1	A bill to be entitled
2	An act relating to health care; providing
3	legislative findings and intent; amending s.
4	456.072, F.S., relating to grounds for
5	discipline, penalties, and enforcement
6	applicable to health care practitioners;
7	providing that a practitioner's failure to
8	disclose his or her training in health care
9	advertisements and in professional
10	relationships with patients constitutes grounds
11	for disciplinary action; providing exceptions;
12	providing penalties; specifying that a
13	reference to the section constitutes a general
14	reference under the doctrine of incorporation
15	by reference; amending s. 409.907, F.S.;
16	requiring the agency to develop a uniform
17	application process for Medicaid providers who
18	serve recipients through Medicaid waiver
19	programs; providing criteria; amending s.
20	468.352, F.S.; revising and providing
21	definitions applicable to the regulation of
22	respiratory therapy; amending s. 468.355, F.S.;
23	revising provisions relating to respiratory
24	therapy licensure and testing requirements;
25	amending s. 468.368, F.S.; revising exemptions
26	from respiratory therapy licensure
27	requirements; repealing s. 468.356, F.S.,
28	relating to the approval of educational
29	programs; repealing s. 468.357, F.S., relating
30	to licensure by examination; amending s.
31	400.9905, F.S.; revising the definitions of

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"clinic" and "medical director" and defining "mobile clinic," "portable equipment provider," and "chief financial officer," for purposes of the Health Care Clinic Act; 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; amending s. 400.991, F.S.; requiring each mobile clinic to obtain a health 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.; 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; providing that persons or entities made exempt under the act and which have paid the clinic licensure fee to the agency are entitled to a partial refund from the agency; providing that certain persons or entities are not in violation of part XIII of ch. 400, F.S., due to failure to apply for a clinic license by a specified date; providing that certain payments may not be denied to such persons or entities for failure to apply for or obtain a clinic license before a specified date; assigning responsibilities for ensuring billing; amending s. 395.1027, F.S.; requiring a hospital or other facility licensed under ch. 395, F.S., to release patient information to a regional poison control center under specified circumstances; providing an effective date.

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

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Section 1. The Legislature finds that there exists a compelling state interest in patients being informed of the credentials of the health care practitioners who treat them and in the public being protected from misleading health care advertising. The Legislature further finds that the areas of health care practice licensure can be extremely confusing for patients and that health care practitioners can easily mislead patients into believing that the practitioner is better qualified than other health care practitioners simply by creating a sham practice designation. Therefore, the

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manner in which to protect patients from this identifiable
harm is to ensure that patients and the public be informed of
the training of health care practitioners and intends by this
act to require the provision of such information.

Section 2. Section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties; enforcement.--

- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (a) Making misleading, deceptive, or fraudulent representations in or related to the practice of the licensee's profession.
- (b) Intentionally violating any rule adopted by the board or the department, as appropriate.
- (c) Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensee's profession.
- (d) Using a Class III or a Class IV laser device or product, as defined by federal regulations, without having complied with the rules adopted pursuant to s. 501.122(2) governing the registration of such devices.
- (e) Failing to comply with the educational course requirements for human immunodeficiency virus and acquired immune deficiency syndrome.
- 29 (f) Having a license or the authority to practice any 30 regulated profession revoked, suspended, or otherwise acted 31 against, including the denial of licensure, by the licensing

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authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under Florida law. The licensing authority's acceptance of a relinquishment of licensure, stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of charges against the license, shall be construed as action against the license.

- (g) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee.
- (h) Attempting to obtain, obtaining, or renewing a license to practice a profession by bribery, by fraudulent misrepresentation, or through an error of the department or the board.
- (i) Except as provided in s. 465.016, failing to report to the department any person who the licensee knows is in violation of this chapter, the chapter regulating the alleged violator, or the rules of the department or the board.
- (j) Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to this chapter, the chapter regulating the profession, or the rules of the department or the board.
- (k) Failing to perform any statutory or legal obligation placed upon a licensee. For purposes of this section, failing to repay a student loan issued or guaranteed by the state or the Federal Government in accordance with the terms of the loan or failing to comply with service scholarship obligations shall be considered a failure to perform a statutory or legal obligation, and the minimum disciplinary action imposed shall be a suspension of the 31 license until new payment terms are agreed upon or the

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scholarship obligation is resumed, followed by probation for the duration of the student loan or remaining scholarship obligation period, and a fine equal to 10 percent of the defaulted loan amount. Fines collected shall be deposited into the Medical Quality Assurance Trust Fund.

- (1) Making or filing a report which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, or willfully impeding or obstructing another person to do so. Such reports or records shall include only those that are signed in the capacity of a licensee.
- (m) Making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession.
- (n) Exercising influence on the patient or client for the purpose of financial gain of the licensee or a third party.
- (o) Practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform.
- (p) Delegating or contracting for the performance of professional responsibilities by a person when the licensee delegating or contracting for performance of such responsibilities knows, or has reason to know, such person is not qualified by training, experience, and authorization when required to perform them.
- (q) Violating a lawful order of the department or the board, or failing to comply with a lawfully issued subpoena of 31 the department.

(r) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding.

- (s) Failing to comply with the educational course requirements for domestic violence.
- (t) In any advertisement for health care services, and during the first in-person patient encounter, failing to disclose the type of license under which the practitioner is operating. This paragraph does not apply to a practitioner while the practitioner is providing services in a facility licensed under chapter 394, chapter 395, or chapter 400.

(u)(t) Failing to comply with the requirements of ss. 381.026 and 381.0261 to provide patients with information about their patient rights and how to file a patient complaint.

 $\underline{(v)(u)}$ Engaging or attempting to engage in sexual misconduct as defined and prohibited in s. 456.063(1).

(w)(v) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application.

(x)(w) Failing to report to the board, or the department if there is no board, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction. Convictions, findings, adjudications, and pleas entered into prior to the enactment of this paragraph must be reported in writing to the

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board, or department if there is no board, on or before October 1, 1999.

(y) (x) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers or persons involved in accidents pursuant to s. 316.066, or using information published in a newspaper or other news publication or through a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or any other solicitation whatsoever of the people involved in such accidents.

(z)(y) Being unable to practice with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition. In enforcing this paragraph, the department shall have, upon a finding of the secretary or the secretary's designee that probable cause exists to believe that the licensee is unable to practice because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by physicians designated by the department. If the licensee refuses to comply with such order, the department's order directing such examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or does business. The department shall be entitled to the summary procedure provided in s. 51.011. A licensee or certificateholder affected under this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that he or she can resume the competent practice of his or her profession with reasonable 31 skill and safety to patients.

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(aa)(z) Testing positive for any drug, as defined in s. 112.0455, on any confirmed preemployment or employer-ordered drug screening when the practitioner does not have a lawful prescription and legitimate medical reason for using such drug.

(bb) (aa) Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition. For the purposes of this paragraph, performing or attempting to perform health care services includes the preparation of the patient.

(cc) (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. 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, regardless of the intent of the professional.

(dd)(cc) Violating any provision of this chapter, the applicable practice act, or any rules adopted pursuant thereto.

(ee) (dd) With respect to making a personal injury protection claim as required by s. 627.736, intentionally submitting a claim, statement, or bill that has been "upcoded" as defined in s. 627.732.

(ff) (ee) With respect to making a personal injury protection claim as required by s. 627.736, intentionally submitting a claim, statement, or bill for payment of services 31 that were not rendered.

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- (2) When the board, or the department when there is no board, finds any person quilty of the grounds set forth in subsection (1) or of any grounds set forth in the applicable practice act, including conduct constituting a substantial violation of subsection (1) or a violation of the applicable practice act which occurred prior to obtaining a license, it may enter an order imposing one or more of the following penalties:
- (a) Refusal to certify, or to certify with restrictions, an application for a license.
 - (b) Suspension or permanent revocation of a license.
- (c) Restriction of practice or license, including, but not limited to, restricting the licensee from practicing in certain settings, restricting the licensee to work only under designated conditions or in certain settings, restricting the licensee from performing or providing designated clinical and administrative services, restricting the licensee from practicing more than a designated number of hours, or any other restriction found to be necessary for the protection of the public health, safety, and welfare.
- Imposition of an administrative fine not to exceed \$10,000 for each count or separate offense. If the violation is for fraud or making a false or fraudulent representation, the board, or the department if there is no board, must impose a fine of \$10,000 per count or offense.
 - (e) Issuance of a reprimand or letter of concern.
- (f) Placement of the licensee on probation for a period of time and subject to such conditions as the board, or the department when there is no board, may specify. Those conditions may include, but are not limited to, requiring the 31 | licensee to undergo treatment, attend continuing education

courses, submit to be reexamined, work under the supervision of another licensee, or satisfy any terms which are reasonably tailored to the violations found.

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

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

(3)(a) Notwithstanding subsection (2), if the ground for disciplinary action is the first-time failure of the licensee to satisfy continuing education requirements established by the board, or by the department if there is no board, the board or department, as applicable, shall issue a citation in accordance with s. 456.077 and assess a fine, as determined by the board or department by rule. In addition, for each hour of continuing education not completed or completed late, the board or department, as applicable, may require the licensee to take 1 additional hour of continuing

education for each hour not completed or completed late.

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(b) Notwithstanding subsection (2), if the ground for disciplinary action is the first-time violation of a practice act for unprofessional conduct, as used in ss. 464.018(1)(h), 467.203(1)(f), 468.365(1)(f), and 478.52(1)(f), and no actual harm to the patient occurred, the board or department, as applicable, shall issue a citation in accordance with s. 456.077 and assess a penalty as determined by rule of the board or department.

(4) In addition to any other discipline imposed through final order, or citation, entered on or after July 1, 2001, pursuant to this section or discipline imposed through final order, or citation, entered on or after July 1, 2001, for a violation of any practice act, the board, or the department when there is no board, shall assess costs related to the investigation and prosecution of the case. Such costs related to the investigation and prosecution include, but are not limited to, salaries and benefits of personnel, costs related to the time spent by the attorney and other personnel working on the case, and any other expenses incurred by the department for the case. The board, or the department when there in no board, shall determine the amount of costs to be assessed after its consideration of an affidavit of itemized costs and any written objections thereto. In any case where the board or the department imposes a fine or assessment and the fine or assessment is not paid within a reasonable time, such reasonable time to be prescribed in the rules of the board, or the department when there is no board, or in the order assessing such fines or costs, the department or the Department of Legal Affairs may contract for the collection of, or bring a civil action to recover, the fine or 31 assessment.

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(5) In addition to, or in lieu of, any other remedy or criminal prosecution, the department may file a proceeding in the name of the state seeking issuance of an injunction or a writ of mandamus against any person who violates any of the provisions of this chapter, or any provision of law with respect to professions regulated by the department, or any board therein, or the rules adopted pursuant thereto.

- (6) In the event the board, or the department when there is no board, determines that revocation of a license is the appropriate penalty, the revocation shall be permanent. However, the board may establish by rule requirements for reapplication by applicants whose licenses have been permanently revoked. Such requirements may include, but shall not be limited to, satisfying current requirements for an initial license.
- (7) The purpose of this section is to facilitate uniform discipline for those actions made punishable under this section and, to this end, a reference to this section constitutes a general reference under the doctrine of incorporation by reference.

Section 3. Subsection (12) is added to section 409.907, Florida Statutes, to read:

409.907 Medicaid provider agreements.—The agency may make payments for medical assistance and related services rendered to Medicaid recipients only to an individual or entity who has a provider agreement in effect with the agency, who is performing services or supplying goods in accordance with federal, state, and local law, and who agrees that no person shall, on the grounds of handicap, race, color, or national origin, or for any other reason, be subjected to

discrimination under any program or activity for which the provider receives payment from the agency. 3 (12) The Agency for Health Care Administration shall 4 develop a uniform application process for approving providers of medical assistance and related services rendered to 5 Medicaid recipients through the state's Medicaid waiver 6 7 programs. The process developed must eliminate the necessity 8 for Medicaid waiver providers to submit separate applications 9 to provide the same product or service for more than one Medicaid waiver program. A Medicaid waiver provider 10 application that is approved by the agency may be considered 11 if that applicant also applies to become an approved provider 12 13 for an additional waiver program, if the product or service is 14 an allowable expense under that program. Section 4. Section 468.352, Florida Statutes, is 15 amended to read: 16 17 (Substantial rewording of section. See 18 s. 468.352, F.S., for present text.) 19 468.352 Definitions. -- As used in this part, the term: (1) "Board" means the Board of Respiratory Care. 20 (2) "Certified respiratory therapist" means any person 21 22 licensed pursuant to this part who is certified by the 23 National Board for Respiratory Care or its successor; who is 24 employed to deliver respiratory care services, under the order of a physician licensed pursuant to chapter 458 or chapter 2.5 459, in accordance with protocols established by a hospital or 26 other health care provider or the board; and who functions in 2.7 28 situations of unsupervised patient contact requiring 29 individual judgment. 30 (3) "Critical care" means care given to a patient in any setting involving a life-threatening emergency.

1	(4) "Department" means the Department of Health.
2	(5) "Direct supervision" means practicing under the
3	direction of a licensed, registered, or certified respiratory
4	therapist who is physically on the premises and readily
5	available, as defined by the board.
6	(6) "Physician supervision" means supervision and
7	control by a physician licensed under chapter 458 or chapter
8	459 who assumes the legal liability for the services rendered
9	by the personnel employed in his or her office. Except in the
10	case of an emergency, physician supervision requires the easy
11	availability of the physician within the office or the
12	physical presence of the physician for consultation and
13	direction of the actions of the persons who deliver
14	respiratory care services.
15	(7) "Practice of respiratory care" or "respiratory
16	therapy" means the allied health specialty associated with the
17	cardiopulmonary system that is practiced under the orders of a
18	physician licensed under chapter 458 or chapter 459 and in
19	accordance with protocols, policies, and procedures
20	established by a hospital or other health care provider or the
21	board, including the assessment, diagnostic evaluation,
22	treatment, management, control, rehabilitation, education, and
23	care of patients in all care settings.
24	(8) "Registered respiratory therapist" means any
25	person licensed under this part who is registered by the
26	National Board for Respiratory Care or its successor, and who
27	is employed to deliver respiratory care services under the
28	order of a physician licensed under chapter 458 or chapter
29	459, in accordance with protocols established by a hospital or
30	other health care provider or the board, and who functions in
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1	situations of unsupervised patient contact requiring
2	individual judgment.
3	(9) "Respiratory care practitioner" means any person
4	licensed under this part who is employed to deliver
5	respiratory care services, under direct supervision, pursuant
6	to the order of a physician licensed under chapter 458 or
7	chapter 459.
8	(10) "Respiratory care services" includes:
9	(a) Evaluation and disease management.
10	(b) Diagnostic and therapeutic use of respiratory
11	equipment, devices, or medical gas.
12	(c) Administration of drugs, as duly ordered or
13	prescribed by a physician licensed under chapter 458 or
14	chapter 459 and in accordance with protocols, policies, and
15	procedures established by a hospital or other health care
16	provider or the board.
17	(d) Initiation, management, and maintenance of
18	equipment to assist and support ventilation and respiration.
19	(e) Diagnostic procedures, research, and therapeutic
20	treatment and procedures, including measurement of ventilatory
21	volumes, pressures, and flows; specimen collection and
22	analysis of blood for gas transport and acid/base
23	determinations; pulmonary-function testing; and other related
24	physiological monitoring of cardiopulmonary systems.
25	(f) Cardiopulmonary rehabilitation.
26	(q) Cardiopulmonary resuscitation, advanced cardiac
27	life support, neonatal resuscitation, and pediatric advanced
28	life support, or equivalent functions.
29	(h) Insertion and maintenance of artificial airways
30	and intravascular catheters.
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1	(i) Education of patients, families, the public, or
2	other health care providers, including disease process and
3	management programs and smoking prevention and cessation
4	programs.
5	(j) Initiation and management of hyperbaric oxygen.
6	Section 5. Section 468.355, Florida Statutes, is
7	amended to read:
8	(Substantial rewording of section. See
9	s. 468.355, F.S., for present text.)
10	468.355 Licensure requirementsTo be eligible for
11	licensure by the board, an applicant must be an active
12	"Certified Respiratory Therapist" or an active "Registered
13	Respiratory Therapist" as designated by the National Board for
14	Respiratory Care, or its successor.
15	Section 6. Section 468.368, Florida Statutes, is
16	amended to read:
17	(Substantial rewording of section. See
18	s. 468.368, F.S., for present text.)
19	468.368 ExemptionsThis part may not be construed to
20	prevent or restrict the practice, service, or activities of:
21	(1) Any person licensed in this state by any other law
22	from engaging in the profession or occupation for which he or
23	she is licensed.
24	(2) Any legally qualified person in the state or
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26	another state or territory who is employed by the United
	States Government or any agency thereof while such person is
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27 28	States Government or any agency thereof while such person is
	States Government or any agency thereof while such person is discharging his or her official duties.
28	States Government or any agency thereof while such person is discharging his or her official duties. (3) A friend or family member who is providing

1	(4) An individual providing respiratory care services
2	in an emergency who does not represent himself or herself as a
3	respiratory care practitioner or respiratory therapist.
4	(5) Any individual employed to deliver, assemble, set
5	up, or test equipment for use in a home, upon the order of a
6	physician licensed pursuant to chapter 458 or chapter 459.
7	This subsection does not, however, authorize the practice of
8	respiratory care without a license.
9	(6) Any individual certified or registered as a
10	pulmonary function technologist who is credentialed by the
11	National Board for Respiratory Care for performing
12	cardiopulmonary diagnostic studies.
13	(7) Any student who is enrolled in an accredited
14	respiratory care program approved by the board, while
15	performing respiratory care as an integral part of a required
16	course.
17	(8) The delivery of incidental respiratory care to
18	noninstitutionalized persons by surrogate family members who
19	do not represent themselves as registered or certified
20	respiratory care therapists.
21	(9) Any individual credentialed by the Underseas
22	Hyperbaric Society in hyperbaric medicine or its equivalent as
23	determined by the board, while performing related duties. This
24	subsection does not, however, authorize the practice of
25	respiratory care without a license.
26	Section 7. Effective January 1, 2005, sections 468.356
27	and 468.357, Florida Statutes, are repealed.
28	Section 8. Subsections (3) and (4) of section
29	400.9905, Florida Statutes, are amended, and subsections (5)
30	and (6) are added to that section, to read: (attached)
31	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.
- (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

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

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under 42 C.F.R. part 485, subpart B or subpart H, or any entity that provides neonatal or pediatric hospital-based services by licensed practitioners solely within a hospital licensed under chapter 395.

- (e) An entity that is exempt from federal taxation under 26 U.S.C. s. 501(c)(3) or s. 501(c)(4), and any community college or university clinic, and any entity owned or operated by federal or state government, including agencies, subdivisions, or municipalities thereof.
- (f) A sole proprietorship, group practice, partnership, or corporation that provides health care services by physicians covered by s. 627.419, that is directly supervised by one or more of such physicians, and that is wholly owned by one or more of those physicians or by a physician and the spouse, parent, child, or sibling of that physician.

(g) (f) A sole proprietorship, group practice, partnership, or corporation that provides health care services by licensed health care practitioners under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, chapter 490, chapter 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, or s. 464.012, which are wholly owned by one or more a licensed health care practitioners practitioner, or the licensed health care practitioners set forth in this paragraph practitioner and the spouse, parent, or child, or sibling of a licensed health care practitioner, so long as one of the owners who is a licensed health care practitioner is supervising the services performed therein and is legally responsible for the 31 entity's compliance with all federal and state laws. However,

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a health care practitioner may not supervise services beyond
the scope of the practitioner's license, except that, for the

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

4 456.053(3)(b) that provides only services authorized pursuant
to s. 456.053(3)(b) may be supervised by a licensee specified
in s. 456.053(3)(b).

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

(i) Entities that provide only oncology or radiation therapy services by physicians licensed under chapter 458 or 459.

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

services authorized pursuant to s. 456.053(3)(b) may serve as

licensee specified in s. 456.053(3)(b) that provides only

clinic director of an entity providing services as specified 2 in s. 456.053(3)(b). 3 (5) "Mobile clinic" means a movable or detached self-contained health care unit within or from which direct 4 5 health care services are provided to individuals and that otherwise meets the definition of a clinic in subsection (3). 6 7 (6) "Portable equipment provider" means an entity that 8 contracts with or employs persons to provide portable 9 equipment to multiple locations performing treatment or diagnostic testing of individuals, that bills third-party 10 payors for those services, and that otherwise meets the 11 definition of a clinic in subsection (3). 12 13 (7) "Chief financial officer" means an individual who 14 has at least a minimum of a bachelor's degree from an accredited university in accounting, finance, or a related 15 field and is the person responsible for the preparation of the 16 clinic billing. 17 18 Section 9. The creation of paragraph 400.9905(3)(i), 19 Florida Statutes, by this act is intended to clarify the legislative intent of this provision as it existed at the time 20 the provision initially took effect as section 456.0375(1)(b), 2.1 22 Florida Statutes, and paragraph 400.9905(3)(i), Florida Statutes, as created by this act, shall operate retroactively 23 24 to October 1, 2001. Nothing in this section shall be construed as amending, modifying, limiting, or otherwise affecting in 2.5 any way the legislative intent, scope, terms, prohibition, or 26 requirements of section 456.053, Florida Statutes. 2.7 28 Section 10. Subsections (1), (2), and (3) and 29 paragraphs (a) and (b) of subsection (7) of section 400.991, Florida Statutes, are amended to read: 30 31

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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 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 31 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.
- 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 11. Subsections (9) and (11) of section 400.9935, Florida Statutes, are amended to read:

400.9935 Clinic responsibilities.--

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

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certificate of exemption \$100 or the actual cost, whichever is less, for processing the certificate.

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

Section 12. 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 <u>deny the application for a license</u> renewal, revoke or suspend the license, and impose administrative <u>fines</u> 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

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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 visits by agency personnel. The agency may impose a fine and, in the case of an owner-operated clinic, revoke or deny a clinic's license when a clinic medical director or clinic director knowingly fraudulently misrepresents actions taken to correct a violation.
- (10) If the agency issues a notice of intent to deny a license application after a temporary license has been issued pursuant to s. 400.991(3), the temporary license shall expire on the date of the notice and may not be extended during any proceeding for administrative or judicial review pursuant to chapter 120.
- Section 13. The agency shall refund 90 percent of the license application fee to applicants that submitted their health care clinic licensure fees and applications but were subsequently exempted from licensure by this act.

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Section 14. Any person or entity defined as a clinic under s. 400.9905, Florida Statutes, shall not be in violation of part XIII of chapter 400, Florida Statutes, due to failure to apply for a clinic license by March 1, 2004, as previously required by s. 400.991, Florida Statutes. Payment to any such person or entity by an insurer or other person liable for payment to such person or entity may not be denied on the grounds that the person or entity failed to apply for or obtain a clinic license before March 1, 2004.

Section 15. Subsections (1), (9), and (11) of section 400.9935, Florida Statutes, are amended to read:

400.9935 Clinic responsibilities.--

- (1) Each clinic shall appoint a medical director or clinic director who shall agree in writing to accept legal 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.
- 28 (e) Serve as the clinic records owner as defined in s. 29 456.057.
- 30 (f) Ensure compliance with the recordkeeping, office 31 surgery, and adverse incident reporting requirements of

chapter 456, the respective practice acts, and rules adopted under this part. 3 (g) Conduct systematic reviews of clinic billings to 4 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 6 clinic performs only the technical component of magnetic 8 resonance imaging, static radiographs, computed tomography, or 9 position emission tomography, and provides the professional interpretation of such services, in a fixed facility that is 10 accredited by the Joint Commission on Accreditation of 11 Healthcare Organizations or the Accreditation Association for 12 13 Ambulatory Health Care, and the American College of Radiology; 14 and if, in the preceding quarter, the percentage of scans performed by that clinic which was billed to all personal 15 injury protection insurance carriers was less than 15 percent, 16 the chief financial officer of the clinic may, in a written 17 18 acknowledgement provided to the agency, assume the 19 responsibility for the conduct of the systematic reviews of clinic billings to ensure that the billings are not fraudulent 20 <u>or unlawf</u>ul. 21 Section 16. Present subsections (3) and (4) of section 2.2 23 395.1027, Florida Statutes, are redesignated as subsections 24 (4) and (5), respectively, and a new subsection (3) is added to that section, to read: 2.5 395.1027 Regional poison control centers.--26 27 (3) Upon request, a licensed facility shall release to 28 a regional poison control center any patient information that 29 is necessary for case management of poison cases. Section 17. This act shall take effect July 1, 2004. 30 31