient and 27 28 cost-effective regulation, the department and the board, where 29 appropriate, shall develop and implement a long-range policy planning and monitoring process to include recommendations 30

specific to each profession. The Such process shall include

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estimates of revenues, expenditures, cash balances, and performance statistics for each profession. The period covered 3 shall not be less than 5 years. The department, with input from the boards and licensees, shall develop the long-range 4 plan and must obtain the approval of the secretary. The department shall monitor compliance with the approved 6 long-range plan and, with input from the boards, shall 8 annually update the plans for approval by the secretary. The 9 department shall provide concise management reports to the boards quarterly. As part of the review process, the 10 department shall evaluate: 11

- (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.
- (5) Whether there is consistency between the various practice acts.
- (6) Whether unlicensed activity is adequately enforced.

26 The Such plans should include conclusions and recommendations

27 on these and other issues as appropriate. <u>The Such</u> plans

shall be provided to the Governor and the Legislature by

29 November 1 of each year.

30 Section 17. Subsection (5) of section 456.011, Florida 31 Statutes, is amended to read:

1	(Substantial rewording of subsection. See
2	s. 456.011(5), F.S., for present text.)
3	456.011 Boards; organization; meetings; compensation
4	and travel expenses
5	(5) Notwithstanding chapter 120, when two or more
6	boards have identified a conflict in the interpretation or
7	application of the respective practice acts of the boards, the
8	following administrative remedies shall be employed:
9	(a) One board or the secretary shall request that the
10	boards establish a special committee to resolve the conflict.
11	The special committee shall consist of two members designated
12	by each board, who may be members of the designating board or
13	other experts designated by the board, and three additional
14	persons appointed by the secretary who are not members of
15	either profession and who do not have an interest in either
16	profession. The committee shall, by majority vote, make any
17	recommendations that the committee finds necessary, including,
18	but not limited to, recommended rules to resolve the
19	differences.
20	(b) Matters that cannot be resolved through the
21	special committee may be resolved by the department through
22	informal mediation by the department or agent of the
23	department. If the committee agrees to a mediated resolution,
24	the mediator shall notify the department of the terms of the
25	resolution. The committee shall be provided the opportunity to
26	record with the department an acknowledgement of satisfaction
27	of the terms of mediation within 60 days after the mediator's
28	notification to the department. A mediated settlement reached
29	by the special committee shall be binding on the applicable
30	boards.
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(c) If the boards elect not to resolve a conflict through the means established in paragraph (a) or paragraph (b), the secretary may resolve the differences by recommending 3 rules for adoption by the appropriate board or, in the case of a declaratory statement, by providing a proposed order which may resolve the matter if adopted by the appropriate board. 6 7 (d) For any administrative remedy specified in this 8 subsection, the department shall provide legal representation. 9 Section 18. Subsection (3) of section 456.012 is amended to read: 10 456.012 Board rules; final agency action; 11 12 challenges. --13 (3) No board created within the department shall have 14 standing to challenge a rule, or proposed rule, or declaratory statement of another board. However, if there is a dispute 15 between boards concerning a rule, or proposed rule, or 16 declaratory statement, the boards may avail themselves of the 17 provisions of s. 456.011(5). Section 19. Section 456.013, Florida Statutes, is 19 amended to read: 20 456.013 Department; general licensing provisions. --21 22 (1)(a) Any person desiring to be licensed in a 23 profession within the jurisdiction of the department shall 24 apply to the department in writing to take the licensure examination. The application shall be made on a form prepared 25 and furnished by the department. The application form must be 26 available on the World Wide Web and the department may accept 27 28 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 30

shall be supplemented as needed to reflect any material change

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in any circumstance or condition stated in the application which takes place between the initial filing of the 3 application and the final grant or denial of the license and 4 which might affect the decision of the department. If an application is submitted electronically, the department may require supplemental materials, including an original 6 signature of the applicant and verification of credentials, to 8 be submitted in a nonelectronic format. An incomplete 9 application shall expire 1 year after initial filing. In order to further the economic development goals of the state, and 10 notwithstanding any law to the contrary, the department may 11 enter into an agreement with the county tax collector for the 12 13 purpose of appointing the county tax collector as the 14 department's agent to accept applications for licenses and applications for renewals of licenses. The agreement must 15 specify the time within which the tax collector must forward 16 17 any applications and accompanying application fees to the 18 department.

(b) If an applicant has not been issued a social 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

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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 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.

 $\underline{(4)(3)}(a)$ 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

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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.

- 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 application for licensure shall be denied.
- (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 31 granted to any witness for any information furnished by the

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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 law shall be mandated and shall approve criteria for, and the 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 31 | member's term. Other boards within the Division of Medical

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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)(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 pursuant to chapter 395 for its employees, the board may 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

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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 the department if there is no board, that a part of the 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

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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 20. Paragraph (a) of subsection (4) of section 381.00593, Florida Statutes, is amended to read:

381.00593 Public school volunteer health care practitioner program. --

(4)(a) Notwithstanding any provision of chapter 458, chapter 459, chapter 460, chapter 461, chapter 463, part I of chapter 464, chapter 465, chapter 466, chapter 467, part I of chapter 468, or chapter 486 to the contrary, any health care practitioner who participates in the program established in this section and thereby agrees to provide his or her 31 services, without compensation, in a public school for at

least 80 hours a year for each school year during the biennial licensure period, or, if the health care practitioner is retired, for at least 400 hours a year for each school year 3 during the licensure period, upon providing sufficient proof from the applicable school district that the health care practitioner has completed the such hours at the time of 6 license renewal under procedures specified by the Department 8 of Health, shall be eligible for the following:

- 1. Waiver of the biennial license renewal fee for an active license; and
- 2. Fulfillment of a maximum of 25 percent of the continuing education hours required for license renewal, under pursuant to s. 456.013(7) s. 456.013(9).

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The school district may establish a schedule for health care practitioners who participate in the program.

Section 21. Subsection (2) of section 456.017, Florida Statutes, is amended, and subsection (7) is added to that section, to read:

456.017 Examinations.--

(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, 31 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 3 examination developed by the department or a contracted vendor 4 to review their examination questions, answers, papers, 5 grades, and grading key for the questions the candidate 6 answered incorrectly or, if not feasible, the parts of the 8 examination failed. Applicants shall bear the actual cost for 9 the department to provide examination review under pursuant to this subsection. An applicant may waive in writing the 10 confidentiality of the applicant's examination grades. 11 Notwithstanding any other provisions, only candidates who fail 12 an examination with a score that is by less than 10 percent 13 14 below the minimum score required to pass the examination shall be entitled to challenge the validity of the examination at 15 hearing. 16 17 (7) The department may post examination scores 18 electronically on the Internet in lieu of mailing the scores to each applicant. Such electronic posting of the examination 19 scores meets the requirements of chapter 120 if the department 20 also posts with the examination scores a notification of 21 22 rights as set forth in chapter 120. The date of receipt for 23 purposes of chapter 120 is the date the examination scores are 24 posted electronically. The department shall also notify the examinee when scores are posted electronically of the 2.5 availability of a post-examination review, if applicable. 26 Section 22. Section 456.0195, Florida Statutes, is 2.7 28 created to read: 29 456.0195 Continuing education; instruction on domestic violence; instruction on HIV and AIDS; instruction on 30

prevention of medical errors.--

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(1) The purpose of this section is to encourage health 2 care practitioners, as defined in s. 456.001, to complete 3 continuing education courses in specified subject areas as a 4 condition of license renewal, as applicable to the area of practice. The boards, or the department when there is no 5 board, may require the completion of courses, including, but 6 7 not limited to, the following subject areas, as defined by 8 board or department rule: 9 (a) Domestic violence as defined in s. 741.28. The course shall include information on the number of patients in 10 that professional's practice who are likely to be victims of 11 domestic violence and the number who are likely to be 12 13 perpetrators of domestic violence; screening procedures for 14 determining whether a patient has any history of being a victim or perpetrator of domestic violence; and instruction on 15 how to provide such patients with information on, or how to 16 refer such patients to, resources in the local community, such 17 18 as domestic violence centers and other advocacy groups that 19 provide legal aid, shelter, victim counseling, batterer counseling, or child protection services. 20 (b) Human immunodeficiency virus and acquired immune 21 22 deficiency syndrome. The course shall consist of education on the modes of transmission, infection-control procedures, 23 24 clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome. The course 2.5 shall include information on current state law concerning 26 acquired immune deficiency syndrome and its impact on testing; 2.7 28 confidentiality of test results; treatment of patients; any 29 protocols and procedures applicable to human immunodeficiency virus counseling, testing, and reporting; the offering of HIV 30 31

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testing to pregnant women; and partner-notification issues under ss. 381.004 and 384.25.

- (3) Courses completed in the subject areas specified in subsection (1) shall count towards the total number of continuing education hours required for license renewal for the profession.
- (4) Any person holding two or more licenses subject to this section shall be required to complete only the requirement for one license.
- (5) Failure to comply with courses required by the boards, or the department if there is no board, constitutes grounds for disciplinary action under each respective practice act and under s. 456.072(1)(k).
- Section 23. Subsections (4), (7), and (9) of section 456.025, Florida Statutes, are amended to read:

456.025 Fees; receipts; disposition.--

- (4) Each board, or the department if there is no board, may charge a fee not to exceed \$25, as determined by rule, for the issuance of a wall certificate pursuant to s. 456.013(3) s. 456.013(2) requested by a licensee who was 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 31 provided, and covering legal expenses incurred as a result of

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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 revenues and expenditures, performance measures, and recommendations, if needed, to each board at least once each quarter budgets, finances, performance statistics, and recommendations to each board at least once a quarter. The department shall identify and include in such presentations any changes, or projected changes, made to the board's budget since the last presentation.

Section 24. 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 2 respective health care profession. 3 (2) Licensees who have not completed all of the continuing education credits required for licensure during a 4 biennium may obtain an extension of 3 months from the date 5 after the end of the license renewal biennium within which to 6 7 complete the requisite hours for license renewal. Each board, 8 or the department if there is no board, shall establish by 9 rule procedures for requesting a 3-month extension and whether proof of completion of some approved hours of continuing 10 education are required to be submitted with the request for 11 extension as a prerequisite for granting the request. 12 13 (3) Failure to complete the requisite number of hours 14 of continuing education hours within a license renewal biennium or within a 3 month period from the date after the 15 end of the license renewal biennium, if requested, shall be 16 grounds for issuance of a citation and a fine, plus a 17 18 requirement that at least the deficit hours are completed 19 within a time established by rule of each board, or the department if there is no board. Each board, or the department 20 if there is no board, shall establish by rule a fine for each 21 22 continuing education hour which was not completed within the 23 license renewal biennium or the 3-month period following the 24 last day of the biennium if so requested, not to exceed \$500 per each hour not completed. The issuance of the citation and 2.5 fine shall not be considered discipline. A citation and a fine 26 issued under this subsection may only be issued to a licensee 2.7 28 a maximum of two times for two separate failures to complete 29 the requisite number of hours for license renewal. 30 (4) The department shall report to each board no later than 3 months following the last day of the license renewal

biennium the percentage of licensees regulated by that board who have not timely complied with the continuing education 3 requirements during the previous license renewal biennium for which auditing of licensees regulated by that board are 4 completed. Each board shall direct the department the 5 percentage of licensees regulated by that board that are to be 6 audited during the next license renewal biennium. In addition 8 to the percentage of licensees audited as directed by the boards, the department shall audit those licensees found to be 9 deficient during any of the two license renewal bienniums. 10 Section 25. Section 456.031, Florida Statutes, is 11 amended to read: 12 13 456.031 Requirement for instruction on domestic 14 violence. --(1)(a) The appropriate board shall require each person 15 licensed or certified under chapter 458, chapter 459, part I 16 of chapter 464, chapter 466, chapter 467, chapter 490, or 17 18 chapter 491 to complete a 1 hour continuing education course, 19 approved by the board, on domestic violence, as defined in s. 741.28, as part of $initial\ licensure$, $biennial\ relicensure$, or 20 recertification. The course shall consist of a skills-based 21 22 curriculum that includes practice protocols for identifying 23 and treating a victim of domestic violence, consistent with 24 the profession and instructions on practical applications. As used in this section, the term "skills-based curriculum" means 2.5 a curriculum that details methods of practical applications to 26 improve responses to domestic violence victims through 2.7 28 culturally competent methods of routine screening, assessment, 29 intervention, and health-records documentation. Each licensee must complete continuing education on domestic violence as 30 prescribed by board rule. Initial applicants for licensure 31

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shall be allowed 1 year following the date of licensure to complete the required course. information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services.

(b) Each such licensee or certificateholder shall submit confirmation of having completed such course, on a form provided by the board, when submitting fees for each biennial renewal.

(c) The board may approve additional equivalent courses that may be used to satisfy the requirements of paragraph (a). Each licensing board that requires a licensee to complete an educational course pursuant to this subsection 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. 3 (2) The board shall also require, as a condition of 4 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 8 to the board on domestic violence which is substantially equivalent to the course required in subsection (1). An 9 applicant who has not taken such course at the time of 10 licensure shall, upon submission of an affidavit showing good 11 cause, be allowed 6 months to complete such requirement. 12 13 (3)(a) In lieu of completing a course as required in 14 subsection (1), a licensee or certificateholder may complete a course in end of life care and palliative health care, if the 15 licensee or certificateholder has completed an approved 16 domestic violence course in the immediately preceding 17 18 biennium. 19 (b) In lieu of completing a course as required by subsection (1), a person licensed under chapter 466 who has 20 completed an approved domestic violence education course in 21 22 the immediately preceding 2 years may complete a course 23 approved by the Board of Dentistry. 24 (2)(4) Each board may adopt rules to carry out the provisions of this section. 2.5 26 (5) Each board shall report to the President of the

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Senate, the Speaker of the House of Representatives, and the

Legislature by March 1 of each year as to the implementation

chairs of the appropriate substantive committees of the

of and compliance with the requirements of this section.

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Section 26. Subsection (13) of section 456.036,
Florida Statutes, is amended to read:

456.036 Licenses; active and inactive status;

456.036 Licenses; active and inactive status; delinquency.--

(13) The board, or the department when there is no board, may adopt rules <u>under pursuant to</u> ss. 120.536(1) and 120.54 as necessary to <u>administer implement</u> this section. <u>The rules may require the display of a license</u>.

Section 27. Section 456.037, Florida Statutes, is amended to read:

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 <u>under pursuant to</u> 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 board, may impose discipline on the business establishment.
- (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.

- (4) The status or a change in status of a business 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 28. Paragraph (a) of subsection (4) of section 456.039, Florida Statutes, is amended to read:

456.039 Designated health care professionals; information required for licensure.--

(4)(a) An applicant for initial licensure must submit a set of fingerprints to the Department of Health in accordance with s. 458.311, s. 458.3115, s. 458.3124, s. 458.313, s. 459.0055, s. 460.406, or s. 461.006.

30 Section 29. Present subsections (16) through (19) of 31 section 456.057, Florida Statutes, are redesignated as

subsections (17) through (20), respectively, and a new subsection (16) is added to that section to read: 3 456.057 Ownership and control of patient records; report or copies of records to be furnished .--4 (16) A health care practitioner or records owner 5 furnishing copies of reports or records or making the reports 6 7 or records available for digital scanning pursuant to this 8 section may charge the department the reasonable costs of 9 reproducing the records. (a) Reasonable costs of reproducing copies of written 10 or typed documents or reports may not be more than: 11 1. For the first 25 pages, \$1 per page. 12 13 For each page in excess of 25 pages, 25 cents. 14 (b) Reasonable costs of reproducing X rays and other special kinds of records are the actual costs. The term 15 16 <u>"actual costs" means the cost of the material and supplies</u> used to duplicate the record, as well as the labor costs 17 18 associated with the duplication. Section 30. Subsection (3) of section 456.063, Florida 19 Statutes, is amended to read: 20 456.063 Sexual misconduct; disqualification for 21 license, certificate, or registration. --2.2 23 (3) Licensed health care practitioners shall report 24 allegations of sexual misconduct to the department, regardless of the practice setting in which the alleged sexual misconduct 25 occurred. Each board, or the department if there is no board, 26 may adopt rules to administer the requirements for reporting 27 28 allegations of sexual misconduct, including rules to determine 29 the sufficiency of allegations. Section 31. Paragraphs (aa) and (bb) of subsection (1) 30

31 of section 456.072, Florida Statutes, are amended, paragraphs

- (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 <u>invasive actions taken in furtherance of</u> the preparation of the patient, <u>but does not include those preparations that are noninvasive</u>.
- (bb) Leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in surgical, examination, or other diagnostic procedures, unless leaving the foreign body is medically indicated and documented in the patient record. For the purposes of this paragraph, it shall be legally presumed that retention of a foreign body is not in the best interest of the patient and is not within the standard of care of the profession, unless medically indicated and documented in the patient record regardless of the intent of the professional.
- (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

transfer, or mail does not establish a valid professional 3 relationship. (qq) Being terminated from an impaired practitioner 4 program that is overseen by an impaired practitioner 5 consultant as described in s. 456.076 for failure to comply 6 with the terms of the monitoring or treatment contract entered 8 into by the licensee without good cause. 9 (hh) In any advertisement for health care services, and also during the first in-person encounter, failing to 10 disclose the type of license under which the practitioner is 11 operating. This paragraph does not apply to a practitioner 12 13 while the practitioner is providing services in a facility 14 licensed under chapter 394, chapter 395, or chapter 400. (7) In addition to any other discipline imposed by 15 final order and entered on or after July 1, 2004, under this 16 section, or discipline imposed through final order and entered 17 18 on or after July 1, 2004, for violation of any practice act, 19 the board, or the department when there is no board, shall assess a nonrefundable fee to defray the costs of monitoring 20 the licensee's compliance with the order in the amount of \$25 2.1 22 per month for each month or portion of a month set forth in 2.3 the final order to complete the length of term of the 24 probation, suspension, or practice restrictions imposed by the final order. The assessment shall be included in the terms of 2.5 the final order. The board, or the department if there is no 2.6 board, may elect to assess the same fee to offset other costs 2.7 28 of monitoring compliance with the terms imposed by a final 29 order that does not include probation, suspension, or practice 30 restrictions.

questionnaire completed by Internet, telephone, electronic

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Section 32. 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 chapter, of any of the practice acts relating to the professions regulated by the department, or of any rule adopted by the department or a regulatory board in the department has occurred. In order to determine legal 31 | sufficiency, the department may require supporting information

or documentation. The department may investigate, and the department or the appropriate board may take appropriate final action on, a complaint even though the original complainant 3 withdraws it or otherwise indicates a desire not to cause the 4 complaint to be investigated or prosecuted to completion. The 5 6 department may investigate an anonymous complaint if the complaint is in writing and is legally sufficient, if the 8 alleged violation of law or rules is substantial, and if the 9 department has reason to believe, after preliminary inquiry, that the violations alleged in the complaint are true. The 10 department may investigate a complaint made by a confidential 11 informant if the complaint is legally sufficient, if the 12 13 alleged violation of law or rule is substantial, and if the 14 department has reason to believe, after preliminary inquiry, that the allegations of the complainant are true. The 15 department may initiate an investigation if it has reasonable 16 cause to believe that a licensee or a group of licensees has 17 violated a Florida statute, a rule of the department, or a 19 rule of a board. Notwithstanding subsection (13), the department may investigate information filed under pursuant to 20 s. 456.041(4) relating to liability actions with respect to 21 practitioners licensed under chapter 458 or chapter 459 which 2.2 23 have been reported under s. 456.049 or s. 627.912 within the 24 previous 6 years for any paid claim that exceeds \$50,000. Except as provided in ss. 458.331(9), 459.015(9), 460.413(5), 25 and 461.013(6), When an investigation of any subject is 26 undertaken, the department shall promptly furnish to the 27 subject or the subject's attorney a copy of the complaint or 28 29 document that resulted in the initiation of the investigation. 30 The subject may submit a written response to the information 31 contained in the such complaint or document within 30 20 days

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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 33. Subsection (2) of section 457.105, Florida Statutes, is amended, to read:

457.105 Licensure qualifications and fees.--

- (2) A person may become licensed to practice acupuncture if the person applies to the department and:
- (a) Is 21 years of age or older, has good moral character, and has the ability to communicate in English, which is demonstrated by having passed the national written examination in English or, if such examination was passed in a foreign language, by also having passed a nationally recognized English proficiency examination;
- (b) Effective July 31, 2001, has completed 60 college credits from an accredited postsecondary institution as a prerequisite to enrollment in and completion of an authorized 3 year course of study in acupuncture and oriental medicine, and has completed a 3 year course of study in acupuncture and oriental medicine, and effective July 31, 2001, a 4-year course of study in acupuncture and oriental medicine, which meets standards established by the board by rule, which 31 standards include, but are not limited to, successful

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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;

(c) Has successfully completed a board-approved national certification process, is actively licensed in a state that has examination requirements that are substantially equivalent to or more stringent than those of this state, or passes 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 knowledge and skills required to practice modern and traditional acupuncture and oriental medicine, covering diagnostic and treatment techniques and procedures; and

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- (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 34. 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 profitmaking entity, are eligible for approval. The continuing professional education requirements must be in acupuncture or 31 oriental medicine subjects, including, but not limited to,

anatomy, biological sciences, adjunctive therapies, sanitation and sterilization, emergency protocols, and diseases. The 3 board may adopt rules establishing standards for the approval of providers of continuing education activities. The board 4 shall have the authority to set a fee, not to exceed \$100, for 5 each continuing education provider. The licensee shall retain 6 in his or her records the certificates of completion of 8 continuing professional education requirements to prove 9 compliance with this subsection. The board may request the such documentation without cause from applicants who are 10 selected at random. All national and state acupuncture and 11 oriental medicine organizations and acupuncture and oriental 12 13 medicine schools are approved to provide continuing 14 professional education in accordance with this subsection. Section 35. Paragraph (c) of subsection (1) of section 15 457.109, Florida Statutes, is amended to read: 16 17 457.109 Disciplinary actions; grounds; action by the 18 board.--19 (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 20 456.072(2): 21 (c) Being convicted or found guilty, or entering a 2.2 23 plea of nolo contendere to, regardless of adjudication, in a 24 court of this state or other any jurisdiction of a crime that which directly relates to the practice of acupuncture or to 25 the ability to practice acupuncture. Any plea of nolo 26 contendere shall be considered a conviction for purposes of 2.7 28 this chapter. 29 Section 36. Section 458.303, Florida Statutes, is amended to read: 30

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- 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.
- (f) The domestic administration of recognized family remedies.
- (q) The practice of the religious tenets of any church 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 purpose of constructing or adjusting spectacles, eyeglasses, 31 or lenses.

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(2) Nothing in s. 458.301, s. 458.303, s. 458.305, s.
    458.307, s. 458.309, s. 458.311, <del>s. 458.313,</del> s. 458.319, s.
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    458.321, s. 458.327, s. 458.329, s. 458.331, s. 458.337, s.
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    458.339, s. 458.341, s. 458.343, s. 458.345, or s. 458.347
   shall be construed to prohibit any service rendered by a
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   registered nurse, or a licensed practical nurse, or a
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   geriatric specialist certified under part I of chapter 464, if
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    such service is rendered under the direct supervision and
    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
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    service rendered by a medical assistant in accordance with the
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   provisions of s. 458.3485.
           Section 37. Section 458.311, Florida Statutes, is
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    amended to read:
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          (Substantial rewording of section. See
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           s. 458.311, F.S., for present text.)
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           458.311 Licensure; requirements; fees.--
          (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
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    the board certifies has met the provisions of this section.
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          (2) Each applicant must demonstrate compliance with
    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.
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          (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, 2.3 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

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(3) Each applicant must demonstrate that he or she has
complied with one of the following:
(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

6 or is a graduate of an allopathic medical school or allopathic
7 college within a territorial jurisdiction of the United States

recognized by the accrediting agency of the governmental body

9 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 38. 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	458.311(1)(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 39. 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

- 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 3 he or she is granted a limited license for practice, unless 4 the board determines that a shorter period of supervision will 5 be sufficient to ensure that the applicant is qualified for 6 7 licensure. Procedures for such supervision shall be 8 established by the board. 9 (c) Has submitted to the department a set of fingerprints on a form and following procedures established by 10 the department for the criminal history check of the 11 applicant. 12 13 (d) Has not committed any act or offense in this or 14 any other jurisdiction which would constitute the basis for disciplining a physician under s. 458.331. 15 (2) After approval of an application under this 16 section, a limited license may not be issued until the 17 18 applicant provides to the board an affidavit stating that 19 there have been no substantial changes in his or her status since initial application. 20 (3) The recipient of a limited license used for 21 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 low-income persons whose family income does not exceed 150 2.5 percent of the federal poverty level or to uninsured persons. 26
- care provider programs contracted with the department to

These facilities include, but are not limited to, the

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department, community and migrant health centers funded under

s. 330 of the Public Health Service Act, and volunteer health

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 40. 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 41. 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 $\underline{s.}$ 458.315 $\underline{s.}$ 458.317 and practicing under the scope of such 27 28 limited license. 29 Section 42. Subsection (9) of section 458.331, Florida Statutes, is amended to read: 30 31

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 43. 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 44. 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

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 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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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 45. 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 46. 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

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investigations, proceedings, and records relating to such peer
   review disciplinary action shall continue to retain their
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   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
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    or document which resulted in the initiation of the
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    investigation within 30 45 days after service to the
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    osteopathic physician of the complaint or document. The
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    osteopathic physician's written response shall be considered
   by the probable cause panel.
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           Section 47. Subsections (1) and (2) of section
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    459.021, Florida Statutes, are amended to read:
17
           459.021 Registration of resident physicians, interns,
    and fellows; list of hospital employees; penalty .--
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           (1) Any person who holds a degree of Doctor of
20
    Osteopathic Medicine from a college of osteopathic medicine
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   recognized and approved by the American Osteopathic
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   Association who desires to practice as a resident physician,
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    assistant resident physician, house physician, intern, or
    fellow in fellowship training which leads to subspecialty
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   board certification in this state, or any person desiring to
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   practice as a resident physician, assistant resident
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   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
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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 48. 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

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 6 accreditation for that degree from a regional accrediting agency which is recognized by the United States Department of 9 Education. The applicant's chiropractic degree must consist of credits earned in the chiropractic program and may not 10 include academic credit for courses from the bachelor's 11 12 degree. 13 (5) A student in a school or college of chiropractic 14 accredited by the Council on Chiropractic Education, or its successors, in the final 6 months prior to his or her 15 scheduled graduation, may file an application under subsection 16 (1), take all examinations required for licensure, submit a 17 set of fingerprints and pay all fees required for 19 licensure. A chiropractic student who takes and successfully passes the licensure examinations and who otherwise meets all 20 requirements for licensure as a chiropractic physician during 21 22 the student's final 6 months of study must graduate and supply 23 proof of graduation to the department before being certified 24 for licensure under s. 460.406. Section 49. Subsection (5) of section 460.413, Florida 2.5

(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

460.413 Grounds for disciplinary action; action by

Statutes, is amended to read:

board or department. --

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complaint or document which resulted in the initiation of the investigation. The chiropractic physician may submit a written 3 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 50. 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 51. 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 52. 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 53. 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.

464.0205, Florida Statutes, is amended to read:

Section 54. Paragraph (a) of subsection (4) of section

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 55. 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 56. 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

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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 any disciplinary action taken against the certified nursing 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 scope of practice authorized and level of supervision required for the practice of certified nursing assistants to enforce this part. The board may contract with or approve another 16 entity or organization to provide the examination services, 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 57. 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 58. 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 59. 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 60. Subsections (2) and (4) of section 4 465.022, Florida Statutes, are amended to read: 5 465.022 Pharmacies; general requirements; fees.--6 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 14 of good moral character. (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 61. 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 62. 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 purchaser, substitute a less expensive, generically equivalent 6 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 63. 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 64. 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. 3 (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 65. 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 66. 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 3 2. A dental school diploma which is comparable to a D.D.S. or D.M.D. 4 5 Such credentials shall be submitted in a manner provided by 6 rule of the board. The board shall approve those credentials 8 which comply with this paragraph and with rules of the board 9 adopted under pursuant to this paragraph. The provisions of this paragraph notwithstanding, an applicant of a foreign 10 dental college or school not accredited in accordance with s. 11 466.006(2)(b) who cannot produce the credentials required by 12 13 this paragraph, as a result of political or other conditions 14 in the country in which the applicant received his or her education, may seek the board's approval of his or her 15 educational background by submitting, in lieu of the 16 credentials required in this paragraph, such other reasonable 17 and reliable evidence as may be set forth by board rule. 19 board shall not accept such other evidence until it has made a reasonable attempt to obtain the credentials required by this 20 paragraph from the educational institutions the applicant is 21 alleged to have attended, unless the board is otherwise 2.2 23 satisfied that such credentials cannot be obtained. 24 Section 67. Section 466.021, Florida Statutes, is amended to read: 25 466.021 Employment of unlicensed persons by dentist; 26 penalty.--Every duly licensed dentist who uses the services of 27 28 any unlicensed person for the purpose of constructing, altering, repairing, or duplicating any denture, partial

31 | shall be required to furnish such unlicensed person with a

denture, bridge splint, or orthodontic or prosthetic appliance

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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 descriptive information to clearly identify the case for each separate and individual piece of work. A copy of such work 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 such dentist or by such unlicensed person shall be open to inspection at any reasonable time by the department or its duly constituted agent. Failure of the dentist to keep such permanent records of such work orders shall subject the dentist to suspension or revocation of her or his license to practice dentistry. Failure of such unlicensed person to have in her or his possession a work order as required by this section shall be admissible evidence of a violation of this chapter and shall constitute a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083. Nothing in this section shall preclude a registered dental laboratory from working for another registered dental laboratory, provided that such work is performed pursuant to written authorization, in a form to be prescribed by rule of the board, which evidences that the originating laboratory has obtained a valid work order and which sets forth the work to be performed. Furthermore, nothing in this section does not shall preclude a registered laboratory from providing its services to dentists licensed and practicing in another state, 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 68. 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 69. 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 70. 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	(1) Five hundred dollars for examination.
2	(1) Five hundred dollars for initial licensure.
3	(2)(3) 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 71. 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 and must be made available upon request of the
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 72. 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 73. 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 DefinitionsAs 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
2 1	gardionulmonary 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 74. 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 requirementsTo be eligible 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 75. 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 ExemptionsThis part may not be construed to
2	prevent or restrict the practice, service, or activities of:
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

do not represent themselves as registered or certified 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 76. Effective January 1, 2005, sections 9 468.356 and 468.357, Florida Statutes, are repealed. Section 77. 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 19 degree with a major course of study in human nutrition, food and nutrition, dietetics, or food management, or an equivalent 20 major course of study, from a school or program accredited, at 21 the time of the applicant's graduation, by the appropriate 2.2 23 accrediting agency recognized by the Council for Higher 24 Education Commission on Recognition of Postsecondary Accreditation, or and the United States Department of 2.5 Education, or a successor organization; and 26 2. Has completed a preprofessional experience 27 28 component of not less than 900 hours or has education or 29 experience determined to be equivalent by the board; or 30 (b)1. Has an academic degree, from a foreign country,

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 78. Section 468.707, Florida Statutes, is amended to read:

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 79. 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) <u>Has completed an application form and submitted</u> 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 80. 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 81. 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

(c) Be entitled to licensure without examination as provided in s. 486.081. Section 82. 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 83. 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 applicant who presents evidence satisfactory to the board, 2.7 28 under oath, of having passed the American Registry Examination 29 prior to 1971 or of licensure in another jurisdiction an examination in physical therapy before a similar lawfully 30

authorized examining board of another state, the District of

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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 84. 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 6 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 85. 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 86. 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 87. 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 88. 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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(c) Any physical therapist who is licensed in another 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 89. 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 90. 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 Council for Higher Education

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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 3 is publicly recognized as a member in good standing with the 4 Association of Universities and Colleges of Canada. 5

- 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 91. Paragraph (g) is added to subsection (2) of section 490.014, Florida Statutes, to read:

490.014 Exemptions.--

- (2) No person shall be required to be licensed or provisionally licensed under this chapter who:
- (q) Is a former salaried employee of the Department of 20 Corrections that at the time of government employment, the 21 22 agency contracted with a private provider for the continuation 23 of similar services and the employee was hired by the private 24 provider to perform the same essential duties for which he or she was trained and hired by the government agency, under 2.5 clinical supervision of a duly licensed psychologist, and so 26 long as the employee is not held out to the public as a 2.7 psychologist under s. 490.012(1)(a). For contracts entered
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- 29 into under this subsection, the private provider shall be
- liable and shall indemnify, defend, and hold the contracting 30
- agency, its employees; agents, officers, and assignees 31

harmless from any and all claims, suits, judgments, or damages including court costs and attorneys' fees arising out of 3 intentional acts, negligence, or omissions by the provider, or its employees or agents, in the course of the operations of this contract, including any claims or actions brought under 5 Title 42 U.S.C. ss. 1983, the Civil Rights Act. 6 7 Section 92. Subsections (1), (3), and (4) of section 8 491.005, Florida Statutes, are amended to read: 9 491.005 Licensure by examination. --(1) CLINICAL SOCIAL WORK. -- Upon verification of 10 documentation and payment of a fee not to exceed \$200, as set 11 by board rule, plus the actual per applicant cost to the 12 13 department for purchase of the examination from the American 14 Association of State Social Worker's Boards or a similar national organization, the department shall issue a license as 15 a clinical social worker to an applicant who the board 16 certifies: 17 18 (a) Has made application therefor and paid the 19 appropriate fee. (b)1. Has received a doctoral degree in social work 20 from a graduate school of social work which at the time the 21 22 applicant graduated was accredited by an accrediting agency 23 recognized by the United States Department of Education or has 24 received a master's degree in social work from a graduate school of social work which at the time the applicant 2.5 graduated: 26 a. Was accredited by the Council on Social Work 2.7 28 Education; 29 b. Was accredited by the Canadian Association of Schools of Social Work; or 30

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- c. Has been determined to have been a program equivalent to programs approved by the Council on Social Work Education by the Foreign Equivalency Determination Service of 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
accreditation requirements of this section, under the
supervision of a licensed clinical social worker or the
equivalent who is a qualified supervisor as determined by the
board. An individual who intends to practice in Florida to
satisfy clinical experience requirements must register
pursuant to s. 491.0045 prior to commencing practice. If the
applicant's graduate program was not a program which
emphasized direct clinical patient or client health care
services as described in subparagraph (b)2., the supervised
experience requirement must take place after the applicant has
completed a minimum of 15 semester hours or 22 quarter hours
of the coursework required. A doctoral internship may be
applied toward the clinical social work experience
requirement. The $\underline{\text{clinical}}$ experience requirement may be met by
work performed on or off the premises of the supervising
clinical social worker, 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 clinical social work 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

30 (e) Has demonstrated, in a manner designated by rule 31 of the board, knowledge of the laws and rules governing the

requirement for clinical experience.

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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 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.
- (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. 31 | Courses in research, evaluation, appraisal, assessment, or

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testing theories and procedures; thesis or dissertation work; or practicums, internships, or fieldwork may not be applied toward this requirement.

- 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 31 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

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 institution of higher education which at 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 Education, or a successor organization Commission on Recognition of Postsecondary Accreditation; publicly recognized as a member in good standing with the Association of Universities and Colleges of Canada; or an institution of higher education located outside the United States and Canada, which at the time the applicant was enrolled and at the time the applicant graduated maintained a standard of training substantially equivalent to the standards of training of those institutions in the United States which are accredited by a regional accrediting body recognized by the Council for Higher Education Accreditation, the United States Department of Education, or a successor organization Commission on Recognition of Postsecondary Accreditation. The Such foreign

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education and training must have been received in an institution or program of higher education officially 3 recognized by the government of the country in which it is located as an institution or program to train students to 4 practice as professional marriage and family therapists or psychotherapists. The burden of establishing that the 6 requirements of this provision have been met shall be upon the 8 applicant, and the board shall require documentation, such as, 9 but not limited to, an evaluation by a foreign equivalency determination service, as evidence that the applicant's 10 graduate degree program and education were equivalent to an 11 accredited program in this country. An applicant with a 12 13 master's degree from a program which did not emphasize 14 marriage and family therapy may complete the coursework requirement in a training institution fully accredited by the 15 Commission on Accreditation for Marriage and Family Therapy 16 Education recognized by the United States Department of 17 18 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 31 coursework required under sub-subparagraphs (b)1.a.-c., credit

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for the post-master's level clinical experience shall not commence until the applicant has completed a minimum of 10 of the courses required under sub-subparagraphs (b)1.a.-c., as 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. A 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 31 | shall license as a marriage and family therapist any person

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who meets the requirements of s. 491.0057. Fees for dual licensure shall not exceed those stated in this subsection.

- (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 31 graduate coursework, which must include a minimum of 3

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semester hours or 4 quarter hours of graduate-level coursework 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. 3 4 Education and training in mental health counseling must have been received in an institution of higher education which at 5 the time the applicant graduated was: fully accredited by a 6 regional accrediting body recognized by the Council for Higher 8 Education Accreditation, the United States Department of Education, or a successor organization Commission on 9 Recognition of Postsecondary Accreditation; publicly 10 recognized as a member in good standing with the Association 11 of Universities and Colleges of Canada; or an institution of 12 13 higher education located outside the United States and Canada, 14 which at the time the applicant was enrolled and at the time the applicant graduated maintained a standard of training 15 substantially equivalent to the standards of training of those 16 institutions in the United States which are accredited by a 17 regional accrediting body recognized by the Council for Higher Education Accreditation, the United States Department of 19 Education, or a successor organization Commission on 20 Recognition of Postsecondary Accreditation. Such foreign 21 22 education and training must have been received in an 23 institution or program of higher education officially 24 recognized by the government of the country in which it is located as an institution or program to train students to 2.5 practice as mental health counselors. The burden of 26 establishing that the requirements of this provision have been 27 28 met shall be upon the applicant, and the board shall require 29 documentation, such as, but not limited to, an evaluation by a 30 foreign equivalency determination service, as evidence that 31

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the applicant's graduate degree program and education were equivalent to an accredited program in this country.

- (c) Has had not less than 2 years of clinical experience in mental health counseling, which must be at the 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 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 related to the practice of mental health counseling that did not include all the coursework required under sub-subparagraphs (b)1.a.-b., credit for the post-master's level clinical experience shall not commence until the applicant has completed a minimum of seven of the courses required under sub-subparagraphs (b)1.a.-b., as determined by the board, one of which must be a course in psychopathology or abnormal psychology. A 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 mental health counselor, 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 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.

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- CODING: Words stricken are deletions; words underlined are additions.

- (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 a student or by teaching the required graduate course as an instructor or professor in an accredited institution.
- Section 93. 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 31 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

psychopathology or abnormal psychology and who has been

licensed in another state for 5 of the last 6 years without

being subject to disciplinary action, may be licensed by the

being subject to disciplinary action, may be licensed by the board upon successful completion of the required course in psychopathology or abnormal psychology.

Section 94. 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 guilty 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 95. Paragraph (e) is added to subsection (4) of section 491.014, Florida Statutes, to read:

491.014 Exemptions.--

- (4) No person shall be required to be licensed, provisionally licensed, registered, or certified under this chapter who:
- (e) Is a former salaried employee of the Department of Corrections that at the time of government employment, the agency contracted with a private provider for the continuation of similar services and the employee was hired by the private provider to perform the same essential duties for which he or she was trained and hired by the government agency, under

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- clinical supervision of a duly licensed psychologist, and so long as the employee is not held out to the public as a psychologist under s. 490.012(1)(a). For contracts entered 3 into under this subsection, the private provider shall be 4 liable and shall indemnify, defend, and hold the contracting 5 agency, its employees; agents, officers, and assignees 6 harmless from any and all claims, suits, judgments, or damages 8 including court costs and attorneys' fees arising out of 9 intentional acts, negligence, or omissions by the provider, or its employees or agents, in the course of the operations of 10 this contract, including any claims or actions brought under 11 Title 42 U.S.C. ss. 1983, the Civil Rights Act. 12 13 Section 96. Section 491.0145, Florida Statutes, is 14 amended to read: 491.0145 Certified master social worker.--The 15 16
 - 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 31 | specialty in clinical practice or administration, including,

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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 received from a graduate school of social work which at the 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.

- (3) The applicant has had at least 3 years' 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 31 Council on Social Work Education.

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- (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 social work services.
- Section 97. Section 491.0146, Florida Statutes, is created to read:
- 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 effect.
- Section 98. Subsection (3) of section 491.0147, Florida Statutes, is amended to read:
- 491.0147 Confidentiality and privileged communications.—Any communication between any person licensed or certified under this chapter and her or his patient or client shall be confidential. This secrecy may be waived under the following conditions:
- (3)(a) When there is a clear and immediate probability of physical harm to the patient or client, to other individuals, or to society and the person licensed or certified under this chapter communicates the information only to the potential victim, appropriate family member, or law enforcement or other appropriate authorities.
- (b) There shall be no civil or criminal liability arising from the disclosure of otherwise confidential communications by a person licensed or certified under this chapter when the disclosure is made under paragraph (a).

1	Section 99. Section 514.0305, Florida Statutes, is
2	created to read:
3	514.0305 Public pools; safety barriers
4	(1) Public pools must be equipped with the following
5	safety features:
6	(a) A permanent barrier that completely encloses the
7	pool.
8	(b) Pedestrian gates that open outward, are
9	self-closing, and equipped with a release mechanism that is
10	located on the pool side of the gate and placed so that a
11	young child cannot reach it.
12	(c) Gates, other than pedestrian gates, which must be
13	equipped with lockable hardware or padlocks and which must
14	remain locked when not being used.
15	(2)(a) The barriers and other equipment required by
16	this section shall be inspected by the county health
17	department during each routine inspection.
18	(b) The inspector shall immediately close any pool
19	that does not comply with the requirements of this section.
20	Upon such closing, the owner or operator of the pool must
21	correct the deficiencies or be subject to an administrative
22	fine not to exceed \$1,500. The department, upon prevailing in
23	enforcement of this section, shall be awarded attorney's fees
24	at the rate of \$150 per attorney hour and shall in addition be
25	awarded the costs of litigation. The attorney's fees and costs
26	shall be awarded against the public pool operator by the
27	presiding officer of any proceeding before the Division of
28	Administrative Hearings or before a hearing officer appointed
29	by the department.
30	(3) The definitions in s. 515.25 apply to this section
31	and are incorporated herein by reference, except that the

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definition of the term "public swimming pool" shall be as provided in s. 514.011(2).

- (4) This section applies to all public pools that are operated or constructed on or after July 1, 2005. Pools in operation on that date must be brought into compliance by July 1, 2005.
- (5) This section does not apply to a membership club that has a pool in an enclosed room, to existing pools at any unit, group of units, dwelling, building, or group of buildings within a single complex of buildings which is rented to quests more than three times in a calendar year for periods of fewer than 30 days or 1 calendar month, whichever is less, or advertised or held out to the public as a place regularly rented to quests.
- (6) The department shall revise its rules authorized by s. 514.021 in order to administer this section.

Section 100. Subsection (2) of section 514.0115, Florida Statutes, is amended to read:

- 514.0115 Exemptions from supervision or regulation; variances.--
- (2)(a) Pools serving no more than 32 condominium or cooperative units which are not operated as a public lodging establishment shall be exempt from supervision under this chapter, except for water quality and the requirements of s. 514.0305.
- (b) Pools serving condominium or cooperative associations of more than 32 units and whose recorded documents prohibit the rental or sublease of the units for periods of less than 60 days are exempt from supervision under this chapter, except that the condominium or cooperative owner 31 or association must file applications with the department and

obtain construction plans approval and receive an initial operating permit. The department shall inspect the swimming pools at such places annually, at the fee set forth in s.

1 514.033(3), or upon request by a unit owner, to determine compliance with department rules relating to water quality, and lifesaving equipment, and the requirements of s. 514.0305. The department may not require compliance with rules relating to swimming pool lifeguard standards.

Section 101. Paragraph (b) of subsection (4) of section 766.314, Florida Statutes, is amended to read:

766.314 Assessments; plan of operation.--

- (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:
- 29 a. A resident physician, assistant resident physician, 30 or intern in an approved postgraduate training program, as

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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;
- 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 102. Paragraph (a) of subsection (2) of section 817.505, Florida Statutes, is amended to read:
 817.505 Patient brokering prohibited; exceptions;
- 28 817.505 Patient brokering prohibited; exceptions;
 29 penalties.--
 - (2) For the purposes of this section, the term:

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(a) "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 such as a migrant or community health center authorized under ss. 329 and 330 of the United States Public Health Services Act. Section 103. Subsection (1) of section 817.567,

Section 103. 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;

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- (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, or university which offers only educational programs that prepare 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 104. 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.

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aid.

Section 105. Subsection (2) of section 468.711, 2 Florida Statutes, is amended to read: 3 468.711 Renewal of license; continuing education .--4 (2) The board may, by rule, prescribe continuing education requirements, not to exceed 24 hours biennially. 5 The criteria for continuing education shall be approved by the 6 board and shall include 4 hours in standard first aid and 8 cardiovascular pulmonary resuscitation from the American Red 9 Cross or equivalent training as determined by the board. Section 106. Section 468.723, Florida Statutes, is 10 amended to read: 11 468.723 Exemptions.--Nothing in this part shall be 12 13 construed as preventing or restricting: 14 (1)The professional practice of a licensee of the department who is acting within the scope of such practice. 15 (2) A student athletic trainer acting under the direct 16 supervision of a licensed athletic trainer. 17 18 (3) A person employed as a teacher apprentice trainer 19 a teacher apprentice trainer II, or a teacher athletic trainer under s. 1012.46. 20 (3)(4) A person from administering standard first aid 21 22 treatment to an athlete. 23 (4)(5) A person licensed under chapter 548, provided 24 such person is acting within the scope of such license. (5)(6) A person providing personal training 2.5 instruction for exercise, aerobics, or weightlifting, if the 26 person does not represent himself or herself as able to 2.7 provide "athletic trainer" services and if any recognition or treatment of injuries is limited to the provision of first

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Section 107. Section 1012.46, Florida Statutes, is amended to read:

1012.46 Athletic trainers.--

- (1) School districts may establish and implement an 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.
- (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 31 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 3 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 5 468. 6 7 Section 108. Reactivation of license for clinical 8 research purposes. --9 (1) Any person who was licensed to practice medicine in this state, who left the practice of medicine for purposes 10 of retirement, and who, at the time of retirement, was in good 11 standing with the Board of Medicine may apply to have his or 12 her license reinstated, without examination, solely for the 13 14 purpose of providing medical services to patients in a clinical research setting. Such person must not have been out 15 of the practice of medicine for more than 15 years at the time 16 he or she applies for reactivation under this section. 17 (2) The board shall, by rule, set the reactivation 19 fee, not to exceed \$300. (3) This section shall apply only to persons who meet 20 all of the following criteria: 21 22 (a) The person must be not less than 85 years of age 2.3 on July 1, 2004. 24 (b) The person must be providing medical services as part of a clinical study that has been reviewed and approved 2.5 26 by a federal, state, or local institutional review board. (4) This section expires June 30, 2005, unless 2.7 28 reviewed and saved from repeal through reenactment by the 29 Legislature. Section 109. Subsection (1) of section 466.0135, 30 31 Florida Statutes, is amended to read:

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466.0135 Continuing education; dentists.--

- (1) In addition to the other requirements for renewal set out in this chapter, each licensed dentist shall be required to complete biennially not less than 30 hours of continuing professional education in dental subjects. Programs of continuing education shall be programs of learning that contribute directly to the dental education of the dentist and may include, but shall not be limited to, attendance at lectures, study clubs, college postgraduate courses, or scientific sessions of conventions; and research, graduate study, teaching, or service as a clinician. Programs of continuing education shall be acceptable when adhering to the following general guidelines:
- (a) The aim of continuing education for dentists is to improve all phases of dental health care delivery 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;
- 23 2. Clinical and technological subjects, including, but 24 not limited to, clinical techniques and procedures, materials, 25 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,

1	provider substance abuse, effective communications with
2	patients, time management, and burnout prevention.
3	$\frac{(d)(c)}{(c)}$ Continuing education credits shall be earned at
4	the rate of one-half credit hour per 25-30 contact minutes of
5	instruction and one credit hour per 50-60 contact minutes of
6	instruction.
7	Section 110. Subsection (5) is added to section
8	480.034, Florida Statutes, to read:
9	480.034 Exemptions
10	(5) The establishment licensure requirements of this
11	act do not apply to massage therapists licensed under this
12	chapter or to the office of a health care practitioner
13	licensed under chapter 457, chapter 458, chapter 459, chapter
14	460, chapter 461, chapter 466, or chapter 486, if massage
15	therapy provided by a massage therapist at the office is only
16	provided to the patients of the health care practitioner.
17	Section 111. Paragraph (h) is added to subsection (3)
18	of section 400.9905, Florida Statutes, to read:
19	400.9905 Definitions
20	(3) "Clinic" means an entity at which health care
21	services are provided to individuals and which tenders charges
22	for reimbursement for such services. For purposes of this
23	part, the term does not include and the licensure requirements
24	of this part do not apply to:
25	(h) Entities that provide only oncology or radiation
26	therapy services by physicians licensed under chapter 458 or
27	<u>459.</u>
28	Section 112. The amendment made by this act to section
29	400.9905(3), Florida Statutes, is intended to clarify the
30	legislative intent of this provision as it existed at the time

31 the provision initially took effect as section 456.0375(1)(b),

Florida Statutes, and section 400.9905(3)(h), Florida Statutes, as created by this act, shall operate retroactively to October 1, 2001.

Section 113. Paragraph (c) of subsection (10) and paragraph (a) of subsection (17) of section 400.506, Florida Statutes, are amended to read:

400.506 Licensure of nurse registries; requirements; penalties.--

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- (c) A nurse registry shall, at the time of contracting for services through the nurse registry, advise the patient, the patient's family, or a person acting on behalf of the patient of the availability of registered nurses to make visits to the patient's home at an additional cost. A 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 31 | 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 3 the physician, physician's assistant, or advanced registered 4 nurse practitioner, acting within his or her respective scope 5 of practice, and reviewed by him or her in consultation with 6 the licensed nurse at least every 2 months. Any additional 8 order or change in orders must be obtained from the physician, 9 physician's assistant, or advanced registered nurse practitioner and reduced to writing and timely signed by the 10 physician, physician's assistant, or advanced registered nurse 11 practitioner. The delivery of care under a medical plan of 12 13 treatment must be substantiated by the appropriate nursing 14 notes or documentation made by the nurse in compliance with nursing practices established under part I of chapter 464. 15 Section 114. <u>Sections 456.033, 456.034, 458.313,</u> 16 458.3147, 458.316, 458.3165, 458.317, subsection (3) of 17 18 section 468.711, and paragraph (h) of subsection (1) of 19 section 480.044, Florida Statutes, are repealed. Section 115. Subsection (2) of section 466.006, 20 Florida Statutes, is amended to read: 21 22 466.006 Examination of dentists.--23 (2) An applicant shall be entitled to take the 24 examinations required in this section to practice dentistry in this state if the applicant: 2.5 (a) Is 18 years of age or older. 26 (b)1. Is a graduate of a dental school accredited by 2.7 28 the Commission on Accreditation of the American Dental Association or its successor agency, if any, or any other 30 nationally recognized accrediting agency; or-

1	2. Is a dental student in the final year of a program
2	at such an accredited school who has completed all the
3	coursework necessary to prepare the student to perform the
4	clinical and diagnostic procedures required to pass the
5	examinations. With respect to a dental student in the final
6	year of a program at a dental school, a passing score on the
7	examinations is valid for 180 days after the date the
8	examinations were completed. A dental school student who takes
9	the licensure examinations during the student's final year of
10	an approved dental school must have graduated before being
11	certified for licensure pursuant to s. 466.011.
12	(c) Has successfully completed the National Board of
13	Dental Examiners dental examination within 10 years of the
14	date of application.
15	Section 116. Section 466.0065, Florida Statutes, is
16	created to read:
17	466.0065 Regional licensure examinations
18	(1) It is the intent of the Legislature that schools
19	of dentistry be allowed to offer regional licensure
20	examinations to dental students who are in the final year of a
21	program at an approved dental school for the sole purpose of
22	facilitating the student's licensing in other jurisdictions.
23	This section does not allow a person to be licensed as a
24	dentist in this state without taking the examinations as set
25	forth in s. 466.006, nor does this section mean that regional
26	examinations administered under this section may be
27	substituted for complying with testing requirements under s.
28	<u>466.006.</u>
29	(2) Each school of dentistry in this state which is
30	accredited by the Commission on Accreditation of the American

31 Dental Association or its successor agency may, upon written

1	approval by the Board of Dentistry, offer regional licensure
2	examinations only to dental students in the final year of a
3	program at an approved dental school, if the board has
4	approved the hosting school's written plan to comply with the
5	following conditions:
6	(a) A member of the regional examination body's board
7	of directors or equivalent thereof must be a member of the
8	American Association of Dental Examiners.
9	(b) The student must have successfully passed parts I
10	and II of the National Board of Dental Examiners examination
11	within 2 years before taking the regional examination.
12	(c) The student must possess medical malpractice
13	insurance in amounts not less than the amounts required to
14	take the Florida licensure examinations.
15	(d) At least one of the examination monitors must be a
16	dentist licensed in this state who has completed all necessary
17	standardization exercises required by the regional examination
18	body. Recruitment of examination monitors is the
19	responsibility of the regional examination body.
20	(e) Adequate arrangements, as defined by the regional
21	examination body and as otherwise required by law, must be
22	made, when necessary, for patients who require followup care
23	as a result of procedures performed during the clinical
24	portion of the regional examination. The regional examination
25	body must inform patients in writing of their right to
26	followup care in advance of any procedures performed by a
27	student.
28	(f) The board chair or the chair's designee must be
29	allowed to observe testing while it is in progress.
30	(q) Each student, upon being deemed eligible by the

31 dental school to apply to the regional examination body to

amended to read:

take the regional examination, must receive written disclosure in at least 12-point boldface type that states: "This examination does not meet the licensure requirements of 3 chapter 466, Florida Statutes, for licensure in the State of 4 Florida. Persons wishing to practice dentistry in Florida must 5 pass the Florida licensure examinations." 6 7 (h) The student must be enrolled as a dental student 8 in the student's final year of a program at an approved dental school that is accredited by the Commission on Accreditation 9 of the American Dental Association or its successor agency. 10 (i) The student must have completed all coursework 11 deemed necessary by the dental school to prepare the student 12 13 to perform all clinical and diagnostic procedures required to 14 pass the regional examination. (j) The student's academic record must not include any 15 evidence suggesting that the student poses an unreasonable 16 risk to any live patients who are required for the clinical 17 18 portion of the regional examination. In order to protect the 19 health and safety of the public, the dental school may request additional information and documents pertaining to the 20 candidate's mental and physical health in order to fully 2.1 22 assess the candidate's fitness to engage in exercises 2.3 involving a live patient. 24 (3) A student who takes the examination pursuant to this section, a dental school that submits a plan pursuant to 2.5 this section, or a regional examination body that a dental 26 school proposes to host under this section does not have 2.7 2.8 standing to assert that a state agency has taken action for 29 which a hearing may be sought under ss. 120.569 and 120.57. Section 117. Section 456.048, Florida Statutes, is 30

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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 malpractice insurance or provide proof of financial 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, s. 458.3475, s. 459.023, chapter 460, chapter 461, s. 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 eliqible for coverage under any self-insurance or insurance program authorized by the provisions of s. 768.28(15) or who is a 31 volunteer under s. 110.501(1).

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- (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.
- (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, s. 458.3475, s. 459.023, 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.

board and department. --

(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 118. Paragraph (dd) of subsection (1) of
section 458.331, Florida Statutes, is amended to read:
458.331 Grounds for disciplinary action; action by the

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (dd) Failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, or advanced registered nurse practitioners, or anesthesiologist assistants acting under the supervision of the physician.

Section 119. Section 458.3475, Florida Statutes, is created to read:

458.3475 Anesthesiologist assistants.--

- (1) DEFINITIONS. -- As used in this section, the term:
- (a) "Anesthesiologist" means an allopathic physician

27 who holds an active, unrestricted license; who has

28 <u>successfully completed an anesthesiology training program</u>

29 approved by the Accreditation Council on Graduate Medical

30 Education or its equivalent; and who is certified by the

31 American Board of Anesthesiology, is eligible to take that

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

31 suite and who is in all instances immediately available to

31 of all revisions.

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

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

1	3. Assist the supervising anesthesiologist with the
2	implementation of medically accepted monitoring techniques.
3	4. Establish basic and advanced airway interventions,
4	including intubation of the trachea and performing ventilatory
5	support.
6	5. Administer intermittent vasoactive drugs and start
7	and adjust vasoactive infusions.
8	6. Administer anesthetic drugs, adjuvant drugs, and
9	accessory drugs.
10	7. Assist the supervising anesthesiologist with the
11	performance of epidural anesthetic procedures and spinal
12	anesthetic procedures.
13	8. Administer blood, blood products, and supportive
14	fluids.
15	9. Support life functions during anesthesia health
16	care, including induction and intubation procedures, the use
17	of appropriate mechanical supportive devices, and the
18	management of fluid, electrolyte, and blood component
19	balances.
20	10. Recognize and take appropriate corrective action
21	for abnormal patient responses to anesthesia, adjunctive
22	medication, or other forms of therapy.
23	11. Participate in management of the patient while in
24	the postanesthesia recovery area, including the administration
25	of any supporting fluids or drugs.
26	12. Place special peripheral and central venous and
27	arterial lines for blood sampling and monitoring as
28	appropriate.
29	(b) Nothing in this section or chapter prevents
30	third-party payors from reimbursing employers of
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anesthesiologist assistants for covered services rendered by such anesthesiologist assistants.

- (c) An anesthesiologist assistant must clearly convey to the patient that he or she is an anesthesiologist assistant.
- (d) An anesthesiologist assistant may perform anesthesia tasks and services within the framework of a written practice protocol developed between the supervising anesthesiologist and the anesthesiologist assistant.
- (e) An anesthesiologist assistant may not prescribe, order, or compound any controlled substance, legend drug, or medical device, nor may an anesthesiologist assistant dispense sample drugs to patients. Nothing in this paragraph prohibits an anesthesiologist assistant from administering legend drugs or controlled substances; intravenous drugs, fluids, or blood products; or inhalation or other anesthetic agents to patients which are ordered by the supervising anesthesiologist and administered while under the direct supervision of the 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

1	training programs that hold full accreditation or provisional
2	accreditation from the Commission on Accreditation of Allied
3	Health Education Programs.
4	(6) ANESTHESIOLOGIST ASSISTANT LICENSURE
5	(a) Any person desiring to be licensed as an
6	anesthesiologist assistant must apply to the department. The
7	department shall issue a license to any person certified by
8	the board to:
9	1. Be at least 18 years of age.
10	2. Have satisfactorily passed a proficiency
11	examination with a score established by the National
12	Commission on Certification of Anesthesiologist Assistants.
13	3. Be certified in advanced cardiac life support.
14	4. Have completed the application form and remitted an
15	application fee, not to exceed \$1,000, as set by the boards.
16	An application must include:
17	a. A certificate of completion of an approved graduate
18	level program.
19	b. A sworn statement of any prior felony convictions.
20	c. A sworn statement of any prior discipline or denial
21	of licensure or certification in any state.
22	d. Two letters of recommendation from
23	anesthesiologists.
24	(b) A license must be renewed biennially. Each renewal
25	<pre>must include:</pre>
26	1. A renewal fee, not to exceed \$1,000, as set by the
27	boards.
28	2. A sworn statement of no felony convictions in the
29	immediately preceding 2 years.
30	(c) Each licensed anesthesiologist assistant must
31	biennially complete 40 hours of continuing medical education

1	or hold a current certificate issued by the National
2	Commission on Certification of Anesthesiologist Assistants or
3	its successor.
4	(d) An anesthesiologist assistant must notify the
5	department in writing within 30 days after obtaining
6	employment that requires a license under this chapter and
7	after any subsequent change in his or her supervising
8	anesthesiologist. The notification must include the full name,
9	license number, specialty, and address of the supervising
10	anesthesiologist. Submission of a copy of the required
11	protocol by the anesthesiologist assistant satisfies this
12	requirement.
13	(e) The Board of Medicine may impose upon an
14	anesthesiologist assistant any penalty specified in s. 456.072
15	or s. 458.331(2) if the anesthesiologist assistant or the
16	supervising anesthesiologist is found quilty of or is
17	investigated for an act that constitutes a violation of this
18	chapter or chapter 456.
19	(7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
20	ADVISE THE BOARD
21	(a) The chairman of the board may appoint an
22	anesthesiologist and an anesthesiologist assistant to advise
23	the board as to the adoption of rules for the licensure of
24	anesthesiologist assistants. The board may use a committee
25	structure that is most practicable in order to receive any
26	recommendations to the board regarding rules and all matters
27	relating to anesthesiologist assistants, including, but not
28	limited to, recommendations to improve safety in the clinical
29	practices of licensed anesthesiologist assistants.
30	(b) In addition to its other duties and
31	responsibilities as prescribed by law, the board shall:

Т	1. Recommend to the department the licensure of
2	anesthesiologist assistants.
3	2. Develop all rules regulating the use of
4	anesthesiologist assistants by qualified anesthesiologists
5	under this chapter and chapter 459, except for rules relating
6	to the formulary developed under s. 458.347(4)(f). The board
7	shall also develop rules to ensure that the continuity of
8	supervision is maintained in each practice setting. The boards
9	shall consider adopting a proposed rule at the regularly
10	scheduled meeting immediately following the submission of the
11	proposed rule. A proposed rule may not be adopted by either
12	board unless both boards have accepted and approved the
13	identical language contained in the proposed rule. The
14	language of all proposed rules must be approved by both boards
15	pursuant to each respective board's quidelines and standards
16	regarding the adoption of proposed rules.
17	3. Address concerns and problems of practicing
18	anesthesiologist assistants to improve safety in the clinical
19	practices of licensed anesthesiologist assistants.
20	(c) When the board finds that an applicant for
21	licensure has failed to meet, to the board's satisfaction,
22	each of the requirements for licensure set forth in this
23	section, the board may enter an order to:
24	1. Refuse to certify the applicant for licensure;
25	2. Approve the applicant for licensure with
26	restrictions on the scope of practice or license; or
27	3. Approve the applicant for conditional licensure.
28	Such conditions may include placement of the licensee on
29	probation for a period of time and subject to such conditions
30	as the board specifies, including, but not limited to,
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1	requiring the licensee to undergo treatment, to attend
2	continuing education courses, or to take corrective action.
3	(8) PENALTY A person who falsely holds himself or
4	herself out as an anesthesiologist assistant commits a felony
5	of the third degree, punishable as provided in s. 775.082, s.
6	775.083, or s. 775.084.
7	(9) DENIAL, SUSPENSION, OR REVOCATION OF
8	LICENSURE The boards may deny, suspend, or revoke the
9	license of an anesthesiologist assistant who the board
10	determines has violated any provision of this section or
11	chapter or any rule adopted pursuant thereto.
12	(10) RULES The boards shall adopt rules to
13	administer this section.
14	(11) LIABILITY A supervising anesthesiologist is
15	liable for any act or omission of an anesthesiologist
16	assistant acting under the anesthesiologist's supervision and
17	control and shall comply with the financial responsibility
18	requirements of this chapter and chapter 456, as applicable.
19	(12) FEESThe department shall allocate the fees
20	collected under this section to the board.
21	Section 120. Paragraph (hh) of subsection (1) of
22	section 459.015, Florida Statutes, is amended to read:
23	459.015 Grounds for disciplinary action; action by the
24	board and department
25	(1) The following acts constitute grounds for denial
26	of a license or disciplinary action, as specified in s.
27	456.072(2):
28	(hh) Failing to supervise adequately the activities of
29	those physician assistants, paramedics, emergency medical
30	technicians, advanced registered nurse practitioners,
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1	anesthesiologist assistants, or other persons acting under the
2	supervision of the osteopathic physician.
3	Section 121. Section 459.023, Florida Statutes, is
4	created to read:
5	459.023 Anesthesiologist assistants
6	(1) DEFINITIONSAs used in this section, the term:
7	(a) "Anesthesiologist" means an osteopathic physician
8	who holds an active, unrestricted license; who has
9	successfully completed an anesthesiology training program
10	approved by the Accreditation Council on Graduate Medical
11	Education, or its equivalent, or the American Osteopathic
12	Association; and who is certified by the American Osteopathic
13	Board of Anesthesiology or is eligible to take that board's
14	examination, is certified by the American Board of
15	Anesthesiology or is eligible to take that board's
16	examination, or is certified by the Board of Certification in
17	Anesthesiology affiliated with the American Association of
18	Physician Specialists.
19	(b) "Anesthesiologist assistant" means a graduate of
20	an approved program who is licensed to perform medical
21	services delegated and directly supervised by a supervising
22	anesthesiologist.
23	(c) "Anesthesiology" means the practice of medicine
24	that specializes in the relief of pain during and after
25	surgical procedures and childbirth, during certain chronic
26	disease processes, and during resuscitation and critical care
27	of patients in the operating room and intensive care
28	environments.
29	(d) "Approved program" means a program for the
30	education and training of anesthesiologist assistants which
31	has been approved by the boards as provided in subsection (5).

1	(e) "Boards" means the Board of Medicine and the Board
2	of Osteopathic Medicine.
3	(f) "Continuing medical education" means courses
4	recognized and approved by the boards, the American Academy of
5	Physician Assistants, the American Medical Association, the
6	American Osteopathic Association, the American Academy of
7	Anesthesiologist Assistants, the American Society of
8	Anesthesiologists, or the Accreditation Council on Continuing
9	Medical Education.
10	(q) "Direct supervision" means the on-site, personal
11	supervision by an anesthesiologist who is present in the
12	office when the procedure is being performed in that office,
13	or is present in the surgical or obstetrical suite when the
14	procedure is being performed in that surgical or obstetrical
15	suite and who is in all instances immediately available to
16	provide assistance and direction to the anesthesiologist
17	assistant while anesthesia services are being performed.
18	(h) "Proficiency examination" means an entry-level
19	examination approved by the boards, including examinations
20	administered by the National Commission on Certification of
21	Anesthesiologist Assistants.
22	(i) "Trainee" means a person who is currently enrolled
23	in an approved program.
24	(2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST
25	(a) An anesthesiologist who directly supervises an
26	anesthesiologist assistant must be qualified in the medical
27	areas in which the anesthesiologist assistant performs and is
28	liable for the performance of the anesthesiologist assistant.
29	An anesthesiologist may only supervise two anesthesiologist
30	assistants at the same time. The board may, by rule, allow an
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1	anesthesiologist to supervise up to four anesthesiologist
2	assistants, after July 1, 2008.
3	(b) An anesthesiologist or group of anesthesiologists
4	must, upon establishing a supervisory relationship with an
5	anesthesiologist assistant, file with the board a written
6	protocol that includes, at a minimum:
7	1. The name, address, and license number of the
8	anesthesiologist assistant.
9	2. The name, address, license number, and federal Drug
10	Enforcement Administration number of each physician who will
11	be supervising the anesthesiologist assistant.
12	3. The address of the anesthesiologist assistant's
13	primary practice location and the address of any other
14	locations where the anesthesiologist assistant may practice.
15	4. The date the protocol was developed and the dates
16	of all revisions.
17	5. The signatures of the anesthesiologist assistant
18	and all supervising physicians.
19	6. The duties and functions of the anesthesiologist
20	assistant.
21	7. The conditions or procedures that require the
22	personal provision of care by an anesthesiologist.
23	8. The procedures to be followed in the event of an
24	anesthetic emergency.
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26	The protocol must be on file with the board before the
27	anesthesiologist assistant may practice with the
28	anesthesiologist or group. An anesthesiologist assistant may
29	not practice unless a written protocol has been filed for that
30	anesthesiologist assistant in accordance with this paragraph,
31	and the anesthesiologist assistant may only practice under the

	direct supervision of an anesthesiologist who has signed the
2	protocol. The protocol must be updated biennially.
3	(3) PERFORMANCE OF ANESTHESIOLOGIST ASSISTANTS
4	(a) An anesthesiologist assistant may assist an
5	anesthesiologist in developing and implementing an anesthesia
6	care plan for a patient. In providing assistance to an
7	anesthesiologist, an anesthesiologist assistant may perform
8	duties established by rule by the board in any of the
9	following functions that are included in the anesthesiologist
10	assistant's protocol while under the direct supervision of an
11	anesthesiologist:
12	1. Obtain a comprehensive patient history and present
13	the history to the supervising anesthesiologist.
14	2. Pretest and calibrate anesthesia delivery systems
15	and monitor, obtain, and interpret information from the
16	systems and monitors.
17	3. Assist the supervising anesthesiologist with the
18	implementation of medically accepted monitoring techniques.
19	4. Establish basic and advanced airway interventions,
20	including intubation of the trachea and performing ventilatory
21	support.
22	5. Administer intermittent vasoactive drugs and start
23	and adjust vasoactive infusions.
24	6. Administer anesthetic drugs, adjuvant drugs, and
25	accessory drugs.
26	7. Assist the supervising anesthesiologist with the
27	performance of epidural anesthetic procedures and spinal
28	anesthetic procedures.
29	8. Administer blood, blood products, and supportive
30	fluids.
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1	Support life functions during anesthesia health
2	care, including induction and intubation procedures, the use
3	of appropriate mechanical supportive devices, and the
4	management of fluid, electrolyte, and blood component
5	balances.
6	10. Recognize and take appropriate corrective action
7	for abnormal patient responses to anesthesia, adjunctive
8	medication, or other forms of therapy.
9	11. Participate in management of the patient while in
10	the postanesthesia recovery area, including the administration
11	of any supporting fluids or drugs.
12	12. Place special peripheral and central venous and
13	arterial lines for blood sampling and monitoring as
14	appropriate.
15	(b) Nothing in this section or chapter prevents
16	third-party payors from reimbursing employers of
17	anesthesiologist assistants for covered services rendered by
18	such anesthesiologist assistants.
19	(c) An anesthesiologist assistant must clearly convey
20	to the patient that she or he is an anesthesiologist
21	assistant.
22	(d) An anesthesiologist assistant may perform
23	anesthesia tasks and services within the framework of a
24	written practice protocol developed between the supervising
25	anesthesiologist and the anesthesiologist assistant.
26	(e) An anesthesiologist assistant may not prescribe,
27	order, or compound any controlled substance, legend drug, or
28	medical device, nor may an anesthesiologist assistant dispense
29	sample drugs to patients. Nothing in this paragraph prohibits
30	an anesthesiologist assistant from administering legend drugs
31	or controlled substances; intravenous drugs, fluids, or blood

1	products; or inhalation or other anesthetic agents to patients
2	which are ordered by the supervising anesthesiologist and
3	administered while under the direct supervision of the
4	supervising anesthesiologist.
5	(4) PERFORMANCE BY TRAINEES The practice of a
6	trainee is exempt from the requirements of this chapter while
7	the trainee is performing assigned tasks as a trainee in
8	conjunction with an approved program. Before providing
9	anesthesia services, including the administration of
10	anesthesia in conjunction with the requirements of an approved
11	program, the trainee must clearly convey to the patient that
12	he or she is a trainee.
13	(5) PROGRAM APPROVAL The boards shall approve
14	programs for the education and training of anesthesiologist
15	assistants which meet standards established by board rules.
16	The board may recommend only those anesthesiologist assistant
17	training programs that hold full accreditation or provisional
18	accreditation from the Commission on Accreditation of Allied
19	Health Education Programs.
20	(6) ANESTHESIOLOGIST ASSISTANT LICENSURE
21	(a) Any person desiring to be licensed as an
22	anesthesiologist assistant must apply to the department. The
23	department shall issue a license to any person certified by
24	the board to:
25	1. Be at least 18 years of age.
26	2. Have satisfactorily passed a proficiency
27	examination with a score established by the National
28	Commission on Certification of Anesthesiologist Assistants.
29	3. Be certified in advanced cardiac life support.
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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.
1.1	(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 her or his 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 Osteopathic Medicine may impose upon
2	an anesthesiologist assistant any penalty specified in s.
3	456.072 or s. 459.015(2) if the anesthesiologist assistant or
4	the 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 458, 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

1	<u>identical language contained in the proposed rule. The</u>
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) PENALTYA person who falsely holds herself or
22	himself 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.

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- (11) LIABILITY.--A supervising anesthesiologist is liable for any act or omission of an anesthesiologist assistant acting under the anesthesiologist's supervision and control and shall comply with the financial responsibility requirements of this chapter and chapter 456, as applicable.

 (12) FEES.--The department shall allocate the fees
- (12) FEES.--The department shall allocate the fees collected under this section to the board.

Section 122. Subsections (1) and (2) of section 400.487, Florida Statutes, are amended to read:

400.487 Home health service agreements; physician's, physician's assistant's, and advanced registered nurse practitioner's treatment orders; patient assessment; establishment and review of plan of care; provision of services; orders not to resuscitate.--

- (1) Services provided by a home health agency must be covered by an agreement between the home health agency and the patient or the patient's legal representative specifying the home health services to be provided, the rates or charges for services paid with private funds, and the sources method of payment, which may include Medicare, Medicaid, private insurance, 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 3 health agency. If the claim is submitted to a managed care 4 5 organization, the treatment orders must be signed in the time allowed under the provider agreement. The treatment orders 6 7 shall within 30 days after the start of care and must be 8 reviewed, as frequently as the patient's illness requires, by 9 the physician, physician's assistant, or advanced registered nurse practitioner in consultation with the home health agency 10 personnel that provide services to the patient. 11 Section 123. Sections 123 through 135 of this act may 12 13 be cited as the "Clara Ramsey Care of the Elderly Act." 14 Section 124. Certified Geriatric Specialist Preparation Pilot Program. --15 (1) The Agency for Workforce Innovation shall 16 establish a pilot program for delivery of geriatric nursing 17 18 education to certified nursing assistants who wish to become certified geriatric specialists. The agency shall select two 19 pilot sites in nursing homes that have received the Gold Seal 20

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 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.

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1	(3) The education shall be provided at the worksite
2	and in coordination with the certified nursing assistant's
3	work schedule.
4	(4) Faculty shall provide the instruction under an
5	approved nursing program pursuant to section 464.019, Florida
6	Statutes.
7	(5) The education must be designed to prepare the
8	certified nursing assistant to meet the requirements for
9	certification as a geriatric specialist. The didactic and
10	clinical education must include all portions of the practical
11	nursing curriculum pursuant to section 464.019, Florida
12	Statutes, except for pediatric and obstetric/maternal-child
13	education, and must include additional education in the care
14	of ill, injured, or infirm geriatric patients and the
15	maintenance of health, the prevention of injury, and the
16	provision of palliative care for geriatric patients.
17	Section 125. <u>Certified Geriatric Specialty Nursing</u>
18	Initiative Steering Committee
19	(1) In order to quide the implementation of the
20	Certified Geriatric Specialist Preparation Pilot Program,
21	there is created a Certified Geriatric Specialty Nursing
22	Initiative Steering Committee. The steering committee shall be
23	composed of the following members:
24	(a) The chair of the Board of Nursing or his or her
25	designee;
26	(b) A representative of the Agency for Workforce
27	Innovation, appointed by the Director of Workforce Innovation;
28	(c) A representative of Workforce Florida, Inc.,
29	appointed by the chair of the Board of Directors of Workforce
30	Florida, Inc.;
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1	(d) A representative of the Department of Education,
2	appointed by the Commissioner of Education;
3	(e) A representative of the Department of Health,
4	appointed by the Secretary of Health;
5	(f) A representative of the Agency for Health Care
6	Administration, appointed by the Secretary of Health Care
7	Administration;
8	(q) The Director of the Florida Center for Nursing;
9	(h) A representative of the Department of Elderly
10	Affairs, appointed by the Secretary of Elderly Affairs; and
11	(i) A representative of a Gold Seal nursing home that
12	is not one of the pilot program sites, appointed by the
13	Secretary of Health Care Administration.
14	(2) The steering committee shall:
15	(a) Provide consultation and quidance to the Agency
16	for Workforce Innovation on matters of policy during the
17	implementation of the pilot program; and
18	(b) Provide oversight to the evaluation of the pilot
19	program.
20	(3) Members of the steering committee are entitled to
21	reimbursement for per diem and travel expenses under section
22	112.061, Florida Statutes.
23	(4) The steering committee shall complete its
24	activities by June 30, 2007, and the authorization for the
25	steering committee ends on that date.
26	Section 126. Evaluation of the Certified Geriatric
27	Specialist Preparation Pilot Program The Agency for
28	Workforce Innovation, in consultation with the Certified
29	Geriatric Specialty Nursing Initiative Steering Committee,
30	shall conduct or contract for an evaluation of the pilot
31	program. The agency shall ensure that an evaluation report is

1	submitted to the Governor, the President of the Senate, and
2	the Speaker of the House of Representatives by January 1,
3	2007. The evaluation must address the experience and success
4	of the certified nursing assistants in the pilot program and
5	must contain recommendations regarding the expansion of the
6	delivery of geriatric nursing education in nursing homes.
7	Section 127. Reports The Agency for Workforce
8	Innovation shall submit status reports and recommendations
9	regarding legislation necessary to further the implementation
10	of the pilot program to the Governor, the President of the
11	Senate, and the Speaker of the House of Representatives on
12	January 1, 2005, January 1, 2006, and January 1, 2007.
13	Section 128. Section 464.0125, Florida Statutes, is
14	created to read:
15	464.0125 Certified geriatric specialists;
16	certification requirements
17	(1) DEFINITIONS; RESPONSIBILITIES
18	(a) As used in this section, the term:
19	1. "Certified geriatric specialist" means a person who
20	meets the qualifications specified in this section and who is
21	certified by the board to practice as a certified geriatric
22	specialist.
23	2. "Geriatric patient" means any patient who is 60
24	years of age or older.
25	3. "Practice of certified geriatric specialty nursing"
26	means the performance of selected acts in facilities licensed
27	under part II or part III of chapter 400, including the
28	administration of treatments and medications, in the care of
29	ill, injured, or infirm geriatric patients and the promotion
30	of wellness, maintenance of health, and prevention of illness
31	of geriatric patients under the direction of a registered

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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 3 the practice of practical nursing as defined in s. 464.003 for 4 geriatric patients only, except for any act in which 5 instruction and clinical knowledge of pediatric nursing or 6 7 obstetric/maternal-child nursing is required. A certified 8 geriatric specialist, while providing nursing services in 9 facilities licensed under part II or part III of chapter 400, may supervise the activities of certified nursing assistants 10 and other unlicensed personnel providing services in such 11 facilities in accordance with rules adopted by the board. 12 13 (b) The certified geriatric specialist shall be 14 responsible and accountable for making decisions that are based upon the individual's educational preparation and 15 experience in performing certified geriatric specialty 16 17 nursing. 18 (2) CERTIFICATION. --19 (a) Any certified nursing assistant desiring to be certified as a certified geriatric specialist must apply to 20 the department and submit proof that he or she holds a current 2.1 22 certificate as a certified nursing assistant under part II of 2.3 this chapter and has satisfactorily completed the following 24 requirements: 2.5 1. Is in good mental and physical health, is a recipient of a high school diploma or its equivalent; has 26 completed the requirements for graduation from an approved 2.7

nursing or obstetric/maternal-child nursing; and has completed

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

1	additional education in the care of ill, injured, or infirm
2	geriatric patients, the maintenance of health, the prevention
3	of injury, and the provision of palliative care for geriatric
4	patients. By September 1, 2004, the Board of Nursing shall
5	adopt rules establishing the core competencies for the
6	additional education in geriatric care. Any program that is
7	approved on July 1, 2004, by the board for the preparation of
8	registered nurses or licensed practical nurses may provide
9	education for the preparation of certified geriatric
10	specialists without further board approval.
11	2. Has the ability to communicate in the English
12	language, which may be determined by an examination given by
13	the department.
14	3. Has provided sufficient information, which must be
15	submitted by the department for a statewide criminal records
16	correspondence check through the Department of Law
17	Enforcement.
17 18	Enforcement. (b) Each applicant who meets the requirements of this
18	(b) Each applicant who meets the requirements of this
18 19	(b) Each applicant who meets the requirements of this subsection is, unless denied pursuant to s. 464.018, entitled
18 19 20	(b) Each applicant who meets the requirements of this subsection is, unless denied pursuant to s. 464.018, entitled to certification as a certified geriatric specialist. The
18 19 20 21	(b) Each applicant who meets the requirements of this subsection is, unless denied pursuant to s. 464.018, entitled to certification as a certified geriatric specialist. The board must certify, and the department must issue a
18 19 20 21 22	(b) Each applicant who meets the requirements of this subsection is, unless denied pursuant to s. 464.018, entitled to certification as a certified geriatric specialist. The board must certify, and the department must issue a certificate to practice as a certified geriatric specialist
18 19 20 21 22 23	(b) Each applicant who meets the requirements of this subsection is, unless denied pursuant to s. 464.018, entitled to certification as a certified geriatric specialist. The board must certify, and the department must issue a certificate to practice as a certified geriatric specialist to, any certified nursing assistant who meets the
18 19 20 21 22 23 24	(b) Each applicant who meets the requirements of this subsection is, unless denied pursuant to s. 464.018, entitled to certification as a certified qeriatric specialist. The board must certify, and the department must issue a certificate to practice as a certified qeriatric specialist to, any certified nursing assistant who meets the qualifications set forth in this section. The board shall
18 19 20 21 22 23 24 25	(b) Each applicant who meets the requirements of this subsection is, unless denied pursuant to s. 464.018, entitled to certification as a certified geriatric specialist. The board must certify, and the department must issue a certificate to practice as a certified geriatric specialist to, any certified nursing assistant who meets the qualifications set forth in this section. The board shall establish an application fee not to exceed \$100 and a biennial
18 19 20 21 22 23 24 25 26	(b) Each applicant who meets the requirements of this subsection is, unless denied pursuant to s. 464.018, entitled to certification as a certified geriatric specialist. The board must certify, and the department must issue a certificate to practice as a certified geriatric specialist to, any certified nursing assistant who meets the qualifications set forth in this section. The board shall establish an application fee not to exceed \$100 and a biennial renewal fee not to exceed \$50. The board may adopt rules to
18 19 20 21 22 23 24 25 26 27	(b) Each applicant who meets the requirements of this subsection is, unless denied pursuant to s. 464.018, entitled to certification as a certified geriatric specialist. The board must certify, and the department must issue a certificate to practice as a certified geriatric specialist to, any certified nursing assistant who meets the qualifications set forth in this section. The board shall establish an application fee not to exceed \$100 and a biennial renewal fee not to exceed \$50. The board may adopt rules to administer this section.

31 licensed under part II or part III of chapter 400.

1	2. Care for geriatric patients only.
2	3. Comply with the minimum standards of practice for
3	nurses and be subject to disciplinary action for violations of
4	s. 464.018.
5	(3) ARTICULATION Any certified geriatric specialist
6	who completes the additional instruction and coursework in an
7	approved nursing program pursuant to s. 464.019 for the
8	preparation of practical nursing in the areas of pediatric
9	nursing and obstetric/maternal-child nursing is, unless denied
10	pursuant to s. 464.018, entitled to licensure as a licensed
11	practical nurse if the applicant otherwise meets the
12	requirements of s. 464.008.
13	(4) TITLES AND ABBREVIATIONS; RESTRICTIONS;
14	PENALTIES
15	(a) Only persons who hold certificates to practice as
16	certified geriatric specialists in this state or who are
17	performing services within the practice of certified geriatric
18	specialty nursing pursuant to the exception set forth in s.
19	464.022(8) may use the title "Certified Geriatric Specialist"
20	and the abbreviation "C.G.S."
21	(b) A person may not practice or advertise as, or
22	assume the title of, certified geriatric specialist or use the
23	abbreviation "C.G.S." or take any other action that would lead
24	the public to believe that person is certified as such or is
25	performing services within the practice of certified geriatric
26	specialty nursing pursuant to the exception set forth in s.
27	464.022(8), unless that person is certified to practice as
28	such.
29	(c) A violation of this subsection is a misdemeanor of
30	the first degree, punishable as provided in s. 775.082 or s.
31	775.083.

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advisories.

(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 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

Section 129. Paragraph (b) of subsection (1) of

- (1) As used in this section, the term:
- "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, 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 31 actions include, but are not limited to:

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- 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 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 31 practitioners specified in this paragraph who possess an

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unencumbered inactive license and who request that such license be reactivated are eligible 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 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.

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

Section 130. Subsection (14) of section 400.021, Florida Statutes, is amended to read: 3 400.021 Definitions.--When used in this part, unless 4 the context otherwise requires, the term: 5 (14) "Nursing service" means such services or acts as 6 may be rendered, directly or indirectly, to and in behalf of a person by individuals as defined in ss. s. 464.003 and 8 464.0125. 9 Section 131. Paragraphs (a) and (c) of subsection (3) of section 400.23, Florida Statutes, are amended to read: 10 400.23 Rules; evaluation and deficiencies; licensure 11 12 status.--13 (3)(a) The agency shall adopt rules providing for the 14 minimum staffing requirements for nursing homes. These requirements shall include, for each nursing home facility, a 15 minimum certified nursing assistant staffing of 2.3 hours of 16 direct care per resident per day beginning January 1, 2002, 17 increasing to 2.6 hours of direct care per resident per day beginning January 1, 2003, and increasing to 2.9 hours of 19 direct care per resident per day beginning May 1, 2004. 20 Beginning January 1, 2002, no facility shall staff below one 21 22 certified nursing assistant per 20 residents, and a minimum 23 licensed nursing staffing of 1.0 hour of direct resident care 24 per resident per day but never below one licensed nurse per 40 residents. For purposes of computing nursing staffing minimums 2.5 and ratios, certified geriatric specialists shall be 26 considered licensed nursing staff. Nursing assistants employed 2.7 28 never below one licensed nurse per 40 residents. Nursing 29 assistants employed under s. 400.211(2) may be included in computing the staffing ratio for certified nursing assistants 30 31 only if they provide nursing assistance services to residents

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on a full-time basis. Each nursing home must document compliance with staffing standards as required under this paragraph and post daily the names of staff on duty for the benefit of facility residents and the public. The agency shall recognize the use of licensed nurses for compliance with minimum staffing requirements for certified nursing assistants, provided that the facility otherwise meets the minimum staffing requirements for licensed nurses and that the licensed nurses so recognized are performing the duties of a certified nursing assistant. Unless otherwise approved by the agency, licensed nurses counted towards the minimum staffing requirements for certified nursing assistants must exclusively perform the duties of a certified nursing assistant for the entire shift and shall not also be counted towards the minimum staffing requirements for licensed nurses. If the agency approved a facility's request to use a licensed nurse to perform both licensed nursing and certified nursing assistant 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.

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Section 132. 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, 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 31 adjustment is consistent with legislative intent.

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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 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 31 provider target. The agency shall adjust the patient care

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

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, certified qeriatric specialists certified under part I of chapter 464, licensed practical

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nurses and registered nurses, and advanced registered nurse practitioners with primary care specialties such as certified nurse midwives. Primary care medical specialties for 3 physicians include obstetrics, gynecology, general and family practice, internal medicine, pediatrics, and other specialties which may be identified by the Department of Health. 6

- (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 physicians. Penalties for noncompliance shall be the same as 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 134. 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 135. 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 136. 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, 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.

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(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. (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

practitioners solely within a hospital licensed under chapter

pediatric hospital-based healthcare services by licensed

(d) Entities that are under common ownership, directly or indirectly, with an entity licensed or registered by the 3 state pursuant to chapter 395; or entities that are under 4 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 6 7 to its respective license granted under ss. 383.30-383.335, 8 chapter 390, chapter 394, chapter 395, chapter 397, this 9 chapter except part XIII, chapter 463, chapter 465, chapter 466, chapter 478, part I of chapter 483 480, chapter 484, or 10 chapter 651, end-stage renal disease providers authorized 11 under 42 C.F.R. part 405, subpart U, or providers certified 12 13 under 42 C.F.R. part 485, subpart B or subpart H, or any entity that provides neonatal or pediatric hospital-based 14 services by licensed practitioners solely within a hospital 15 licensed under chapter 395. 16 (e) An entity that is exempt from federal taxation 17 18 under 26 U.S.C. s. 501(c)(3) or s. 501(c)(4), and any 19 community college or university clinic, and any entity owned or operated by federal or state government, including 20 agencies, subdivisions, or municipalities thereof. 2.1 22 (f) A sole proprietorship, group practice, 23 partnership, or corporation that provides health care services 24 by physicians covered by s. 627.419, that is directly supervised by one or more of such physicians, and that is 2.5 26 wholly owned by one or more of those physicians or by a physician and the spouse, parent, child, or sibling of that 2.7 28 physician. 29 (q)(f) A sole proprietorship, group practice, 30 partnership, or corporation that provides health care services

31 by licensed health care practitioners under chapter 457,

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chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, chapter 480, 3 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. 4 464.012, which are wholly owned by one or more a licensed 5 health care practitioners practitioner, or the licensed health 6 care practitioners set forth in this paragraph practitioner 8 and the spouse, parent, or child, or sibling of a licensed 9 health care practitioner, so long as one of the owners who is a licensed health care practitioner is supervising the 10 services performed therein and is legally responsible for the 11 entity's compliance with all federal and state laws. However, 12 a health care practitioner may not supervise services beyond 13 14 the scope of the practitioner's license, except that, for the purposes of this part, a clinic owned by a licensee in s. 15 456.053(3)(b) that provides only services authorized pursuant 16 to s. 456.053(3)(b) may be supervised by a licensee specified 17 18 in s. 456.053(3)(b). (h)(g) Clinical facilities affiliated with an 19

 $\frac{(h)(g)}{(g)}$ 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 3 part XIV of chapter 468, the clinic may appoint a 4 Florida-licensed health care practitioner who does not provide services pursuant to the respective physician practice acts 5 listed in this subsection licensed under that chapter to serve 6 as a clinic director who is responsible for the clinic's 8 activities. A health care practitioner may not serve as the 9 clinic director if the services provided at the clinic are beyond the scope of that practitioner's license, except that a 10 licensee specified in s. 456.053(3)(b) that provides only 11 services authorized pursuant to s. 456.053(3)(b) may serve as 12 13 clinic director of an entity providing services as specified 14 in s. 456.053(3)(b). (5) "Mobile clinic" means a movable or detached 15 self-contained health care unit within or from which direct 16 health care services are provided to individuals and that 17 18 otherwise meets the definition of a clinic in subsection (3). 19 (6) "Portable equipment provider" means an entity that contracts with or employs persons to provide portable 20 equipment to multiple locations performing treatment or 21 22 diagnostic testing of individuals, that bills third-party 2.3 payors for those services, and that otherwise meets the 24 definition of a clinic in subsection (3). Section 137. The creation of paragraph 400.9905(3)(i), 2.5 26 Florida Statutes, by this act is intended to clarify the legislative intent of this provision as it existed at the time 2.7 28 the provision initially took effect as section 456.0375(1)(b), 29 Florida Statutes, and paragraph 400.9905(3)(i), Florida Statutes, as created by this act, shall operate retroactively 30 to October 1, 2001. Nothing in this section shall be construed 31

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as amending, modifying, limiting, or otherwise affecting in any way the legislative intent, scope, terms, prohibition, or requirements of section 456.053, Florida Statutes. 3

Section 138. Subsections (1), (2), and (3) and paragraphs (a) and (b) of subsection (7) of section 400.991, Florida Statutes, are amended to read:

400.991 License requirements; background screenings; prohibitions.--

- (1)(a) Each clinic, as defined in s. 400.9905, must be licensed and shall at all times maintain a valid license with the agency. Each clinic location shall be licensed separately regardless of whether the clinic is operated under the same business name or management as another clinic.
- (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 31 | 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 who is responsible for the financial operation of the clinic; 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 139. Subsections (1), (9), and (11) of section 400.9935, Florida Statutes, are amended to read:
- 29 400.9935 Clinic responsibilities.--
- 30 (1) Each clinic shall appoint a medical director or 31 clinic director who shall agree in writing to accept legal

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responsibility for the following activities on behalf of the clinic. The medical director or the clinic director shall:

- (a) Have signs identifying the medical director or clinic director posted in a conspicuous location within the clinic readily visible to all patients.
- (b) Ensure that all practitioners providing health care services or supplies to patients maintain a current active and unencumbered Florida license.
- (c) Review any patient referral contracts or agreements executed by the clinic.
- (d) Ensure that all health care practitioners at the clinic have active appropriate certification or licensure for the level of care being provided.
- (e) Serve as the clinic records owner as defined in s. 456.057.
- (f) Ensure compliance with the recordkeeping, office surgery, and adverse incident reporting requirements of chapter 456, the respective practice acts, and rules adopted under this part <u>and part II of chapter 408</u>.
- ensure that the billings are not fraudulent or unlawful. Upon discovery of an unlawful charge, the medical director or clinic director shall take immediate corrective action. If the clinic performs only the technical component of magnetic resonance imaging, static radiographs, computed tomography, or position emission tomography, and provides the professional interpretation of such services, in a fixed facility that is accredited by the Joint Commission on Accreditation of Healthcare Organizations or the Accreditation Association for

31 and if, in the preceding quarter, the percentage of scans

Ambulatory Health Care, and the American College of Radiology;

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performed by that clinic which was billed to all personal
injury protection insurance carriers was less than 15 percent,
the chief financial officer of the clinic may, in a written
acknowledgement provided to the agency, assume the
responsibility for the conduct of the systematic reviews of
clinic billings to ensure that the billings are not fraudulent
or unlawful.

- (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 Ambulatory Health Care, within 1 year after licensure.

 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 <u>deny</u> deny disallow the application or revoke the license of any entity formed for the purpose of

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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 3 requirements within the specified timeframes. The agency may adopt rules as to the accreditation of magnetic resonance imaging clinics. 6

Section 140. 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 provisions of the applicable laws or rules were violated.
- (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 31 visits by agency personnel. The agency may impose a fine and,

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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 3 correct a violation. 4 5 (10) If the agency issues a notice of intent to deny a license application after a temporary license has been issued 6 pursuant to s. 400.991(3), the temporary license shall expire 7 8 on the date of the notice and may not be extended during any 9 proceeding for administrative or judicial review pursuant to chapter 120. 10 Section 141. The agency shall refund 90 percent of the 11 license application fee to applicants that submitted their 12 13 health care clinic licensure fees and applications but were 14 subsequently exempted from licensure by this act. Section 142. Any person or entity defined as a clinic 15 under section 400.9905, Florida Statutes, shall not be in 16 violation of part XIII of chapter 400, Florida Statutes, due 17 18 to failure to apply for a clinic license by March 1, 2004, as previously required by section 400.991, Florida Statutes. 19 Payment to any such person or entity by an insurer or other 20 person liable for payment to such person or entity may not be 2.1 22 denied on the grounds that the person or entity failed to apply for or obtain a clinic license before March 1, 2004. 2.3 24 Section 143. Section 381.03015, Florida Statutes, is created to read: 25 381.03015 Florida Health Care Practitioner Workforce 26 27 Database.--28 (1) LEGISLATIVE FINDINGS AND INTENT. --

quality of health care delivery must take into consideration

(a) The Legislature finds that the state health policies designed to expand patient access and improve the

the supply, distribution, diversity, academic preparation, and utilization of the state's health care workforce. The Legislature further finds that the absence of accurate, 3 objective, relevant, and timely data concerning the health 4 care workforce in this state is a barrier to developing and 5 implementing optimal programmatic and fiscal policies relating 6 7 to the education and training of health care practitioners and 8 the delivery of health care services. 9 (b) In order to eliminate these barriers, it is the intent of the Legislature to create the Florida Health Care 10 Practitioner Workforce Database within the Department of 11 Health. The database shall provide the capacity for the 12 collection, compilation, maintenance, and analysis of data 13 concerning the state's health care workforce. It is further 14 the intent of the Legislature that the workforce database 15 serve as the official state repository of data that can be 16 used by the Legislature, the Executive Office of the Governor, 17 18 state agencies, and state, regional, and local entities 19 involved in planning, analysis, and policy development for the health care workforce and in the delivery of health care 20 services. 2.1 22 (2) DEFINITIONS. -- As used in this section, the term: 23 (a) "Department" means the Department of Health. 24 (b) "Health care practitioner" has the same meaning as 25 provided in s. 456.001. (3) FLORIDA HEALTH CARE PRACTITIONER WORKFORCE 26 27 DATABASE.--28 (a) The Florida Health Care Practitioner Workforce 29 Database is the electronic repository of data elements for each health care profession identified by the department for 30 inclusion in the database. Data elements shall be maintained

for as many years as necessary to allow for an analysis of longitudinal trends. To the maximum extent feasible, data elements must be collected and maintained using standardized 3 definitions in order to allow for multistate or national 4 comparisons of this state's data. 5 6 (b) The workforce database may be implemented in 7 phases; however, the highest priority must be given to 8 including the data elements for allopathic and osteopathic 9 physicians in the database. Inclusion of data elements for other health care practitioners may be accomplished in 10 subsequent phases, as resources allow with priority given to 11 the inclusion of health care practitioners who are subject to 12 13 the practitioner profiling system under s. 456.041. The 14 department shall develop an implementation plan that recommends the priority order in which other health care 15 practitioners may be added to the database, identifies the 16 data elements to be collected for each group of health care 17 18 practitioners, and provides an estimate of the cost associated 19 with the addition of each group of health care practitioners to the database. The data elements collected for nurses shall 20 be identified by the department, based upon recommendations 2.1 22 made by the Florida Center for Nursing. The implementation 2.3 plan shall also provide an analysis of technical issues and an 24 estimate of the costs associated with collecting the following data elements for allopathic and osteopathic physicians 2.5 through the licensing processes of the Board of Medicine and 26 the Board of Osteopathic Medicine under s. 456.039, or through 2.7 2.8 the profiling process for health care practitioners under s. 29 456.041: 30

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CODING: Words stricken are deletions; words underlined are additions.

1	1. The physician's secondary practice location, if
2	any, including the street address, municipality, county, and
3	zip code.
4	2. The approximate number of hours per week spent in
5	each practice location.
6	3. Each practice setting, by major category of
7	practice setting, including, but not limited to, office-based
8	practice, hospital-based practice, nursing home, health
9	maintenance organization, and county health department.
10	4. Whether the physician is a full-time member of a
11	medical school faculty.
12	5. Whether the physician plans to reduce his or her
13	practice volume by a significant percent within the effective
14	period of the currently held license.
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16	The implementation plan shall be submitted to the Governor and
17	Legislature by December 1, 2005.
18	(4) The data elements for allopathic and osteopathic
19	physicians shall include the following:
20	(a) Data elements for each allopathic and osteopathic
21	physician licensed to practice in this state:
22	1. Name.
23	2. Date of birth.
24	3. Place of birth.
25	4. Gender.
26	5. Race.
27	6. Social security number.
28	7. Name of medical school.
29	8. Year of graduation from medical school.
30	9. Location of medical school.
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1	10. Name of each graduate medical education program
2	completed.
3	11. Year of completion of each graduate medical
4	education program.
5	12. Location of each graduate medical education
6	program completed.
7	13. Type of each graduate medical education program
8	completed, such as internship, residency, or fellowship.
9	14. Each medical specialty or subspecialty that the
10	physician practices.
11	15. Each medical specialty board certification held.
12	16. The primary practice location, including the
13	street address, municipality, county, and zip code for each
14	location.
15	(b) Data elements for each graduate of a Florida
16	allopathic or osteopathic medical school:
17	1. Name.
18	2. Date of birth.
19	3. Place of birth.
20	4. Gender.
21	5. Race.
22	6. Social security number.
23	7. Name of medical school.
24	8. Year of graduation from medical school.
25	9. Name and location, by state and country, of the
26	graduate medical education program that the graduate plans to
27	<pre>enter.</pre>
28	10. Type of graduate medical education program, such
29	as internship or residency, which the graduate plans to enter,
30	including the identification of graduate medical education
31	programs during postgraduate year 1 and postgraduate year 2,

1	if applicable, for graduates entering preliminary or
2	transitional positions during postgraduate year 1.
3	(c) Data elements for each allopathic or osteopathic
4	physician completing a graduate medical education program in
5	this state:
6	1. Name.
7	2. Date of birth.
8	3. Place of birth.
9	4. Gender.
10	5. Race.
11	6. Social security number.
12	7. Name of medical school.
13	8. Year of graduation from medical school.
14	9. Location, by state and country, of the medical
15	school.
16	10. Name and location, by state and country, of the
17	graduate medical education program.
18	(5) REQUIRED USE OF EXISTING DATA SOURCES It is the
19	intent of the Legislature to minimize the cost of creating and
20	operating the Florida Health Care Practitioner Workforce
21	Database and to avoid unwarranted duplication of existing
22	data. Therefore, to the maximum extent possible, the data
23	included in the workforce database shall be derived from
24	existing data sources except as provided in paragraph (6)(a).
25	New data shall be collected for inclusion in the workforce
26	database only when the department determines that such data
27	are essential for evaluating and analyzing the health care
28	professions and when the data cannot be obtained from existing
29	sources.
30	(6)(a) Data elements sought to satisfy paragraph
31	(4)(a) shall be obtained from the licensing processes of the

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- Board of Medicine and the Board of Osteopathic Medicine under s. 456.039, and from the profiling process for health care practitioners under s. 456.041. In addition to the data 3 collected under ss. 456.039 and 456.041, the Board of Medicine 4 5 and the Board of Osteopathic Medicine shall collect the following data from each person applying for initial licensure 6 7 or licensure renewal to practice medicine or osteopathic 8 medicine as a physician after July 1, 2005, and the Department 9 of Health shall enter the data into the database used for <u>licensure or an equivalent database:</u> 10 1. The place of the applicant's birth. 11 The state and country of the medical school from 12 13 which the applicant graduated.
 - 3. Each medical specialty or subspecialty that the physician practices.
 - (b) Each medical school in this state shall annually submit the data elements described in paragraph (4)(b) to the department, in a manner prescribed by the department, for each medical student who provides written consent to the medical school authorizing the release of his or her data to the department.
 - (c) Each graduate medical education program in this state shall annually submit the data elements described in paragraph (4)(c) to the department, in the manner prescribed by the department, for each intern or resident who provides written consent to the residency program authorizing the release of his or her data to the department.
 - (7) IMPLEMENTATION. --
- 29 <u>(a) The Secretary of Health may establish an advisory</u>
 30 <u>committee to monitor the creation and implementation of the</u>
 31 <u>Florida Health Care Practitioner Workforce Database.</u>

1	(b) The department may employ or assign agency staff
2	or may contract, on a competitive-bid basis, with an
3	appropriate entity to administer the workforce database.
4	(8) RULEMAKINGThe department shall adopt rules
5	under ss. 120.536(1) and 120.54 to administer this section.
6	Section 144. Section 143 of this act shall not take
7	effect unless sufficient funds are allocated in a specific
8	appropriation or in the General Appropriations Act for the
9	2004-2005 fiscal year to fund the Florida Health Care
10	Practitioner Workforce Database. The Medical Quality Assurance
11	Trust Fund may not be used to fund the administration of this
12	act.
13	Section 145. Subsections (3) and (4) of section
14	456.039, Florida Statutes, are amended to read:
15	456.039 Designated health care professionals;
16	information required for licensure
17	(3) Each person who has submitted information under
18	pursuant to subsection (1) must update that information in
19	writing by notifying the department $\frac{15}{2}$
20	days after the occurrence of an event or the attainment of a
21	status that is required to be reported by subsection (1).
22	Failure to comply with the requirements of this subsection to
23	update and submit information constitutes a ground for
24	disciplinary action under each respective licensing chapter
25	and s. $456.072(1)(k)$. For failure to comply with the
26	requirements of this subsection to update and submit
27	information, the department or board, as appropriate, may:
28	(a) Refuse to issue a license to any person applying
29	for initial licensure who fails to submit and update the
30	required information.
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- (b) Issue a citation to any licensee who fails to submit and update the required information and may fine the licensee up to \$50 for each day that the licensee is not in compliance with this subsection. The citation must clearly state that the licensee may choose, in lieu of accepting the citation, to follow the procedure under s. 456.073. If the licensee disputes the matter in the citation, the procedures set forth in s. 456.073 must be followed. However, if the licensee does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the licensee's last known address.
- (4)(a) An applicant for initial licensure must submit a set of fingerprints to the Department of Health in accordance with s. 458.311, s. 458.3115, s. 458.3124, s. 458.313, s. 459.0055, s. 460.406, or s. 461.006.
- (b) An applicant for renewed licensure must submit a set of fingerprints for the initial renewal of his or her license after January 1, 2000, to the department agency regulating that profession in accordance with procedures established under s. 458.319, s. 459.008, s. 460.407, or s. 461.007.
- (c) The Department of Health shall submit the fingerprints provided by an applicant for initial licensure to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check 31 of the applicant. The department shall submit the

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fingerprints provided by an applicant for a renewed license to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check for the initial renewal of the applicant's license after January 1, 2000; for any subsequent renewal of the applicant's license, the department shall submit the required information for a statewide criminal history check of the applicant.

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

(e) Fingerprints obtained by the Department of Health 2 under paragraph (a) shall be retained by the Department of Law 3 Enforcement and must be entered in the statewide automated 4 fingerprint identification system authorized by s. 943.05(2)(b). Such fingerprints shall thereafter be available 5 for all purposes and uses authorized for arrest fingerprint 6 7 cards entered in the statewide automated fingerprint 8 identification system pursuant to s. 943.051. 9 (f) Beginning December 15, 2004, the Department of Law Enforcement shall search all arrest fingerprint cards received 10 under s. 943.051 against the fingerprints retained in the 11 statewide automated fingerprint identification system under 12 13 paragraph (e). Any arrest records that are thus identified 14 with the retained applicant fingerprints must be reported to the Department of Health. The Department of Health must 15 participate in this search process by paying an annual fee to 16 the Department of Law Enforcement and by informing the 17 18 Department of Law Enforcement of any change in the licensure 19 status of each applicant whose fingerprints are retained under paragraph (e). The Department of Law Enforcement shall 20 establish by rule the amount of the annual fee to be imposed 2.1 22 on the Department of Health for performing these searches, for 23 retaining fingerprints of licensed health care practitioners, 24 and for disseminating search results. Each applicant for licensure or license renewal who is subject to the 2.5 requirements of this section and whose fingerprints are 26 retained by the Department of Law Enforcement shall pay to the 2.7 2.8 Department of Health, at the time of initial licensure or 29 license renewal, an amount equal to the costs incurred by the Department of Health for access to records in the statewide 30 automated fingerprint identification system in lieu of payment 31

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of fees for a statewide criminal background check of the applicant.

Section 146. Subsections (3) and (4) of section 456.0391, Florida Statutes, are amended to read:

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

- (3) Each person certified under s. 464.012 who has submitted information pursuant to subsection (1) must update that information in writing by notifying the department of $\frac{15}{15}$ Health within $\frac{15}{15}$ days after the occurrence of an event or the attainment of a status that is required to be reported by subsection (1). Failure to comply with the requirements of this subsection to update and submit information constitutes a ground for disciplinary action under chapter 464 and s. 456.072(1)(k). For failure to comply with the requirements of this subsection to update and submit information, the department or board, as appropriate, may:
- (a) Refuse to issue a certificate to any person applying for initial certification who fails to submit and update the required information.
- (b) Issue a citation to any certificateholder who fails to submit and update the required information and may fine the certificateholder up to \$50 for each day that the certificateholder is not in compliance with this subsection. The citation must clearly state that the certificateholder may choose, in lieu of accepting the citation, to follow the procedure under s. 456.073. If the certificateholder disputes the matter in the citation, the procedures set forth in s. 456.073 must be followed. However, if the certificateholder does not dispute the matter in the citation with the 31 department within 30 days after the citation is served, the

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citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the certificateholder's last known address.

- (4)(a) An applicant for initial certification under s. 464.012 must submit a set of fingerprints to the Department of Health on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the Department of Health for a national criminal history check of the applicant.
- (b) An applicant for renewed certification who has not previously submitted a set of fingerprints to the Department of Health for purposes of certification must submit a set of fingerprints to the department as a condition of the initial renewal of his or her certificate after the effective date of this section. The applicant must submit the fingerprints on a form and under procedures specified by the department, along with payment in an amount equal to the costs incurred by the Department of Health for a national criminal history check. For subsequent renewals, the applicant for renewed certification must only submit information necessary to conduct a statewide criminal history check, along with payment in an amount equal to the costs incurred by the Department of Health for a statewide criminal history check.
- (c)1. The Department of Health shall submit the fingerprints provided by an applicant for initial certification to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal 31 history check of the applicant.

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- 2. The department shall submit the fingerprints provided by an applicant for the initial renewal of certification to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check for the initial renewal of the applicant's certificate after the effective date of this section.
- 3. For any subsequent renewal of the applicant's certificate, the department shall submit the required information for a statewide criminal history check of the applicant to the Florida Department of Law Enforcement.
- (d) Any applicant for initial certification or renewal of certification as an advanced registered nurse practitioner who submits to the Department of Health a set of fingerprints and information required for the criminal history check required under this section shall not be required to provide a subsequent set of fingerprints or other duplicate information required for a criminal history check to the Agency for Health Care Administration, the Department of Juvenile Justice, or the Department of Children and Family Services for employment or licensure with such agency or department, if the applicant has undergone a criminal history check as a condition of initial certification or renewal of certification as an advanced registered nurse practitioner with the Department of Health, notwithstanding any other provision of law to the contrary. In lieu of such duplicate submission, the Agency for Health Care Administration, the Department of Juvenile Justice, and the Department of Children and Family Services shall obtain criminal history information for employment or 31 | licensure of persons certified under s. 464.012 by such agency

or department from the Department of Health's health care practitioner credentialing system. 3 (e) Fingerprints obtained by the Department of Health 4 under paragraph (a) shall be retained by the Department of Law Enforcement and must be entered in the statewide automated 5 fingerprint identification system authorized by s. 6 7 943.05(2)(b). Such fingerprints shall thereafter be available 8 for all purposes and uses authorized for arrest fingerprint 9 cards entered in the statewide automated fingerprint identification system pursuant to s. 943.051. 10 (f) Beginning December 15, 2004, the Department of Law 11 Enforcement shall search all arrest fingerprint cards received 12 13 under s. 943.051 against the fingerprints retained in the 14 statewide automated fingerprint identification system under paragraph (e). Any arrest records that are thus identified 15 with the retained applicant fingerprints must be reported to 16 the Department of Health. The Department of Health must 17 18 participate in this search process by paying an annual fee to 19 the Department of Law Enforcement and by informing the Department of Law Enforcement of any change in the 20 certification status of each applicant whose fingerprints are 2.1 22 retained under paragraph (e). The Department of Law 23 Enforcement shall establish by rule the amount of the annual 24 fee to be imposed on the Department of Health for performing these searches, for retaining fingerprints of certified health 2.5 care practitioners, and for disseminating search results. Each 26 applicant for certification or certification renewal who is 2.7 28 subject to the requirements of this section and whose 29 fingerprints are retained by the Department of Law Enforcement shall pay to the Department of Health, at the time of initial 30 certification or certification renewal, an amount equal to the

costs incurred by the Department of Health for access to records in the statewide automated fingerprint identification system in lieu of payment of fees for a statewide criminal 3 background check of the applicant. 4 5 Section 147. (1)(a) Beginning July 1, 2006, the application forms for an initial license and a license renewal 6 7 for physicians licensed under chapter 458, chapter 459, 8 chapter 460, or chapter 461, Florida Statutes, shall be submitted electronically through the Internet unless the 9 applicant provides an explanation for not doing so. 10 (b) Beginning July 1, 2007, the application forms for 11 an initial license and a license renewal for physicians 12 licensed under chapter 458, chapter 459, chapter 460, or 13 14 chapter 461, Florida Statutes, shall be submitted electronically through the Internet. 15 (c) The department shall issue the license or renew a 16 license if the applicant provides satisfactory evidence that 17 18 all conditions and requirements of licensure or license 19 renewal have been met. Section 148. Section 456.042, Florida Statutes, is 20 amended to read: 2.1 22 456.042 Practitioner profiles; update.--A practitioner 23 must submit updates of required information within 15 days 24 after the final activity that renders such information a fact. Practitioners may submit the required information 2.5 electronically through the Internet. Beginning July 1, 2007, a 26 practitioner must electronically submit updates of required 2.7 28 information through the Internet within 15 days after the 29 final activity that renders such information a fact. The 30 department of Health shall update each practitioner's 31

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practitioner profile periodically. An updated profile is subject to the same requirements as an original profile. Section 149. Subsection (1) of section 456.051, Florida Statutes, is amended to read: 456.051 Reports of professional liability actions; bankruptcies; Department of Health's responsibility to provide. --(1) The report of a claim or action for damages for personal injury which is required to be provided to the Department of Health under s. 456.049 or s. 627.912 is public information except for the name of the claimant or injured person, which remains confidential as provided in ss. 456.049(2)(d) and 627.912(2)(e). The Department of Health shall, upon request, make such report available to any person. The department shall make such report available as a part of

Section 150. Subsection (1) of section 458.319, Florida Statutes, is amended to read:

the practitioner's profile in accordance with s. 456.041(4)

458.319 Renewal of license.--

within 30 calendar days after receipt.

(1) The department shall renew a license upon receipt of the renewal application, evidence that the applicant has actively practiced medicine or has been on the active teaching faculty of an accredited medical school for at least 2 years of the immediately preceding 4 years, and a fee not to exceed \$500; provided, however, that if the licensee is either a resident physician, assistant resident physician, fellow, house physician, or intern in an approved postgraduate training program, as defined by the board by rule, the fee shall not exceed \$100 per annum. If the licensee has not 31 actively practiced medicine for at least 2 years of the

immediately preceding 4 years, the board shall require that the licensee successfully complete a board-approved clinical 3 competency examination prior to renewal of the license. "Actively practiced medicine" means that practice of medicine 4 by physicians, including those employed by any governmental 5 entity in community or public health, as defined by this 6 7 chapter, including physicians practicing administrative 8 medicine. An applicant for a renewed license must also submit 9 the information required under s. 456.039 to the department on a form and under procedures specified by the department, along 10 with payment in an amount equal to the costs incurred by the 11 Department of Health for the statewide criminal background 12 13 check of the applicant. After the statewide automated 14 fingerprint identification system is implemented, the applicant whose fingerprints are retained in that system must 15 pay the Department of Health an amount equal to the costs 16 incurred by the Department of Health for access to records in 17 18 the statewide automated fingerprint identification system in 19 lieu of payment of fees for a statewide criminal background check of the applicant. The applicant must submit a set of 20 fingerprints to the Department of Health on a form and under 21 22 procedures specified by the department, along with payment in 23 an amount equal to the costs incurred by the department for a 24 national criminal background check of the applicant for the initial renewal of his or her license after January 1, 2000. 2.5 If the applicant fails to submit either the information 26 required under s. 456.039 or a set of fingerprints to the 27 28 department as required by this section, the department shall 29 issue a notice of noncompliance, and the applicant will be 30 given 30 additional days to comply. If the applicant fails to comply within 30 days after the notice of noncompliance is

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issued, the department or board, as appropriate, may issue a
   citation to the applicant and may fine the applicant up to $50
    for each day that the applicant is not in compliance with the
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   requirements of s. 456.039. The citation must clearly state
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    that the applicant may choose, in lieu of accepting the
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    citation, to follow the procedure under s. 456.073. If the
 6
    applicant disputes the matter in the citation, the procedures
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    set forth in s. 456.073 must be followed. However, if the
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    applicant does not dispute the matter in the citation with the
    department within 30 days after the citation is served, the
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    citation becomes a final order and constitutes discipline.
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    Service of a citation may be made by personal service or
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    certified mail, restricted delivery, to the subject at the
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    applicant's last known address. If an applicant has submitted
    fingerprints to the department for a national criminal history
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    check upon initial licensure and is renewing his or her
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    license for the first time, then the applicant need only
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    submit the information and fee required for a statewide
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    criminal history check. However, if the applicant's
    fingerprints are retained by the Department of Law Enforcement
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    in the statewide automated fingerprint identification system
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    and the Department of Health is using that system for access
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    to arrest information of licensed health practitioners, then
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    the applicant must submit the information and fee required by
    s. 456.039 for access to records in the statewide automated
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    fingerprint identification system in lieu of payment of fees
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    for a criminal background check of the applicant.
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           Section 151. Subsection (1) of section 459.008,
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   Florida Statutes, is amended to read:
           459.008 Renewal of licenses and certificates.--
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(1) The department shall renew a license or
certificate upon receipt of the renewal application and fee.
An applicant for a renewed license must also submit the
information required under s. 456.039 to the department on a
form and under procedures specified by the department, along
with payment in an amount equal to the costs incurred by the
Department of Health for the statewide criminal background
check of the applicant. After the statewide automated
fingerprint identification system is implemented, the
applicant whose fingerprints are retained in that system must
pay the Department of Health an amount equal to the costs
incurred by the Department of Health for access to records in
the statewide automated fingerprint identification system in
lieu of payment of fees for a statewide criminal background
check of the applicant. The applicant must submit a set of
fingerprints to the Department of Health on a form and under
procedures specified by the department, along with payment in
an amount equal to the costs incurred by the department for a
national criminal background check of the applicant for the
initial renewal of his or her license after January 1, 2000.
If the applicant fails to submit either the information
required under s. 456.039 or a set of fingerprints to the
department as required by this section, the department shall
issue a notice of noncompliance, and the applicant will be
given 30 additional days to comply. If the applicant fails to
comply within 30 days after the notice of noncompliance is
issued, the department or board, as appropriate, may issue a
citation to the applicant and may fine the applicant up to \$50
for each day that the applicant is not in compliance with the
requirements of s. 456.039. The citation must clearly state
that the applicant may choose, in lieu of accepting the

citation, to follow the procedure under s. 456.073. If the applicant disputes the matter in the citation, the procedures 3 set forth in s. 456.073 must be followed. However, if the applicant does not dispute the matter in the citation with the 4 department within 30 days after the citation is served, the citation becomes a final order and constitutes discipline. 6 Service of a citation may be made by personal service or 8 certified mail, restricted delivery, to the subject at the 9 applicant's last known address. If an applicant has submitted fingerprints to the department for a national criminal history 10 check upon initial licensure and is renewing his or her 11 license for the first time, then the applicant need only 12 13 submit the information and fee required for a statewide 14 criminal history check. However, if the applicant's fingerprints are retained by the Department of Law Enforcement 15 in the statewide automated fingerprint identification system 16 and the Department of Health is using that system for access 17 18 to arrest information of licensed health practitioners, then 19 the applicant must submit the information and fee required by s. 456.039 for access to records in the statewide automated 20 fingerprint identification system in lieu of payment of fees 21 22 for a criminal background check of the applicant. 23 Section 152. Subsection (1) of section 460.407, 24 Florida Statutes, is amended to read: 460.407 Renewal of license.--2.5 (1) The department shall renew a license upon receipt 26 of the renewal application and the fee set by the board not to 27 28 exceed \$500. An applicant for a renewed license must also 29 submit the information required under s. 456.039 to the 30 department on a form and under procedures specified by the

31 department, along with payment in an amount equal to the costs

incurred by the Department of Health for the statewide criminal background check of the applicant. After the statewide automated fingerprint identification system is 3 implemented, the applicant whose fingerprints are retained in 4 that system must pay the Department of Health an amount equal 5 to the costs incurred by the Department of Health for access 6 7 to records in the statewide automated fingerprint 8 identification system in lieu of payment of fees for a statewide criminal background check of the applicant. The 9 applicant must submit a set of fingerprints to the Department 10 of Health on a form and under procedures specified by the 11 department, along with payment in an amount equal to the costs 12 13 incurred by the department for a national criminal background 14 check of the applicant for the initial renewal of his or her license after January 1, 2000. If the applicant fails to 15 submit either the information required under s. 456.039 or a 16 set of fingerprints to the department as required by this 17 section, the department shall issue a notice of noncompliance, and the applicant will be given 30 additional days to comply. 19 If the applicant fails to comply within 30 days after the 20 notice of noncompliance is issued, the department or board, as 21 appropriate, may issue a citation to the applicant and may 2.2 23 fine the applicant up to \$50 for each day that the applicant 24 is not in compliance with the requirements of s. 456.039. The citation must clearly state that the applicant may choose, in 25 lieu of accepting the citation, to follow the procedure under 26 s. 456.073. If the applicant disputes the matter in the 27 28 citation, the procedures set forth in s. 456.073 must be 29 followed. However, if the applicant does not dispute the 30 matter in the citation with the department within 30 days 31 after the citation is served, the citation becomes a final

order and constitutes discipline. Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the applicant's last known 3 address. If an applicant has submitted fingerprints to the 4 department for a national criminal history check upon initial licensure and is renewing his or her license for the first 6 time, then the applicant need only submit the information and 8 fee required for a statewide criminal history check. However, 9 if the applicant's fingerprints are retained by the Department of Law Enforcement in the statewide automated fingerprint 10 identification system and the Department of Health is using 11 that system for access to arrest information of licensed 12 13 health practitioners, then the applicant must submit the 14 information and fee required by s. 456.039 for access to records in the statewide automated fingerprint identification 15 system in lieu of payment of fees for a criminal background 16 17 check of the applicant. 18 Section 153. Subsection (1) of section 461.007, Florida Statutes, is amended to read: 19 461.007 Renewal of license.--20 (1) The department shall renew a license upon receipt 21 22 of the renewal application and a fee not to exceed \$350 set by 23 the board, and evidence that the applicant has actively 24 practiced podiatric medicine or has been on the active teaching faculty of an accredited school of podiatric medicine 2.5 for at least 2 years of the immediately preceding 4 years. If 26 the licensee has not actively practiced podiatric medicine for 27 28 at least 2 years of the immediately preceding 4 years, the 29 board shall require that the licensee successfully complete a board-approved course prior to renewal of the license. For 30 31 purposes of this subsection, "actively practiced podiatric

medicine" means the licensed practice of podiatric medicine as defined in s. 461.003(5) by podiatric physicians, including podiatric physicians employed by any governmental entity, on 3 the active teaching faculty of an accredited school of 4 podiatric medicine, or practicing administrative podiatric medicine. An applicant for a renewed license must also submit 6 the information required under s. 456.039 to the department on 8 a form and under procedures specified by the department, along 9 with payment in an amount equal to the costs incurred by the Department of Health for the statewide criminal background 10 check of the applicant. After the statewide automated 11 fingerprint identification system is implemented, the 12 13 applicant whose fingerprints are retained in that system must 14 pay the Department of Health an amount equal to the costs incurred by the Department of Health for access to records in 15 the statewide automated fingerprint identification system in 16 lieu of payment of fees for a statewide criminal background 17 18 check of the applicant. The applicant must submit a set of 19 fingerprints to the Department of Health on a form and under procedures specified by the department, along with payment in 20 an amount equal to the costs incurred by the department for a 21 22 national criminal background check of the applicant for the 23 initial renewal of his or her license after January 1, 2000. 24 If the applicant fails to submit either the information required under s. 456.039 or a set of fingerprints to the 25 department as required by this section, the department shall 26 issue a notice of noncompliance, and the applicant will be 27 given 30 additional days to comply. If the applicant fails to 28 29 comply within 30 days after the notice of noncompliance is 30 issued, the department or board, as appropriate, may issue a citation to the applicant and may fine the applicant up to \$50

for each day that the applicant is not in compliance with the requirements of s. 456.039. The citation must clearly state 3 that the applicant may choose, in lieu of accepting the 4 citation, to follow the procedure under s. 456.073. If the applicant disputes the matter in the citation, the procedures set forth in s. 456.073 must be followed. However, if the 6 applicant does not dispute the matter in the citation with the 8 department within 30 days after the citation is served, the 9 citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or 10 certified mail, restricted delivery, to the subject at the 11 applicant's last known address. If an applicant has submitted 12 13 fingerprints to the department for a national criminal history 14 check upon initial licensure and is renewing his or her license for the first time, then the applicant need only 15 submit the information and fee required for a statewide 16 criminal history check. <u>However</u>, if the applicant's 17 18 fingerprints are retained by the Department of Law Enforcement 19 in the statewide automated fingerprint identification system and the Department of Health is using that system for access 20 to arrest information of licensed health practitioners, then 21 22 the applicant must submit the information and fee required by 23 s. 456.039 for access to records in the statewide automated 24 fingerprint identification system in lieu of payment of fees for a criminal background check of the applicant. 2.5 Section 154. Subsection (4) of section 461.014, 26 Florida Statutes, is amended to read: 27 28 461.014 Residency. -- The board shall encourage and 29 develop podiatric residency programs in hospitals in this 30 state and shall establish such programs by the promulgation of 31 rules, subject to the following conditions:

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(4) Every hospital having a residency program shall annually semiannually, on January 1 and July 1 of each year, 3 provide the board with a list of podiatric residents and such other information as is required by the board. Section 155. Subsection (7) of section 456.025, 5 Florida Statutes, is amended to read: 6 7 456.025 Fees; receipts; disposition.--8 (7) Each board, or the department if there is no board, shall establish, by rule, a fee not to exceed \$250 for 9 anyone seeking approval to provide continuing education 10 courses or programs and shall establish by rule a biennial 11 renewal fee not to exceed \$250 for the renewal of providership 12 13 of such courses. The fees collected from continuing education 14 providers shall be used for the purposes of reviewing course provider applications, monitoring the integrity of the courses 15 provided, and covering legal expenses incurred as a result of 16 not granting or renewing a providership, and developing and 17 18 maintaining an electronic continuing education tracking 19 system. The department shall implement an electronic continuing education tracking system for each new biennial 20 renewal cycle for which electronic renewals are implemented 21 22 after the effective date of this act and shall integrate such 23 system into the licensure and renewal system. All approved 24 continuing education providers shall provide information on 2.5 course attendance to the department necessary to implement the electronic tracking system. The department shall, by rule, 26 2.7 specify the form and procedures by which the information is to 28 be submitted.

of section 456.072, Florida Statutes, to read:

Section 156. Paragraph (ff) is added to subsection (1)

1	456.072 Grounds for discipline; penalties;
2	enforcement
3	(1) The following acts shall constitute grounds for
4	which the disciplinary actions specified in subsection (2) may
5	be taken:
6	(ff) Failure for a third or more times to complete the
7	requisite number of hours of continuing education hours within
8	a license renewal biennium period or within a 3-month period
9	from the date after the end of the license renewal biennium,
10	if the extension was requested.
11	Section 157. The sum of \$181,900 is appropriated from
12	the Medical Quality Assurance Trust Fund to the Department of
13	Health for the purpose of implementing the provisions of
14	sections 145 through 153 of this act during the 2004-2005
15	fiscal year.
16	Section 158. Except for this section and sections 136
17	through 142, which shall take effect upon becoming a law, and
18	except that section 137 shall apply retroactively to March 1,
19	2004, this act shall take effect July 1, 2004.
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