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LEGISLATIVE ACTION

Senate	.	House
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Senator Gardiner moved the following:

Senate Amendment (with title amendment)

Between lines 2228 and 2229
insert:

Section 47. Paragraph (e) of subsection (10) of section 112.0455, Florida Statutes, is repealed.

Section 48. Section 383.325, Florida Statutes, is repealed.

Section 49. Section 395.1046, Florida Statutes, is repealed.

Section 50. Section 395.3037, Florida Statutes, is repealed.

Section 51. Paragraph (g) of subsection (2) of section 400.0239, Florida Statutes, is amended to read:



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14 400.0239 Quality of Long-Term Care Facility Improvement
15 Trust Fund.—

16 (2) Expenditures from the trust fund shall be allowable for
17 direct support of the following:

18 (g) Other initiatives authorized by the Centers for
19 Medicare and Medicaid Services for the use of federal civil
20 monetary penalties, ~~including projects recommended through the~~
21 ~~Medicaid "Up-or-Out" Quality of Care Contract Management Program~~
22 ~~pursuant to s. 400.148.~~

23 Section 52. Subsection (10) of section 400.147, Florida
24 Statutes, is repealed.

25 Section 53. Section 400.148, Florida Statutes, is repealed.

26 Section 54. Section 400.195, Florida Statutes, is repealed.

27 Section 55. Section 400.476, Florida Statutes, is amended
28 to read:

29 400.476 Staffing requirements; notifications; limitations
30 on staffing services.—

31 (1) ADMINISTRATOR.—

32 (a) An administrator may manage only one home health
33 agency, except that an administrator may manage up to five home
34 health agencies if all five home health agencies have identical
35 controlling interests as defined in s. 408.803 and are located
36 within one agency geographic service area or within an
37 immediately contiguous county. If the home health agency is
38 licensed under this chapter and is part of a retirement
39 community that provides multiple levels of care, an employee of
40 the retirement community may administer the home health agency
41 and up to a maximum of four entities licensed under this chapter
42 or chapter 429 which all have identical controlling interests as



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43 defined in s. 408.803. An administrator shall designate, in
44 writing, for each licensed entity, a qualified alternate
45 administrator to serve during the administrator's absence. An
46 alternate administrator must meet the requirements in this
47 paragraph and s. 400.462(1).

48 (b) An administrator of a home health agency who is a
49 licensed physician, physician assistant, or registered nurse
50 licensed to practice in this state may also be the director of
51 nursing for a home health agency. An administrator may serve as
52 a director of nursing for up to the number of entities
53 authorized in subsection (2) only if there are 10 or fewer full-
54 time equivalent employees and contracted personnel in each home
55 health agency.

56 (c) The administrator shall organize and direct the
57 agency's ongoing functions, maintain an ongoing liaison with the
58 board members and the staff, employ qualified personnel and
59 ensure adequate staff education and evaluations, ensure the
60 accuracy of public informational materials and activities,
61 implement an effective budgeting and accounting system, and
62 ensure that the home health agency operates in compliance with
63 this part and part II of chapter 408 and rules adopted for these
64 laws.

65 (d) The administrator shall clearly set forth in writing
66 the organizational chart, services furnished, administrative
67 control, and lines of authority for the delegation of
68 responsibilities for patient care. These responsibilities must
69 be readily identifiable. Administrative and supervisory
70 functions may not be delegated to another agency or
71 organization, and the primary home health agency shall monitor



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72 and control all services that are not furnished directly,
73 including services provided through contracts.

74 (2) DIRECTOR OF NURSING.—

75 (a) A director of nursing may be the director of nursing
76 for:

77 1. Up to two licensed home health agencies if the agencies
78 have identical controlling interests as defined in s. 408.803
79 and are located within one agency geographic service area or
80 within an immediately contiguous county; or

81 2. Up to five licensed home health agencies if:

82 a. All of the home health agencies have identical
83 controlling interests as defined in s. 408.803;

84 b. All of the home health agencies are located within one
85 agency geographic service area or within an immediately
86 contiguous county; ~~and~~

87 c. Each home health agency has a registered nurse who meets
88 the qualifications of a director of nursing and who has a
89 written delegation from the director of nursing to serve as the
90 director of nursing for that home health agency when the
91 director of nursing is not present; ~~and-~~

92 d. This person, or similarly qualified alternate, is
93 available at all times by telecommunications during operating
94 hours and participates in all activities relevant to the
95 professional services furnished, including, but not limited to,
96 the oversight of nursing services, home health aides, and
97 certified nursing assistants, and assignment of personnel.

98
99 If a home health agency licensed under this chapter is part of a
100 retirement community that provides multiple levels of care, an



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101 employee of the retirement community may serve as the director
102 of nursing of the home health agency and up to a maximum of four
103 entities, other than home health agencies, licensed under this
104 chapter or chapter 429 which all have identical controlling
105 interests as defined in s. 408.803.

106 (b) A home health agency that provides skilled nursing care
107 may not operate for more than 30 calendar days without a
108 director of nursing. A home health agency that provides skilled
109 nursing care and the director of nursing of a home health agency
110 must notify the agency within 10 business days after termination
111 of the services of the director of nursing for the home health
112 agency. A home health agency that provides skilled nursing care
113 must notify the agency of the identity and qualifications of the
114 new director of nursing within 10 days after the new director is
115 hired. If a home health agency that provides skilled nursing
116 care operates for more than 30 calendar days without a director
117 of nursing, the home health agency commits a class II
118 deficiency. In addition to the fine for a class II deficiency,
119 the agency may issue a moratorium in accordance with s. 408.814
120 or revoke the license. The agency shall fine a home health
121 agency that fails to notify the agency as required in this
122 paragraph \$1,000 for the first violation and \$2,000 for a repeat
123 violation. The agency may not take administrative action against
124 a home health agency if the director of nursing fails to notify
125 the department upon termination of services as the director of
126 nursing for the home health agency.

127 (c) A home health agency that is not Medicare or Medicaid
128 certified and does not provide skilled care or provides only
129 physical, occupational, or speech therapy is not required to



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130 have a director of nursing and is exempt from paragraph (b).

131 (3) TRAINING.—A home health agency shall ensure that each
132 certified nursing assistant employed by or under contract with
133 the home health agency and each home health aide employed by or
134 under contract with the home health agency is adequately trained
135 to perform the tasks of a home health aide in the home setting.

136 (a) The home health agency may not use as a home health
137 aide on a full-time, temporary, per diem, or other basis, any
138 individual to provide services unless the individual has
139 completed a training and competency evaluation program, or a
140 competency evaluation program, as permitted in s. 400.497, which
141 meets the minimum standards established by the agency in state
142 rules.

143 (b) A home health aide is not competent in any task for
144 which he or she is evaluated as "unsatisfactory." The aide must
145 perform any such task only under direct supervision by a
146 licensed nurse until he or she receives training in the task and
147 satisfactorily passes a subsequent evaluation in performing the
148 task. A home health aide has not successfully passed a
149 competency evaluation if the aide does not have a passing score
150 on the test as specified by agency rule.

151 (4) STAFFING.—Staffing services may be provided anywhere
152 within the state.

153 (5) PERSONNEL.—

154 (a) The home health agency and its staff must comply with
155 accepted professional standards and principles that apply to
156 professionals, including, but not limited to, the state practice
157 acts and the home health agency's policies and procedures.

158 (b) Except for direct employees of the home health agency,



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159 if personnel under hourly or per-visit contracts are used by the
160 home health agency, there must be a written contract between
161 those personnel and the agency which specifies the following
162 requirements:

163 1. Acceptance for care only of patients by the primary home
164 health agency.

165 2. The services to be furnished.

166 3. The necessity to conform to all applicable agency
167 policies, including personnel qualifications.

168 4. The responsibility for participating in developing plans
169 of care.

170 5. The manner in which services are controlled,
171 coordinated, and evaluated by the primary home health agency.

172 6. The procedures for submitting clinical and progress
173 notes, scheduling of visits, and periodic patient evaluation.

174 7. The procedures for payment for services furnished under
175 the contract.

176 (c) A home health agency shall directly provide at least
177 one of the types of services through home health agency
178 employees, but may provide additional services under
179 arrangements with another agency or organization. Services
180 furnished under such arrangements must have a written contract
181 conforming to the requirements specified in paragraph (b).

182 (d) If home health aide services are provided by an
183 individual who is not employed directly by the home health
184 agency, the services of the home health aide must be provided
185 under arrangements as stated in paragraphs (b) and (c). If the
186 home health agency chooses to provide home health aide services
187 under arrangements with another organization, the



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188 responsibilities of the home health agency include, but are not
189 limited to:

190 1. Ensuring the overall quality of the care provided by the
191 aide;

192 2. Supervising the aide's services as described in s.
193 400.487; and

194 3. Ensuring that each home health aide providing services
195 under arrangements with another organization has met the
196 training requirements or competency evaluation requirements of
197 s. 400.497.

198 (e) The home health agency shall coordinate the efforts of
199 all personnel furnishing services, and the personnel shall
200 maintain communication with the home health agency to ensure
201 that personnel efforts support the objectives outlined in the
202 plan of care. The clinical record or minutes of case conferences
203 shall ensure that effective interchange, reporting, and
204 coordination of patient care occurs.

205 Section 56. Section 400.487, Florida Statutes, is amended
206 to read:

207 400.487 Home health service agreements; physician's,
208 physician assistant's, and advanced registered nurse
209 practitioner's treatment orders; patient assessment;
210 establishment and review of plan of care; provision of services;
211 orders not to resuscitate.-

212 (1) Services provided by a home health agency must be
213 covered by an agreement between the home health agency and the
214 patient or the patient's legal representative specifying the
215 home health services to be provided, the rates or charges for
216 services paid with private funds, and the sources of payment,



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217 which may include Medicare, Medicaid, private insurance,
218 personal funds, or a combination thereof. The home health agency
219 shall provide a copy of the agreement to the patient or the
220 patient's legal representative. A home health agency providing
221 skilled care must make an assessment of the patient's needs
222 within 48 hours after the start of services.

223 (2) When required by the provisions of chapter 464; part I,
224 part III, or part V of chapter 468; or chapter 486, the
225 attending physician, physician assistant, or advanced registered
226 nurse practitioner, acting within his or her respective scope of
227 practice, shall establish treatment orders for a patient who is
228 to receive skilled care. The treatment orders must be signed by
229 the physician, physician assistant, or advanced registered nurse
230 practitioner before a claim for payment for the skilled services
231 is submitted by the home health agency. If the claim is
232 submitted to a managed care organization, the treatment orders
233 must be signed within the time allowed under the provider
234 agreement. The treatment orders shall be reviewed, as frequently
235 as the patient's illness requires, by the physician, physician
236 assistant, or advanced registered nurse practitioner in
237 consultation with the home health agency.

238 (3) A home health agency shall arrange for supervisory
239 visits by a registered nurse to the home of a patient receiving
240 home health aide services as specified in subsection (9) ~~in~~
241 ~~accordance with the patient's direction, approval, and agreement~~
242 ~~to pay the charge for the visits.~~

243 (4) The home health agency shall protect and promote the
244 rights of each individual under its care, including each of the
245 following rights:



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246 (a) Notice of rights.—The home health agency shall provide
247 the patient with a written notice of the patient's rights in
248 advance of furnishing care to the patient or during the initial
249 evaluation visit before the initiation of treatment. The home
250 health agency must maintain documentation showing that it has
251 complied with the requirements of this section.

252 (b) Exercise of rights and respect for property and
253 person.—

254 1. The patient has the right to exercise his or her rights
255 as a patient of the home health agency.

256 2. The patient has the right to have his or her property
257 treated with respect.

258 3. The patient has the right to voice grievances regarding
259 treatment or care that is or fails to be furnished, or regarding
260 the lack of respect for property by anyone who is furnishing
261 services on behalf of the home health agency, and not be
262 subjected to discrimination or reprisal for doing so.

263 4. The home health agency must investigate complaints made
264 by a patient or the patient's family or guardian regarding
265 treatment or care that is or fails to be furnished, or regarding
266 the lack of respect for the patient's property by anyone
267 furnishing services on behalf of the home health agency. The
268 home health agency shall document the existence of the complaint
269 and its resolution.

270 5. The patient and his or her immediate family or
271 representative must be informed of the right to report
272 complaints via the statewide toll-free telephone number to the
273 agency as required in s. 408.810.

274 (c) Right to be informed and to participate in planning



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275 care and treatment.-

276 1. The patient has the right to be informed, in advance,
277 about the care to be furnished and of any changes in the care to
278 be furnished. The home health agency shall advise the patient in
279 advance of which disciplines will furnish care and the frequency
280 of visits proposed to be furnished. The home health agency must
281 advise the patient in advance of any change in the plan of care
282 before the change is made.

283 2. The patient has the right to participate in the planning
284 of the care. The home health agency must advise the patient in
285 advance of the right to participate in planning the care or
286 treatment and in planning changes in the care or treatment. Each
287 ~~patient has the right to be informed of and to participate in~~
288 ~~the planning of his or her care.~~ Each patient must be provided,
289 upon request, a copy of the plan of care established and
290 maintained for that patient by the home health agency.

291 (5) When nursing services are ordered, the home health
292 agency to which a patient has been admitted for care must
293 provide the initial admission visit, all service evaluation
294 visits, and the discharge visit by a direct employee. Services
295 provided by others under contractual arrangements to a home
296 health agency must be monitored and managed by the admitting
297 home health agency. The admitting home health agency is fully
298 responsible for ensuring that all care provided through its
299 employees or contract staff is delivered in accordance with this
300 part and applicable rules.

301 (6) The skilled care services provided by a home health
302 agency, directly or under contract, must be supervised and
303 coordinated in accordance with the plan of care. The home health



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304 agency shall furnish skilled nursing services by or under the
305 supervision of a registered nurse and in accordance with the
306 plan of care. Any therapy services offered directly or under
307 arrangement by the home health agency must be provided by a
308 qualified therapist or by a qualified therapy assistant under
309 the supervision of a qualified therapist and in accordance with
310 the plan of care.

311 (a) *Physical therapy services.*—Physical therapy services
312 shall be furnished only by, or under the supervision of, a
313 licensed physical therapist or licensed physical therapist
314 assistant as required under chapter 486 and related rules. A
315 physical therapist assistant shall perform services planned,
316 delegated, and supervised by the physical therapist, assist in
317 preparing clinical notes and progress reports, participate in
318 educating the patient and his or her family, and participate in
319 in-service programs. This paragraph does not limit the services
320 provided by a physician licensed under chapter 458 or chapter
321 459.

322 (b) *Occupational therapy services.*—Occupational therapy
323 services shall be furnished only by, or under the supervision
324 of, a licensed occupational therapist or occupational therapy
325 assistant as provided under part III of chapter 468 and related
326 rules. An occupational therapy assistant shall perform any
327 services planned, delegated, and supervised by an occupational
328 therapist, assist in preparing clinical notes and progress
329 reports, participate in educating the patient and his or her
330 family, and participate in in-service programs. This paragraph
331 does not limit the services provided by a physician licensed
332 under chapter 458 or chapter 459.



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333 (c) Speech therapy services.—Speech therapy services shall
334 be furnished only by or under supervision of a qualified speech
335 pathologist or audiologist as required in part I of chapter 468
336 and related applicable rules.

337 (d) Care follows a written plan of care.—The plan of care
338 shall be reviewed by the physician or health professional who
339 provided the treatment orders pursuant to subsection (2) and
340 home health agency personnel as often as the severity of the
341 patient's condition requires, but at least once every 60 days or
342 more when there is a patient-elected transfer, a significant
343 change in condition, or a discharge and return to the same home
344 health agency during the 60-day episode. Professional staff of a
345 home health agency shall promptly alert the physician or other
346 health professional who provided the treatment orders of any
347 change that suggests a need to alter the plan of care.

348 (e) Administration of drugs and treatment.—Only
349 professional staff of a home health agency may administer drugs
350 and treatments as ordered by the physician or health
351 professional pursuant to subsection (2), with the exception of
352 influenza and pneumococcal polysaccharide vaccines, which may be
353 administered according to the policy of the home health agency
354 developed in consultation with a physician and after an
355 assessment for contraindications. Verbal orders shall be in
356 writing and signed and dated with the date of receipt by the
357 registered nurse or qualified therapist who is responsible for
358 furnishing or supervising the ordered service. A verbal order
359 may be accepted only by personnel who are authorized to do so by
360 applicable state laws, rules, and internal policies of the home
361 health agency.



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362 (7) A registered nurse shall conduct the initial evaluation
363 visit, regularly reevaluate the patient's nursing needs,
364 initiate the plan of care and necessary revisions, furnish those
365 services requiring substantial and specialized nursing skill,
366 initiate appropriate preventive and rehabilitative nursing
367 procedures, prepare clinical and progress notes, coordinate
368 services, inform the physician and other personnel of changes in
369 the patient's condition and needs, counsel the patient and his
370 or her family in meeting nursing and related needs, participate
371 in in-service programs, and supervise and teach other nursing
372 personnel, unless the home health agency providing the home
373 health aide services is not Medicare-certified or Medicaid-
374 certified, does not provide skilled care, or the patient is not
375 receiving skilled care.

376 (8) A licensed practical nurse shall furnish services in
377 accordance with agency policies, prepare clinical and progress
378 notes, assist the physician and registered nurse in performing
379 specialized procedures, prepare equipment and materials for
380 treatments observing aseptic technique as required, and assist
381 the patient in learning appropriate self-care techniques.

382 (9) A home health aide and certified nursing assistant
383 shall provide services that are in the service provision plan
384 provided in s. 400.491 and other services that the home health
385 aide or certified nursing assistant is permitted to perform
386 under state law. The duties of a home health aide or certified
387 nursing assistant include the provision of hands-on personal
388 care, performance of simple procedures as an extension of
389 therapy or nursing services, assistance in ambulation or
390 exercises, and assistance in administering medications that are



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391 ordinarily self-administered and are specified in agency rules.
392 Any services by a home health aide which are offered by a home
393 health agency must be provided by a qualified home health aide
394 or certified nursing assistant.

395 (a) Assignment and duties.—A home health aide or certified
396 nursing assistant shall be assigned to a specific patient by a
397 registered nurse, unless the home health agency providing the
398 home health aide services is not Medicare-certified or Medicaid-
399 certified, does not provide skilled care, or the patient is not
400 receiving skilled care. Written patient care instructions for
401 the home health aide and certified nursing assistant must be
402 prepared by the registered nurse or other appropriate
403 professional who is responsible for the supervision of the home
404 health aide and certified nursing assistant as stated in this
405 section.

406 (b) Supervision.—If a patient receives skilled nursing
407 care, the registered nurse shall perform the supervisory visit.
408 If the patient is not receiving skilled nursing care but is
409 receiving physical therapy, occupational therapy, or speech-
410 language pathology services, the appropriate therapist may
411 provide the supervision. A registered nurse or other
412 professional must make an onsite visit to the patient's home at
413 least once every 2 weeks. The visit is not required while the
414 aide is providing care.

415 (c) Supervising visits.—If home health aide services are
416 provided to a patient who is not receiving skilled nursing care,
417 physical or occupational therapy, or speech-language pathology
418 services, a registered nurse must make a supervisory visit to
419 the patient's home at least once every 60 days, unless the home



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420 health agency providing the home health aide services is not
421 Medicare or Medicaid certified and does not provide skilled
422 care, either directly or through contracts. The registered nurse
423 shall ensure that the aide is properly caring for the patient
424 and each supervisory visit must occur while the home health aide
425 is providing patient care. In addition to the requirements in
426 this subsection, a home health agency shall arrange for
427 additional supervisory visits by a registered nurse to the home
428 of a patient receiving home health aide services in accordance
429 with the patient's direction, approval, and agreement to pay the
430 charge for the visits.

431 (10)-(7) Home health agency personnel may withhold or
432 withdraw cardiopulmonary resuscitation if presented with an
433 order not to resuscitate executed pursuant to s. 401.45. The
434 agency shall adopt rules providing for the implementation of
435 such orders. Home health personnel and agencies shall not be
436 subject to criminal prosecution or civil liability, nor be
437 considered to have engaged in negligent or unprofessional
438 conduct, for withholding or withdrawing cardiopulmonary
439 resuscitation pursuant to such an order and rules adopted by the
440 agency.

441 Section 57. Subsection (11) of section 408.802, Florida
442 Statutes, is repealed.

443 Section 58. Paragraphs (e), (f), and (g) of subsection (15)
444 of section 409.912, Florida Statutes, are repealed.

445 Section 59. Section 409.91255, Florida Statutes, is amended
446 to read:

447 409.91255 Federally qualified health center access
448 program.—



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449 (1) SHORT TITLE.—This section may be cited as the
450 “Community Health Center Access Program Act.”

451 (2) LEGISLATIVE FINDINGS AND INTENT.—

452 (a) The Legislature finds that, despite significant
453 investments in health care programs, nearly 6 ~~more than 2~~
454 million low-income Floridians, primarily the working poor and
455 minority populations, continue to lack access to basic health
456 care services. Further, the Legislature recognizes that
457 federally qualified health centers have a proven record of
458 providing cost-effective, comprehensive primary and preventive
459 health care and are uniquely qualified to address the lack of
460 adequate health care services for the uninsured.

461 (b) It is the intent of the Legislature to recognize the
462 significance of increased federal investments in federally
463 qualified health centers and to leverage that investment through
464 the creation of a program to provide for the expansion of the
465 primary and preventive health care services offered by federally
466 qualified health centers. Further, such a program will support
467 the coordination of federal, state, and local resources to
468 assist such health centers in developing an expanded community-
469 based primary care delivery system.

470 (3) ASSISTANCE TO FEDERALLY QUALIFIED HEALTH CENTERS.—The
471 agency shall administer ~~Department of Health shall develop~~ a
472 program for the expansion of federally qualified health centers
473 for the purpose of providing comprehensive primary and
474 preventive health care and urgent care services that may reduce
475 the morbidity, mortality, and cost of care among the uninsured
476 population of the state. The program shall provide for
477 distribution of financial assistance to federally qualified



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478 health centers that apply and demonstrate a need for such
479 assistance in order to sustain or expand the delivery of primary
480 and preventive health care services. In selecting centers to
481 receive this financial assistance, the program:

482 (a) Shall give preference to communities that have few or
483 no community-based primary care services or in which the current
484 services are unable to meet the community's needs. To assist in
485 the assessment and identification of areas of critical need, a
486 federally qualified health-center-based statewide assessment and
487 strategic plan shall be developed by the Florida Association of
488 Community Health Centers, Inc., every 5 years, beginning January
489 1, 2011.

490 (b) Shall require that primary care services be provided to
491 the medically indigent using a sliding fee schedule based on
492 income.

493 (c) Shall promote ~~allow~~ innovative and creative uses of
494 federal, state, and local health care resources.

495 (d) Shall require that the funds provided be used to pay
496 for operating costs of a projected expansion in patient
497 caseloads or services or for capital improvement projects.
498 Capital improvement projects may include renovations to existing
499 facilities or construction of new facilities, provided that an
500 expansion in patient caseloads or services to a new patient
501 population will occur as a result of the capital expenditures.
502 The agency ~~department~~ shall include in its standard contract
503 document a requirement that any state funds provided for the
504 purchase of or improvements to real property are contingent upon
505 the contractor granting to the state a security interest in the
506 property at least to the amount of the state funds provided for



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507 at least 5 years from the date of purchase or the completion of
508 the improvements or as further required by law. The contract
509 must include a provision that, as a condition of receipt of
510 state funding for this purpose, the contractor agrees that, if
511 it disposes of the property before the agency's ~~department's~~
512 interest is vacated, the contractor will refund the
513 proportionate share of the state's initial investment, as
514 adjusted by depreciation.

515 (e) Shall ~~May~~ require in-kind support from other sources.

516 (f) Shall promote ~~May encourage~~ coordination among
517 federally qualified health centers, other private sector
518 providers, and publicly supported programs.

519 (g) Shall promote ~~allow~~ the development of community
520 emergency room diversion programs in conjunction with local
521 resources, providing extended hours of operation to urgent care
522 patients. Diversion programs shall include case management for
523 emergency room followup care.

524 (4) EVALUATION OF APPLICATIONS.—A review panel shall be
525 established, consisting of four persons appointed by the
526 Secretary of Health Care Administration ~~State Surgeon General~~
527 and three persons appointed by the chief executive officer of
528 the Florida Association of Community Health Centers, Inc., to
529 review all applications for financial assistance under the
530 program. Applicants shall specify in the application whether the
531 program funds will be used for the expansion of patient
532 caseloads or services or for capital improvement projects to
533 expand and improve patient facilities. The panel shall use the
534 following elements in reviewing application proposals and shall
535 determine the relative weight for scoring and evaluating these



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536 elements:

537 (a) The target population to be served.

538 (b) The health benefits to be provided.

539 (c) The methods that will be used to measure cost-
540 effectiveness.

541 (d) How patient satisfaction will be measured.

542 (e) The proposed internal quality assurance process.

543 (f) Projected health status outcomes.

544 (g) How data will be collected to measure cost-
545 effectiveness, health status outcomes, and overall achievement
546 of the goals of the proposal.

547 (h) All resources, including cash, in-kind, voluntary, or
548 other resources that will be dedicated to the proposal.

549 (5) ADMINISTRATION AND TECHNICAL ASSISTANCE.—The agency
550 shall ~~Department of Health may~~ contract with the Florida
551 Association of Community Health Centers, Inc., to develop and
552 coordinate ~~administer~~ the program and provide technical
553 assistance to the federally qualified health centers selected to
554 receive financial assistance. The contracted entity shall be
555 responsible for program support and assume all costs related to
556 administration of this program.

557 Section 60. Paragraphs (f) and (g) of subsection (4) of
558 section 400.9905, Florida Statutes, are amended to read:

559 400.9905 Definitions.—

560 (4) "Clinic" means an entity at which health care services
561 are provided to individuals and which tenders charges for
562 reimbursement for such services, including a mobile clinic and a
563 portable equipment provider. For purposes of this part, the term
564 does not include and the licensure requirements of this part do



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565 not apply to:

566 (f) A sole proprietorship, group practice, partnership, ~~or~~
567 corporation, or other legal entity that provides health care
568 services by practitioners licensed under chapter 458, chapter
569 459, chapter 461, chapter 466, or chapter 460 and subject to the
570 limitations of s. 460.4167 ~~physicians covered by s. 627.419,~~
571 that is directly supervised by one or more of such physicians or
572 physician assistants, and that is wholly owned by one or more of
573 those physicians or physician assistants or by a physician or
574 physician assistant or ~~and~~ the spouse, parent, child, or sibling
575 of that physician or physician assistant. A certificate of
576 exemption is valid only for the entity, persons, and location
577 for which it was originally issued.

578 1. An individual who is not a medical professional or
579 family member listed in this paragraph may own up to 30 percent
580 of a health care clinic entity that is exempt under this
581 paragraph if the individual obtains prior approval from the
582 agency for ownership of a percentage of a health care clinic.
583 Such an individual is considered an "applicant" under s.
584 400.991(5) and must meet all the requirements of that section
585 and the level 2 background screening requirements of s. 408.809
586 before being approved by the agency for ownership of a minority
587 interest in a health care clinic.

588 2. If an individual who is not a medical professional or
589 family member listed in this paragraph assumes ownership of an
590 investment interest in a health care clinic without the prior
591 approval of the agency, the health care clinic shall lose its
592 exemption from licensure under this paragraph.

593 3. Ownership of a health care clinic by an individual other



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594 than the physician or physician assistant, or by the spouse,
595 parent, child, or sibling of the physician or physician
596 assistant to whom the exemption was granted, may not exceed 30
597 percent.

598 (g) A sole proprietorship, group practice, partnership, or
599 corporation that provides health care services by licensed
600 health care practitioners under chapter 457, chapter 458,
601 chapter 459, ~~chapter 460~~, chapter 461, chapter 462, chapter 463,
602 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,
603 chapter 490, chapter 491, or part I, part III, part X, part
604 XIII, or part XIV of chapter 468, or s. 464.012, which are
605 wholly owned by one or more licensed health care practitioners,
606 or the licensed health care practitioners set forth in this
607 paragraph and the spouse, parent, child, or sibling of a
608 licensed health care practitioner, so long as one of the owners
609 who is a licensed health care practitioner is directly
610 supervising health care services ~~the business activities~~ and is
611 legally responsible for the entity's compliance with all federal
612 and state laws. However, a health care practitioner who is a
613 supervising owner may not supervise services beyond the scope of
614 the practitioner's license, except that, for the purposes of
615 this part, a clinic owned by a licensee in s. 456.053(3)(b) that
616 provides only services authorized pursuant to s. 456.053(3)(b)
617 may be supervised by a licensee specified in s. 456.053(3)(b). A
618 certificate of exemption is valid only for the entity, persons,
619 and location for which it was originally issued.

620 Section 61. Subsection (4) of section 413.615, Florida
621 Statutes, is amended to read:

622 413.615 Florida Endowment for Vocational Rehabilitation.—



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623 (4) REVENUE FOR THE ENDOWMENT FUND.—

624 (a) The endowment fund of the Florida Endowment for
625 Vocational Rehabilitation is created as a long-term, stable, and
626 growing source of revenue to be administered, in accordance with
627 rules promulgated by the division, by the foundation as a
628 direct-support organization of the division.

629 (b) The principal of the endowment fund shall derive from
630 the deposits made pursuant to s. 318.21(2)(e), together with any
631 legislative appropriations which may be made to the endowment,
632 and such bequests, gifts, grants, and donations as may be
633 solicited for such purpose by the foundation from public or
634 private sources.

635 (c) All funds currently held for investment and
636 reinvestment by the State Board of Administration for the
637 endowment shall be submitted back to the endowment fund within a
638 reasonable time. Additional revenues received pursuant to s.
639 318.21(2)(e), shall be transferred to the endowment fund. The
640 ~~State Board of Administration shall invest and reinvest moneys~~
641 ~~of the endowment fund in accordance with the provisions of ss.~~
642 ~~215.44-215.53. Moneys in the endowment fund in excess of the~~
643 ~~endowment fund principal, or such lesser amount as may be~~
644 ~~requested in writing by the foundation, shall be annually~~
645 ~~transmitted to the foundation, based upon a fiscal year which~~
646 ~~shall run from July 1 through June 30, and shall be deposited in~~
647 ~~the foundation's operating account, for distribution as provided~~
648 ~~in subsection (10). The endowment fund principal shall be \$1~~
649 ~~million for the 2000-2001 fiscal year and shall be increased by~~
650 ~~5 percent in each subsequent fiscal year.~~

651 (d) The board of directors of the foundation shall



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652 establish the operating account and shall deposit therein the
653 moneys transmitted pursuant to paragraph (c). Moneys in the
654 operating account shall be available to carry out the purposes
655 of subsection (10).

656 Section 62. Subsection (2) of section 429.12, Florida
657 Statutes, is repealed.

658 Section 63. Subsection (5) of section 429.23, Florida
659 Statutes, is repealed.

660 Section 64. Paragraph (a) of subsection (2) of section
661 429.911, Florida Statutes, is repealed.

662 Section 65. Subsection (1) of section 465.0251, Florida
663 Statutes, is reenacted to read:

664 465.0251 Generic drugs; removal from formulary under
665 specified circumstances.—

666 (1) The Board of Pharmacy and the Board of Medicine shall
667 remove any generic named drug product from the formulary
668 established by s. 465.025(6), if every commercially marketed
669 equivalent of that drug product is "A" rated as therapeutically
670 equivalent to a reference listed drug or is a reference listed
671 drug as referred to in "Approved Drug Products with Therapeutic
672 Equivalence Evaluations" (Orange Book) published by the United
673 States Food and Drug Administration.

674 Section 66. Paragraph (q) of subsection (2) of section
675 499.01, Florida Statutes, is amended to read:

676 499.01 Permits.—

677 (2) The following permits are established:

678 (q) *Device manufacturer permit*.—

679 1. A device manufacturer permit is required for any person
680 that engages in the manufacture, repackaging, or assembly of



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681 medical devices for human use in this state, except that a
682 permit is not required if:

683 a. The person is engaged only in manufacturing,
684 repackaging, or assembling a medical device pursuant to a
685 practitioner's order for a specific patient; or-

686 b. The person does not manufacture, repackage, or assemble
687 medical devices or components for such devices, except for
688 devices or components that are exempt from registration under s.
689 499.015(8).

690 2.1- A manufacturer or repackager of medical devices in
691 this state must comply with all appropriate state and federal
692 good manufacturing practices and quality system rules.

693 3.2- The department shall adopt rules related to storage,
694 handling, and recordkeeping requirements for manufacturers of
695 medical devices for human use.

696 Section 67. Subsections (4) and (9) of section 381.0403,
697 Florida Statutes, are repealed.

698 Section 68. Section 381.4018, Florida Statutes, is amended
699 to read:

700 381.4018 Physician workforce assessment and development.-

701 (1) DEFINITIONS.-As used in this section, the term:

702 (a) "Consortium" or "consortia" means a combination of
703 statutory teaching hospitals, statutory rural hospitals,
704 specialty children's hospitals, other hospitals, accredited
705 medical schools, clinics operated by the Department of Health,
706 clinics operated by the Department of Veterans' Affairs, area
707 health education centers, community health centers, federally
708 qualified health centers, prison clinics, local community
709 clinics, or other programs. At least one member of the



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710 consortium shall be a sponsoring institution accredited or
711 currently seeking accreditation by the Accreditation Council for
712 Graduate Medical Education or the American Osteopathic
713 Association.

714 (b) "Council" means the Physician Workforce Advisory
715 Council.

716 (c) "Department" means the Department of Health.

717 (d) "Graduate medical education program" means a program
718 accredited by the Accreditation Council for Graduate Medical
719 Education or the American Osteopathic Association.

720 (e) "Primary care specialty" means emergency medicine,
721 family practice, internal medicine, pediatrics, psychiatry,
722 geriatrics, general surgery, obstetrics and gynecology, and
723 combined pediatrics and internal medicine and other specialties
724 as determined by the Physician Workforce Advisory Council or the
725 Department of Health.

726 (2)(1) LEGISLATIVE INTENT.—The Legislature recognizes that
727 physician workforce planning is an essential component of
728 ensuring that there is an adequate and appropriate supply of
729 well-trained physicians to meet this state's future health care
730 service needs as the general population and elderly population
731 of the state increase. The Legislature finds that items to
732 consider relative to assessing the physician workforce may
733 include physician practice status; specialty mix; geographic
734 distribution; demographic information, including, but not
735 limited to, age, gender, race, and cultural considerations; and
736 needs of current or projected medically underserved areas in the
737 state. Long-term strategic planning is essential as the period
738 from the time a medical student enters medical school to



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739 completion of graduate medical education may range from 7 to 10
740 years or longer. The Legislature recognizes that strategies to
741 provide for a well-trained supply of physicians must include
742 ensuring the availability and capacity of quality ~~graduate~~
743 medical schools and graduate medical education programs in this
744 state, as well as using new or existing state and federal
745 programs providing incentives for physicians to practice in
746 needed specialties and in underserved areas in a manner that
747 addresses projected needs for physician manpower.

748 ~~(3)~~(2) PURPOSE.—The department ~~of Health~~ shall serve as a
749 coordinating and strategic planning body to actively assess the
750 state's current and future physician workforce needs and work
751 with multiple stakeholders to develop strategies and
752 alternatives to address current and projected physician
753 workforce needs.

754 ~~(4)~~(3) GENERAL FUNCTIONS.—The department shall maximize the
755 use of existing programs under the jurisdiction of the
756 department and other state agencies and coordinate governmental
757 and nongovernmental stakeholders and resources in order to
758 develop a state strategic plan and assess the implementation of
759 such strategic plan. In developing the state strategic plan, the
760 department shall:

761 (a) Monitor, evaluate, and report on the supply and
762 distribution of physicians licensed under chapter 458 or chapter
763 459. The department shall maintain a database to serve as a
764 statewide source of data concerning the physician workforce.

765 (b) Develop a model and quantify, on an ongoing basis, the
766 adequacy of the state's current and future physician workforce
767 as reliable data becomes available. Such model must take into



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768 account demographics, physician practice status, place of
769 education and training, generational changes, population growth,
770 economic indicators, and issues concerning the "pipeline" into
771 medical education.

772 (c) Develop and recommend strategies to determine whether
773 the number of qualified medical school applicants who might
774 become competent, practicing physicians in this state will be
775 sufficient to meet the capacity of the state's medical schools.
776 If appropriate, the department shall, working with
777 representatives of appropriate governmental and nongovernmental
778 entities, develop strategies and recommendations and identify
779 best practice programs that introduce health care as a
780 profession and strengthen skills needed for medical school
781 admission for elementary, middle, and high school students, and
782 improve premedical education at the precollege and college level
783 in order to increase this state's potential pool of medical
784 students.

785 (d) Develop strategies to ensure that the number of
786 graduates from the state's public and private allopathic and
787 osteopathic medical schools is ~~are~~ adequate to meet physician
788 workforce needs, based on the analysis of the physician
789 workforce data, so as to provide a high-quality medical
790 education to students in a manner that recognizes the uniqueness
791 of each new and existing medical school in this state.

792 (e) Pursue strategies and policies to create, expand, and
793 maintain graduate medical education positions in the state based
794 on the analysis of the physician workforce data. Such strategies
795 and policies must take into account the effect of federal
796 funding limitations on the expansion and creation of positions



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797 in graduate medical education. The department shall develop
798 options to address such federal funding limitations. The
799 department shall consider options to provide direct state
800 funding for graduate medical education positions in a manner
801 that addresses requirements and needs relative to accreditation
802 of graduate medical education programs. The department shall
803 consider funding residency positions as a means of addressing
804 needed physician specialty areas, rural areas having a shortage
805 of physicians, and areas of ongoing critical need, and as a
806 means of addressing the state's physician workforce needs based
807 on an ongoing analysis of physician workforce data.

808 (f) Develop strategies to maximize federal and state
809 programs that provide for the use of incentives to attract
810 physicians to this state or retain physicians within the state.
811 Such strategies should explore and maximize federal-state
812 partnerships that provide incentives for physicians to practice
813 in federally designated shortage areas. Strategies shall also
814 consider the use of state programs, such as the Florida Health
815 Service Corps established pursuant to s. 381.0302 and the
816 Medical Education Reimbursement and Loan Repayment Program
817 pursuant to s. 1009.65, which provide for education loan
818 repayment or loan forgiveness and provide monetary incentives
819 for physicians to relocate to underserved areas of the state.

820 (g) Coordinate and enhance activities relative to physician
821 workforce needs, undergraduate medical education, ~~and~~ graduate
822 medical education, and reentry of retired military and other
823 physicians into the physician workforce provided by the Division
824 of Medical Quality Assurance, ~~the Community Hospital Education~~
825 ~~Program and the Graduate Medical Education Committee~~ established



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826 ~~pursuant to s. 381.0403,~~ area health education center networks
827 established pursuant to s. 381.0402, and other offices and
828 programs within the department ~~of Health~~ as designated by the
829 State Surgeon General.

830 (h) Work in conjunction with and act as a coordinating body
831 for governmental and nongovernmental stakeholders to address
832 matters relating to the state's physician workforce assessment
833 and development for the purpose of ensuring an adequate supply
834 of well-trained physicians to meet the state's future needs.
835 Such governmental stakeholders shall include, but need not be
836 limited to, the State Surgeon General or his or her designee,
837 the Commissioner of Education or his or her designee, the
838 Secretary of Health Care Administration or his or her designee,
839 and the Chancellor of the State University System or his or her
840 designee ~~from the Board of Governors of the State University~~
841 ~~System~~, and, at the discretion of the department, other
842 representatives of state and local agencies that are involved in
843 assessing, educating, or training the state's current or future
844 physicians. Other stakeholders shall include, but need not be
845 limited to, organizations representing the state's public and
846 private allopathic and osteopathic medical schools;
847 organizations representing hospitals and other institutions
848 providing health care, particularly those that currently provide
849 or have an interest in providing accredited medical education
850 and graduate medical education to medical students and medical
851 residents; organizations representing allopathic and osteopathic
852 practicing physicians; and, at the discretion of the department,
853 representatives of other organizations or entities involved in
854 assessing, educating, or training the state's current or future



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855 physicians.

856 (i) Serve as a liaison with other states and federal
857 agencies and programs in order to enhance resources available to
858 the state's physician workforce and medical education continuum.

859 (j) Act as a clearinghouse for collecting and disseminating
860 information concerning the physician workforce and medical
861 education continuum in this state.

862 (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created
863 in the department the Physician Workforce Advisory Council, an
864 advisory council as defined in s. 20.03. The council shall
865 comply with the requirements of s. 20.052, except as otherwise
866 provided in this section.

867 (a) The council shall consist of 19 members. Members
868 appointed by the State Surgeon General shall include:

869 1. A designee from the department who is a physician
870 licensed under chapter 458 or chapter 459 and recommended by the
871 State Surgeon General.

872 2. An individual who is affiliated with the Science
873 Students Together Reaching Instructional Diversity and
874 Excellence program and recommended by the area health education
875 center network.

876 3. Two individuals recommended by the Council of Florida
877 Medical School Deans, one representing a college of allopathic
878 medicine and one representing a college of osteopathic medicine.

879 4. One individual recommended by the Florida Hospital
880 Association, representing a hospital that is licensed under
881 chapter 395, has an accredited graduate medical education
882 program, and is not a statutory teaching hospital.

883 5. One individual representing a statutory teaching



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884 hospital as defined in s. 408.07 and recommended by the Safety
885 Net Hospital Alliance.

886 6. One individual representing a family practice teaching
887 hospital as defined in s. 395.805 and recommended by the Council
888 of Family Medicine and Community Teaching Hospitals.

889 7. Two individuals recommended by the Florida Medical
890 Association, one representing a primary care specialty and one
891 representing a nonprimary care specialty.

892 8. Two individuals recommended by the Florida Osteopathic
893 Medical Association, one representing a primary care specialty
894 and one representing a nonprimary care specialty.

895 9. Two individuals who are program directors of accredited
896 graduate medical education programs, one representing a program
897 that is accredited by the Accreditation Council for Graduate
898 Medical Education and one representing a program that is
899 accredited by the American Osteopathic Association.

900 10. An individual recommended by the Florida Association of
901 Community Health Centers representing a federally qualified
902 health center located in a rural area as defined in s.
903 381.0406(2) (a).

904 11. An individual recommended by the Florida Academy of
905 Family Physicians.

906 12. An individual recommended by the Florida Alliance for
907 Health Professions Diversity.

908 13. The Chancellor of the State University System or his or
909 her designee.

910 14. A layperson member as determined by the State Surgeon
911 General.

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913 Appointments to the council shall be made by the State Surgeon
914 General. Each entity authorized to make recommendations under
915 this subsection shall make at least two recommendations to the
916 State Surgeon General for each appointment to the council. The
917 State Surgeon General shall name one appointee for each position
918 from the recommendations made by each authorized entity.

919 (b) Each council member shall be appointed to a 4-year
920 term. An individual may not serve more than two terms. Any
921 council member may be removed from office for malfeasance;
922 misfeasance; neglect of duty; incompetence; permanent inability
923 to perform official duties; or pleading guilty or nolo
924 contendere to, or being found guilty of, a felony. Any council
925 member who meets the criteria for removal, or who is otherwise
926 unwilling or unable to properly fulfill the duties of the
927 office, shall be succeeded by an individual chosen by the State
928 Surgeon General to serve out the remainder of the council
929 member's term. If the remainder of the replaced council member's
930 term is less than 18 months, notwithstanding the provisions of
931 this paragraph, the succeeding council member may be reappointed
932 twice by the State Surgeon General.

933 (c) The chair of the council is the State Surgeon General,
934 who shall designate a vice chair from the membership of the
935 council to serve in the absence of the State Surgeon General. A
936 vacancy shall be filled for the remainder of the unexpired term
937 in the same manner as the original appointment.

938 (d) Council members are not entitled to receive
939 compensation or reimbursement for per diem or travel expenses.

940 (e) The council shall meet at least twice a year in person
941 or by teleconference.



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942 (f) The council shall:

943 1. Advise the State Surgeon General and the department on
944 matters concerning current and future physician workforce needs
945 in this state;

946 2. Review survey materials and the compilation of survey
947 information;

948 3. Annually review the number, location, cost, and
949 reimbursement of graduate medical education programs and
950 positions;

951 4. Provide recommendations to the department regarding the
952 survey completed by physicians licensed under chapter 458 or
953 chapter 459;

954 5. Assist the department in preparing the annual report to
955 the Legislature pursuant to ss. 458.3192 and 459.0082;

956 6. Assist the department in preparing an initial strategic
957 plan, conduct ongoing strategic planning in accordance with this
958 section, and provide ongoing advice on implementing the
959 recommendations;

960 7. Monitor and provide recommendations regarding the need
961 for an increased number of primary care or other physician
962 specialties to provide the necessary current and projected
963 health and medical services for the state; and

964 8. Monitor and make recommendations regarding the status of
965 the needs relating to graduate medical education in this state.

966 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION
967 INNOVATION PILOT PROJECTS.—

968 (a) The Legislature finds that:

969 1. In order to ensure a physician workforce that is
970 adequate to meet the needs of this state's residents and its



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971 health care system, policymakers must consider the education and
972 training of future generations of well-trained health care
973 providers.

974 2. Physicians are likely to practice in the state where
975 they complete their graduate medical education.

976 3. It can directly affect the makeup of the physician
977 workforce by selectively funding graduate medical education
978 programs to provide needed specialists in geographic areas of
979 the state which have a deficient number of such specialists.

980 4. Developing additional positions in graduate medical
981 education programs is essential to the future of this state's
982 health care system.

983 5. It was necessary in 2007 to pass legislation that
984 provided for an assessment of the status of this state's current
985 and future physician workforce. The department is collecting and
986 analyzing information on an ongoing basis to assess this state's
987 physician workforce needs, and such assessment may facilitate
988 the determination of graduate medical education needs and
989 strategies for the state.

990 (b) There is established under the department a program to
991 foster innovative graduate medical education pilot projects that
992 are designed to promote the expansion of graduate medical
993 education programs or positions to prepare physicians to
994 practice in needed specialties and underserved areas or settings
995 and to provide demographic and cultural representation in a
996 manner that addresses current and projected needs for this
997 state's physician workforce. Funds appropriated annually by the
998 Legislature for this purpose shall be distributed to
999 participating hospitals, medical schools, other sponsors of



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1000 graduate medical education programs, consortia engaged in
1001 developing new graduate medical education programs or positions
1002 in those programs, or pilot projects providing innovative
1003 graduate medical education in community-based clinical settings.
1004 Pilot projects shall be selected on a competitive grant basis,
1005 subject to available funds.

1006 (c) Pilot projects shall be designed to meet one or more of
1007 this state's physician workforce needs, as determined pursuant
1008 to this section, including, but not limited to:

1009 1. Increasing the number of residencies or fellowships in
1010 primary care or other needed specialties.

1011 2. Enhancing the retention of primary care physicians or
1012 other needed specialties in this state.

1013 3. Promoting practice in rural or medically underserved
1014 areas of the state.

1015 4. Encouraging racial and ethnic diversity within the
1016 state's physician workforce.

1017 5. Encouraging practice in community health care or other
1018 ambulatory care settings.

1019 6. Encouraging practice in clinics operated by the
1020 department, including, but not limited to, county health
1021 departments, clinics operated by the Department of Veterans'
1022 Affairs, prison clinics, or similar settings of need.

1023 7. Encouraging the increased production of geriatricians.

1024 (d) Priority shall be given to a proposal for a pilot
1025 project that:

1026 1. Demonstrates a collaboration of federal, state, and
1027 local entities that are public or private.

1028 2. Obtains funding from multiple sources.



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1029 3. Focuses on enhancing graduate medical education in rural
1030 or underserved areas.

1031 4. Focuses on enhancing graduate medical education in
1032 ambulatory or community-based settings other than a hospital
1033 environment.

1034 5. Includes the use of technology, such as electronic
1035 medical records, distance consultation, and telemedicine, to
1036 ensure that residents are better prepared to care for patients
1037 in this state, regardless of the community in which the
1038 residents practice.

1039 6. Is designed to meet multiple policy needs as enumerated
1040 in subsection (3).

1041 7. Uses a consortium to provide for graduate medical
1042 education experiences.

1043 (e) The department shall adopt by rule appropriate
1044 performance measures to use in order to consistently evaluate
1045 the effectiveness, safety, and quality of the programs, as well
1046 as the impact of each program on meeting this state's physician
1047 workforce needs.

1048 (f) Participating pilot projects shall submit to the
1049 department an annual report on the project in a manner required
1050 by the department.

1051 (g) Funding provided to a pilot project may be used only
1052 for the direct costs of providing graduate medical education.
1053 Accounting of such costs and expenditures shall be documented in
1054 the annual report.

1055 (h) State funds shall be used to supplement funds from any
1056 local government, community, or private source. The state may
1057 provide up to 50 percent of the funds, and local governmental



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1058 grants or community or private sources shall provide the
1059 remainder of the funds.

1060 (7) RULEMAKING.—The department shall adopt rules as
1061 necessary to administer this section.

1062 Section 69. Section 458.3192, Florida Statutes, is amended
1063 to read:

1064 458.3192 Analysis of survey results; report.—

1065 (1) Each year, the Department of Health shall analyze the
1066 results of the physician survey required by s. 458.3191 and
1067 determine by geographic area and specialty the number of
1068 physicians who:

1069 (a) Perform deliveries of children in this state ~~Florida~~.

1070 (b) Read mammograms and perform breast-imaging-guided
1071 procedures in this state ~~Florida~~.

1072 (c) Perform emergency care on an on-call basis for a
1073 hospital emergency department.

1074 (d) Plan to reduce or increase emergency on-call hours in a
1075 hospital emergency department.

1076 (e) Plan to relocate ~~their allopathic or osteopathic~~
1077 ~~practice~~ outside the state.

1078 (f) Practice medicine in this state.

1079 (g) Plan to reduce or modify the scope of their practice.

1080 (2) The Department of Health must report its findings to
1081 the Governor, the President of the Senate, and the Speaker of
1082 the House of Representatives by November 1 each year. The
1083 department shall also include in its report findings,
1084 recommendations, and strategic planning activities as provided
1085 in s. 381.4018. The department may also include other
1086 information requested by the Physician Workforce Advisory



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1087 Council.

1088 Section 70. Section 459.0082, Florida Statutes, is amended
1089 to read:

1090 459.0082 Analysis of survey results; report.—

1091 (1) Each year, the Department of Health shall analyze the
1092 results of the physician survey required by s. 459.0081 and
1093 determine by geographic area and specialty the number of
1094 physicians who:

1095 (a) Perform deliveries of children in this state Florida.

1096 (b) Read mammograms and perform breast-imaging-guided
1097 procedures in this state Florida.

1098 (c) Perform emergency care on an on-call basis for a
1099 hospital emergency department.

1100 (d) Plan to reduce or increase emergency on-call hours in a
1101 hospital emergency department.

1102 (e) Plan to relocate ~~their allopathic or osteopathic~~
1103 ~~practice~~ outside the state.

1104 (f) Practice medicine in this state.

1105 (g) Plan to reduce or modify the scope of their practice.

1106 (2) The Department of Health must report its findings to
1107 the Governor, the President of the Senate, and the Speaker of
1108 the House of Representatives by November 1 each year. The
1109 department shall also include in its report findings,
1110 recommendations, and strategic planning activities as provided
1111 in s. 381.4018. The department may also include other
1112 information requested by the Physician Workforce Advisory
1113 Council.

1114 Section 71. Section 458.315, Florida Statutes, is amended
1115 to read:



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1116 458.315 Temporary certificate for practice in areas of
1117 critical need.—
1118 (1) Any physician who:
1119 (a) Is licensed to practice in any jurisdiction in the
1120 United States and ~~other state,~~ whose license is currently valid;
1121 or
1122 (b) Has served as a physician in the United States Armed
1123 Forces for at least 10 years and received an honorable discharge
1124 from the military;
1125
1126 and who pays an application fee of \$300 may be issued a
1127 temporary certificate for to practice in areas of ~~communities of~~
1128 Florida where there is a critical need for physicians.
1129 (2) A certificate may be issued to a physician who:
1130 (a) Practices in an area of critical need;
1131 (b) Will be employed by or practice in a county health
1132 department, correctional facility, Department of Veterans'
1133 Affairs clinic, community health center funded by s. 329, s.
1134 330, or s. 340 of the United States Public Health Services Act,
1135 or other agency or institution that is approved by the State
1136 Surgeon General and provides health care to meet the needs of
1137 underserved populations in this state; or
1138 (c) Will practice for a limited time to address critical
1139 physician-specialty, demographic, or geographic needs for this
1140 state's physician workforce as determined by the State Surgeon
1141 General entity that provides health care to indigents and that
1142 is approved by the State Health Officer.
1143 (3) The Board of Medicine may issue this temporary
1144 certificate with the following restrictions:



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1145 ~~(a)(1)~~ The State Surgeon General board shall determine the
1146 areas of critical need, ~~and the physician so certified may~~
1147 ~~practice in any of those areas for a time to be determined by~~
1148 ~~the board.~~ Such areas shall include, but are not ~~be~~ limited to,
1149 health professional shortage areas designated by the United
1150 States Department of Health and Human Services.

1151 ~~1.(a)~~ A recipient of a temporary certificate for practice
1152 in areas of critical need may use the certificate license to
1153 work for any approved entity employer in any area of critical
1154 need or as authorized by the State Surgeon General approved by
1155 ~~the board.~~

1156 ~~2.(b)~~ The recipient of a temporary certificate for practice
1157 in areas of critical need shall, within 30 days after accepting
1158 employment, notify the board of all approved institutions in
1159 which the licensee practices and of all approved institutions
1160 where practice privileges have been denied.

1161 ~~(b)(2)~~ The board may administer an abbreviated oral
1162 examination to determine the physician's competency, but a ~~no~~
1163 written regular examination is not required necessary. Within 60
1164 days after receipt of an application for a temporary
1165 certificate, the board shall review the application and issue
1166 the temporary certificate, ~~or~~ notify the applicant of denial, or
1167 notify the applicant that the board recommends additional
1168 assessment, training, education, or other requirements as a
1169 condition of certification. If the applicant has not actively
1170 practiced during the prior 3 years and the board determines that
1171 the applicant may lack clinical competency, possess diminished
1172 or inadequate skills, lack necessary medical knowledge, or
1173 exhibit patterns of deficits in clinical decisionmaking, the



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1174 board may:

1175 1. Deny the application;

1176 2. Issue a temporary certificate having reasonable
1177 restrictions that may include, but are not limited to, a
1178 requirement for the applicant to practice under the supervision
1179 of a physician approved by the board; or

1180 3. Issue a temporary certificate upon receipt of
1181 documentation confirming that the applicant has met any
1182 reasonable conditions of the board which may include, but are
1183 not limited to, completing continuing education or undergoing an
1184 assessment of skills and training.

1185 (c)(3) Any certificate issued under this section ~~is shall~~
1186 ~~be~~ valid only so long as the State Surgeon General determines
1187 that the reason ~~area~~ for which it ~~was is~~ issued remains ~~a an~~
1188 ~~area of~~ critical need ~~to the state~~. The Board of Medicine shall
1189 review ~~each temporary certificateholder not the service within~~
1190 ~~said area not~~ less than annually to ascertain that the minimum
1191 requirements of the Medical Practice Act and ~~its adopted the~~
1192 ~~rules and regulations promulgated thereunder~~ are being complied
1193 with. If it is determined that such minimum requirements are not
1194 being met, the board shall ~~forthwith~~ revoke such certificate ~~or~~
1195 ~~shall impose restrictions or conditions, or both, as a condition~~
1196 ~~of continued practice under the certificate.~~

1197 (d)(4) The board ~~may shall~~ not issue a temporary
1198 certificate for practice in an area of critical need to any
1199 physician who is under investigation in ~~any jurisdiction in the~~
1200 ~~United States another state~~ for an act ~~that which~~ would
1201 constitute a violation of this chapter until such time as the
1202 investigation is complete, at which time the provisions of s.



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1203 458.331 ~~shall~~ apply.

1204 (4)~~(5)~~ The application fee and all licensure fees,
1205 including neurological injury compensation assessments, shall be
1206 waived for those persons obtaining a temporary certificate to
1207 practice in areas of critical need for the purpose of providing
1208 volunteer, uncompensated care for low-income residents
1209 ~~Floridians~~. The applicant must submit an affidavit from the
1210 employing agency or institution stating that the physician will
1211 not receive any compensation for any service involving the
1212 practice of medicine.

1213 Section 72. Section 459.0076, Florida Statutes, is created
1214 to read:

1215 459.0076 Temporary certificate for practice in areas of
1216 critical need.-

1217 (1) Any physician who:

1218 (a) Is licensed to practice in any jurisdiction in the
1219 United States and whose license is currently valid; or

1220 (b) Has served as a physician in the United States Armed
1221 Forces for at least 10 years and received an honorable discharge
1222 from the military;

1223
1224 and who pays an application fee of \$300 may be issued a
1225 temporary certificate for practice in areas of critical need.

1226 (2) A certificate may be issued to a physician who:

1227 (a) Will practice in an area of critical need;

1228 (b) Will be employed by or practice in a county health
1229 department, correctional facility, Department of Veterans'
1230 Affairs clinic, community health center funded by s. 329, s.
1231 330, or s. 340 of the United States Public Health Services Act,



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1232 or other agency or institution that is approved by the State
1233 Surgeon General and provides health care to meet the needs of
1234 underserved populations in this state; or

1235 (c) Will practice for a limited time to address critical
1236 physician-specialty, demographic, or geographic needs for this
1237 state's physician workforce as determined by the State Surgeon
1238 General.

1239 (3) The Board of Osteopathic Medicine may issue this
1240 temporary certificate with the following restrictions:

1241 (a) The State Surgeon General shall determine the areas of
1242 critical need. Such areas include, but are not limited to,
1243 health professional shortage areas designated by the United
1244 States Department of Health and Human Services.

1245 1. A recipient of a temporary certificate for practice in
1246 areas of critical need may use the certificate to work for any
1247 approved entity in any area of critical need or as authorized by
1248 the State Surgeon General.

1249 2. The recipient of a temporary certificate for practice in
1250 areas of critical need shall, within 30 days after accepting
1251 employment, notify the board of all approved institutions in
1252 which the licensee practices and of all approved institutions
1253 where practice privileges have been denied.

1254 (b) The board may administer an abbreviated oral
1255 examination to determine the physician's competency, but a
1256 written regular examination is not required. Within 60 days
1257 after receipt of an application for a temporary certificate, the
1258 board shall review the application and issue the temporary
1259 certificate, notify the applicant of denial, or notify the
1260 applicant that the board recommends additional assessment,



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1261 training, education, or other requirements as a condition of
1262 certification. If the applicant has not actively practiced
1263 during the prior 3 years and the board determines that the
1264 applicant may lack clinical competency, possess diminished or
1265 inadequate skills, lack necessary medical knowledge, or exhibit
1266 patterns of deficits in clinical decisionmaking, the board may:
1267 1. Deny the application;
1268 2. Issue a temporary certificate having reasonable
1269 restrictions that may include, but are not limited to, a
1270 requirement for the applicant to practice under the supervision
1271 of a physician approved by the board; or
1272 3. Issue a temporary certificate upon receipt of
1273 documentation confirming that the applicant has met any
1274 reasonable conditions of the board which may include, but are
1275 not limited to, completing continuing education or undergoing an
1276 assessment of skills and training.
1277 (c) Any certificate issued under this section is valid only
1278 so long as the State Surgeon General determines that the reason
1279 for which it was issued remains a critical need to the state.
1280 The Board of Osteopathic Medicine shall review each temporary
1281 certificateholder not less than annually to ascertain that the
1282 minimum requirements of the Osteopathic Medical Practice Act and
1283 its adopted rules are being complied with. If it is determined
1284 that such minimum requirements are not being met, the board
1285 shall revoke such certificate or shall impose restrictions or
1286 conditions, or both, as a condition of continued practice under
1287 the certificate.
1288 (d) The board may not issue a temporary certificate for
1289 practice in an area of critical need to any physician who is



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1290 under investigation in any jurisdiction in the United States for
1291 an act that would constitute a violation of this chapter until
1292 such time as the investigation is complete, at which time the
1293 provisions of s. 459.015 apply.

1294 (4) The application fee and all licensure fees, including
1295 neurological injury compensation assessments, shall be waived
1296 for those persons obtaining a temporary certificate to practice
1297 in areas of critical need for the purpose of providing
1298 volunteer, uncompensated care for low-income residents. The
1299 applicant must submit an affidavit from the employing agency or
1300 institution stating that the physician will not receive any
1301 compensation for any service involving the practice of medicine.

1302 Section 73. (1) The Department of Health shall develop, in
1303 collaboration with the Agency for Health Care Administration, a
1304 statewide plan aimed at implementing the recommendations from
1305 the Centers for Disease Control and Prevention for screening for
1306 the human immunodeficiency virus (HIV) in adults and adolescents
1307 in public and private health care settings. The goals of the
1308 plan shall include, but not be limited to, increasing awareness
1309 of HIV infection rates and causes, increasing voluntary HIV
1310 screening rates in health care settings, identifying previously
1311 unrecognized HIV infection, linking HIV-positive clients to
1312 clinical and prevention services to reduce future infections,
1313 reducing the transmission of HIV to fetuses, and establishing
1314 early treatment for those persons infected with HIV. To the
1315 extent possible, the plan shall integrate with existing HIV
1316 screening and testing programs that are funded by the Centers
1317 for Disease Control and Prevention or other organizations. As
1318 used in this section, the term "department" means the Department



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1319 of Health.

1320 (2) In developing the plan, the department shall seek the
1321 input of and collaborate with, at a minimum, representatives of
1322 the following entities: hospital emergency departments; urgent
1323 care clinics; inpatient settings, including labor and delivery;
1324 substance abuse treatment clinics; public health clinics;
1325 community clinics; federally qualified health clinics; rural
1326 health clinics; correctional health care facilities; pediatric
1327 and adolescent care clinics; prenatal care clinics; local health
1328 departments; and other public and private primary care settings.

1329 (3) The department shall establish a demonstration project
1330 as current funds allow in an area of the state with a high
1331 incidence of HIV infection to begin implementation of the
1332 statewide plan. The demonstration project shall seek to
1333 collaborate with the public and private health care settings in
1334 subsection (2) and be consistent with the department's current
1335 "Test Miami" initiative.

1336 (4) The department shall file an interim report on the
1337 status of the development of the statewide plan, which includes
1338 any funding needs for the expansion of the demonstration project
1339 to other areas of the state, with the Governor, President of the
1340 Senate, and the Speaker of the House of Representatives by
1341 December 31, 2010. The Department shall file a final report on
1342 the statewide plan and implementation and status of the
1343 demonstration project with the Governor, President of the
1344 Senate, and the Speaker of the House of Representatives by
1345 December 31, 2011.

1346 Section 74. Present subsections (32) through (54) of
1347 section 499.003, Florida Statutes, are renumbered as subsections



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1348 (33) through (55), respectively, and a new subsection (32) is
1349 added to that section, to read:

1350 499.003 Definitions of terms used in this part.—As used in
1351 this part, the term:

1352 (32) "Medical convenience kit" means packages or units that
1353 contain combination products as defined in 21 C.F.R. s.
1354 3.2(e) (2).

1355 Section 75. Paragraph (i) is added to subsection (3) of
1356 section 499.01212, Florida Statutes, to read:

1357 499.01212 Pedigree paper.—

1358 (3) EXCEPTIONS.—A pedigree paper is not required for:

1359 (i) The wholesale distribution of prescription drugs
1360 contained within a medical convenience kit if:

1361 1. The medical convenience kit is assembled in an
1362 establishment that is registered as a medical device
1363 manufacturer with the United States Food and Drug
1364 Administration;

1365 2. The medical convenience kit manufacturer purchased the
1366 prescription drug directly from the manufacturer or from a
1367 wholesaler that purchased the prescription drug directly from
1368 the manufacturer;

1369 3. The medical convenience kit manufacturer complies with
1370 federal law for the distribution of the prescription drugs
1371 within the kit; and

1372 4. The drugs contained in the medical convenience kit are:

1373 a. Intravenous solutions intended for the replenishment of
1374 fluids and electrolytes;

1375 b. Products intended to maintain the equilibrium of water
1376 and minerals in the body;



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- 1377 c. Products intended for irrigation or reconstitution;
- 1378 d. Anesthetics; or
- 1379 e. Anticoagulants.

1380 Section 76. (1) In addition to the appropriations contained
1381 in the General Appropriations Act for the 2010-2011 fiscal year,
1382 one full-time equivalent position and salary rate of 52,554 are
1383 authorized for and the sums of \$75,000 from the General Revenue
1384 Fund and \$75,000 from the Medical Care Trust Fund are
1385 appropriated to the Agency for Health Care Administration.

1386 (2) Notwithstanding the appropriations authorized in the
1387 General Appropriations Act for the 2010-2011 fiscal year for the
1388 Department of Health, one full-time equivalent position is
1389 abolished, salary rate is reduced by 52,554, and appropriations
1390 from the General Revenue Fund are reduced on a recurring basis
1391 by \$75,000.

1392 (3) The appropriations made in subsection (1) are
1393 contingent upon the adjustments to appropriations made in
1394 subsection (2) becoming law.

1395 Section 77. Dental workforce survey.-

1396 (1) Beginning in 2012, each person who applies for
1397 licensure renewal as a dentist or dental hygienist under chapter
1398 466, Florida Statutes, must, in conjunction with the renewal of
1399 such license under procedures and forms adopted by the Board of
1400 Dentistry and in addition to any other information that may be
1401 required from the applicant, furnish the following information
1402 to the Department of Health, working in conjunction with the
1403 board, in a dental workforce survey:

1404 (a) Licensee information, including, but not limited to:

- 1405 1. The name of the dental school or dental hygiene program



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1406 that the dentist or dental hygienist graduated from and the year
1407 of graduation.

1408 2. The year that the dentist or dental hygienist began
1409 practicing or working in this state.

1410 3. The geographic location of the dentist's or dental
1411 hygienist's practice or address within the state.

1412 4. For a dentist in private practice:

1413 a. The number of full-time dental hygienists employed by
1414 the dentist during the reporting period.

1415 b. The number of full-time dental assistants employed by
1416 the dentist during the reporting period.

1417 c. The average number of patients treated per week by the
1418 dentist during the reporting period.

1419 d. The settings where the dental care was delivered.

1420 5. Anticipated plans of the dentist to change the status of
1421 his or her license or practice.

1422 6. The dentist's areas of specialty or certification.

1423 7. The year that the dentist completed a specialty program
1424 recognized by the American Dental Association.

1425 8. For a hygienist:

1426 a. The average number of patients treated per week by the
1427 hygienist during the reporting period.

1428 b. The settings where the dental care was delivered.

1429 9. The dentist's memberships in professional organizations.

1430 10. The number of pro bono hours provided by the dentist or
1431 dental hygienist during the last biennium.

1432 (b) Information concerning the availability and trends
1433 relating to critically needed services, including, but not
1434 limited to, the following types of care provided by the dentist



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1435 or dental hygienist:

1436 1. Dental care to children having special needs.

1437 2. Geriatric dental care.

1438 3. Dental services in emergency departments.

1439 4. Medicaid services.

1440 5. Other critically needed specialty areas, as determined
1441 by the advisory body.

1442 (2) In addition to the completed survey, the dentist or
1443 dental hygienist must submit a statement that the information
1444 provided is true and accurate to the best of his or her
1445 knowledge and belief.

1446 (3) Beginning in 2012, renewal of a license by a dentist or
1447 dental hygienist licensed under chapter 466, Florida Statutes,
1448 is not contingent upon the completion and submission of the
1449 dental workforce survey; however, for any subsequent license
1450 renewal, the board may not renew the license of any dentist or
1451 dental hygienist until the survey required under this section is
1452 completed and submitted by the licensee.

1453 (4) (a) Beginning in 2012, the Board of Dentistry shall
1454 issue a nondisciplinary citation to any dentist or dental
1455 hygienist licensed under chapter 466, Florida Statutes, who
1456 fails to complete the survey within 90 days after the renewal of
1457 his or her license to practice as a dentist or dental hygienist.

1458 (b) The citation must notify a dentist or dental hygienist
1459 who fails to complete the survey required by this section that
1460 his or her license will not be renewed for any subsequent
1461 license renewal unless the dentist or dental hygienist completes
1462 the survey.

1463 (c) In conjunction with issuing the license renewal notice



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1464 required by s. 456.038, Florida Statutes, the board shall notify
1465 each dentist or dental hygienist licensed under chapter 466,
1466 Florida Statutes, who fails to complete the survey that the
1467 survey must be completed before the subsequent license renewal.

1468 Section 78. (1) The Department of Health shall serve as the
1469 coordinating body for the purpose of collecting and regularly
1470 updating and disseminating dental workforce data. The department
1471 shall work with multiple stakeholders, including the Florida
1472 Dental Association and the Florida Dental Hygiene Association,
1473 to assess and share with all communities of interest all data
1474 collected in a timely fashion.

1475 (2) The Department of Health shall maintain a current
1476 database to serve as a statewide source of data concerning the
1477 dental workforce. The department, in conjunction with the board,
1478 shall also:

1479 (a) Develop strategies to maximize federal and state
1480 programs that provide incentives for dentists to practice in
1481 shortage areas that are federally designated. Strategies shall
1482 include programs such as the Florida Health Services Corps
1483 established under s. 381.0302, Florida Statutes.

1484 (b) Work in conjunction with an advisory body to address
1485 matters relating to the state's dental workforce. The advisory
1486 body shall provide input on developing questions for the dentist
1487 workforce survey. An advisory body shall include, but need not
1488 be limited to, the State Surgeon General or his or her designee,
1489 the dean of each dental school accredited in the United States
1490 and based in this state or his or her designee, a representative
1491 from the Florida Dental Association, a representative from the
1492 Florida Dental Hygiene Association, a representative from the



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1493 Florida Board of Dentistry, and a dentist from each of the
1494 dental specialties recognized by the American Dental
1495 Association's Commission on Dental Accreditation. Members of the
1496 advisory body shall serve without compensation.

1497 (c) Act as a clearinghouse for collecting and disseminating
1498 information concerning the dental workforce.

1499 (3) The Department of Health and the Board of Dentistry
1500 shall adopt rules necessary to administer this section.

1501 Section 79. It is the intent of the Legislature that the
1502 Department of Health and the Board of Dentistry implement the
1503 provisions of this act within existing resources.

1504 Section 80. Paragraph (t) of subsection (2) of section
1505 499.01, Florida Statutes, is amended to read:

1506 499.01 Permits.—

1507 (2) The following permits are established:

1508 (t) *Health care clinic establishment permit.*—Effective
1509 January 1, 2009, a health care clinic establishment permit is
1510 required for the purchase of a prescription drug by a place of
1511 business at one general physical location that provides health
1512 care or veterinary services, which is owned and operated by a
1513 business entity that has been issued a federal employer tax
1514 identification number. For the purpose of this paragraph, the
1515 term "qualifying practitioner" means a licensed health care
1516 practitioner defined in s. 456.001, or a veterinarian licensed
1517 under chapter 474, who is authorized under the appropriate
1518 practice act to prescribe and administer a prescription drug.

1519 1. An establishment must provide, as part of the
1520 application required under s. 499.012, designation of a
1521 qualifying practitioner who will be responsible for complying



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1522 with all legal and regulatory requirements related to the
1523 purchase, recordkeeping, storage, and handling of the
1524 prescription drugs. In addition, the designated qualifying
1525 practitioner shall be the practitioner whose name, establishment
1526 address, and license number is used on all distribution
1527 documents for prescription drugs purchased or returned by the
1528 health care clinic establishment. Upon initial appointment of a
1529 qualifying practitioner, the qualifying practitioner and the
1530 health care clinic establishment shall notify the department on
1531 a form furnished by the department within 10 days after such
1532 employment. In addition, the qualifying practitioner and health
1533 care clinic establishment shall notify the department within 10
1534 days after any subsequent change.

1535 2. The health care clinic establishment must employ a
1536 qualifying practitioner at each establishment.

1537 3. In addition to the remedies and penalties provided in
1538 this part, a violation of this chapter by the health care clinic
1539 establishment or qualifying practitioner constitutes grounds for
1540 discipline of the qualifying practitioner by the appropriate
1541 regulatory board.

1542 4. The purchase of prescription drugs by the health care
1543 clinic establishment is prohibited during any period of time
1544 when the establishment does not comply with this paragraph.

1545 5. A health care clinic establishment permit is not a
1546 pharmacy permit or otherwise subject to chapter 465. A health
1547 care clinic establishment that meets the criteria of a modified
1548 Class II institutional pharmacy under s. 465.019 is not eligible
1549 to be permitted under this paragraph.

1550 6. This paragraph does not apply to the purchase of a



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1551 prescription drug by a licensed practitioner under his or her
1552 license. A professional corporation or limited liability company
1553 composed of dentists and operating as authorized in s. 466.0285
1554 may pay for prescription drugs obtained by a practitioner
1555 licensed under chapter 466, and the licensed practitioner is
1556 deemed the purchaser and owner of the prescription drugs.

1557 Section 81. Paragraph (a) of subsection (6) of section
1558 624.91, Florida Statutes, is amended to read:

1559 624.91 The Florida Healthy Kids Corporation Act.—

1560 (6) BOARD OF DIRECTORS.—

1561 (a) The Florida Healthy Kids Corporation shall operate
1562 subject to the supervision and approval of a board of directors
1563 chaired by the Chief Financial Officer or her or his designee,
1564 and composed of 12 ~~11~~ other members selected for 3-year terms of
1565 office as follows:

1566 1. The Secretary of Health Care Administration, or his or
1567 her designee.

1568 2. One member appointed by the Commissioner of Education
1569 from the Office of School Health Programs of the Florida
1570 Department of Education.

1571 3. One member appointed by the Chief Financial Officer from
1572 among three members nominated by the Florida Pediatric Society.

1573 4. One member, appointed by the Governor, who represents
1574 the Children's Medical Services Program.

1575 5. One member appointed by the Chief Financial Officer from
1576 among three members nominated by the Florida Hospital
1577 Association.

1578 6. One member, appointed by the Governor, who is an expert
1579 on child health policy.



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1580 7. One member, appointed by the Chief Financial Officer,
1581 from among three members nominated by the Florida Academy of
1582 Family Physicians.

1583 8. One member, appointed by the Governor, who represents
1584 the state Medicaid program.

1585 9. One member, appointed by the Chief Financial Officer,
1586 from among three members nominated by the Florida Association of
1587 Counties.

1588 10. The State Health Officer or her or his designee.

1589 11. The Secretary of Children and Family Services, or his
1590 or her designee.

1591 12. One member, appointed by the Governor, from among three
1592 members nominated by the Florida Dental Association.

1593 Section 82. Subsection (3) is added to section 381.00315,
1594 Florida Statutes, to read:

1595 381.00315 Public health advisories; public health
1596 emergencies.—The State Health Officer is responsible for
1597 declaring public health emergencies and issuing public health
1598 advisories.

1599 (3) To facilitate effective emergency management, when the
1600 United States Department of Health and Human Services contracts
1601 for the manufacture and delivery of licensable products in
1602 response to a public health emergency and the terms of those
1603 contracts are made available to the states, the department shall
1604 accept funds provided by cities, counties, and other entities
1605 designated in the state emergency management plan required under
1606 s. 252.35(2) (a) for the purpose of participation in those
1607 contracts. The department shall deposit those funds in the
1608 Grants and Donations Trust Fund and expend those funds on behalf



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1609 of the donor city, county, or other entity for the purchase of
1610 the licensable products made available under the contract.

1611
1612 ===== T I T L E A M E N D M E N T =====

1613 And the title is amended as follows:

1614 Delete line 223

1615 and insert:

1616 participate for medical reasons; repealing s.
1617 112.0455(10) (e), F.S., relating to a prohibition
1618 against applying the Drug-Free Workplace Act
1619 retroactively; repealing s. 383.325, F.S., relating to
1620 the requirement of a licensed facility under s.
1621 383.305, F.S., to maintain inspection reports;
1622 repealing s. 395.1046, F.S., relating to the
1623 investigation of complaints regarding hospitals;
1624 repealing s. 395.3037, F.S.; deleting definitions
1625 relating to obsolete provisions governing primary and
1626 comprehensive stroke centers; amending s. 400.0239,
1627 F.S.; deleting an obsolete provision; repealing s.
1628 400.147(10), F.S., relating to a requirement that a
1629 nursing home facility report any notice of a filing of
1630 a claim for a violation of a resident's rights or a
1631 claim of negligence; repealing s. 400.148, F.S.,
1632 relating to the Medicaid "Up-or-Out" Quality of Care
1633 Contract Management Program; repealing s. 400.195,
1634 F.S., relating to reporting requirements for the
1635 Agency for Health Care Administration; amending s.
1636 400.476, F.S.; providing requirements for an
1637 alternative administrator of a home health agency;



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1638 revising the duties of the administrator; revising the
1639 requirements for a director of nursing for a specified
1640 number of home health agencies; prohibiting a home
1641 health agency from using an individual as a home
1642 health aide unless the person has completed training
1643 and an evaluation program; requiring a home health
1644 aide to meet certain standards in order to be
1645 competent in performing certain tasks; requiring a
1646 home health agency and staff to comply with accepted
1647 professional standards; providing certain requirements
1648 for a written contract between certain personnel and
1649 the agency; providing an exception for direct
1650 employees of the home health agency; requiring a home
1651 health agency to provide certain services through its
1652 employees; authorizing a home health agency to provide
1653 additional services with another organization;
1654 providing responsibilities of a home health agency
1655 when it provides home health aide services through
1656 another organization; requiring the home health agency
1657 to coordinate personnel who provide home health
1658 services; requiring personnel to communicate with the
1659 home health agency; amending s. 400.487, F.S.;
1660 requiring a home health agency to provide a copy of
1661 the agreement between the agency and a patient which
1662 specifies the home health services to be provided;
1663 providing the rights that are protected by the home
1664 health agency; requiring the home health agency to
1665 furnish nursing services by or under the supervision
1666 of a registered nurse; requiring the home health



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1667 agency to provide therapy services through a qualified
1668 therapist or therapy assistant; requiring physical
1669 therapy services to be provided by or under the
1670 supervision of a licensed physical therapist or
1671 physical therapist assistant; specifying the duties of
1672 a physical therapist assistant; requiring occupational
1673 therapy services to be provided by or under the
1674 supervision of a licensed occupational therapist or
1675 occupational therapy assistant; specifying the duties
1676 of an occupational therapy assistant; providing for
1677 speech therapy services to be provided by a qualified
1678 speech pathologist or audiologist; providing for a
1679 plan of care; providing that only the staff of a home
1680 health agency may administer drugs and treatments as
1681 ordered by certain health professionals; providing
1682 requirements for verbal orders; providing duties of a
1683 registered nurse, licensed practical nurse, home
1684 health aide, and certified nursing assistant who work
1685 for a home health agency; providing for supervisory
1686 visits of services provided by a home health agency;
1687 repealing s. 408.802(11), F.S., relating to the
1688 applicability of the Health Care Licensing Procedures
1689 Act to private review agents; repealing s.
1690 409.912(15)(e), (f), and (g), F.S., relating to a
1691 requirement for the Agency for Health Care
1692 Administration to submit a report to the Legislature
1693 regarding the operations of the CARE program; amending
1694 s. 409.91255, F.S.; transferring administrative
1695 responsibility for the application procedure for



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1696 federally qualified health centers from the Department
1697 of Health to the Agency for Health Care
1698 Administration; requiring the Florida Association of
1699 Community Health Centers, Inc., to provide support and
1700 assume administrative costs for the program; amending
1701 s. 400.9905, F.S.; revising the definition of the term
1702 "clinic" applicable to the Health Care Clinic Act;
1703 providing exemptions from licensure requirements for
1704 certain legal entities that provide health care
1705 services; amending s. 413.615, F.S.; removing a
1706 provision that requires the State Board of
1707 Administration to invest and reinvest moneys in the
1708 endowment fund for the Florida Endowment for
1709 Vocational Rehabilitation; requiring that all funds
1710 held for investment and reinvestment by the State
1711 Board of Administration for the endowment be submitted
1712 back to the endowment fund; repealing s. 429.12(2),
1713 F.S., relating to the sale or transfer of ownership of
1714 an assisted living facility; repealing s. 429.23(5),
1715 F.S., relating to each assisted living facility's
1716 requirement to submit a report to the agency regarding
1717 liability claims filed against it; repealing s.
1718 429.911(2)(a), F.S., relating to grounds for which the
1719 agency may take action against the owner of an adult
1720 day care center or its operator or employee;
1721 reenacting s. 465.0251(1), F.S., to require the Board
1722 of Pharmacy and the Board of Medicine to remove
1723 certain drugs from the negative formulary for generic
1724 and brand-name drugs based on current references



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1725 published by the United States Food and Drug
1726 Administration; amending s. 499.01, F.S.; revising the
1727 list of exemptions from the requirement that certain
1728 persons engaged in the manufacture, repackaging, or
1729 assembly of medical devices hold a device manufacturer
1730 permit; repealing s. 381.0403(4) and (9), F.S.,
1731 relating to the program for graduate medical education
1732 innovations and the graduate medical education
1733 committee and report; amending s. 381.4018, F.S.;
1734 providing definitions; requiring the Department of
1735 Health to coordinate and enhance activities regarding
1736 the reentry of retired military and other physicians
1737 into the physician workforce; revising the list of
1738 governmental stakeholders that the Department of
1739 Health is required to work with regarding the state
1740 strategic plan and in assessing the state's physician
1741 workforce; creating the Physician Workforce Advisory
1742 Council; providing membership of the council;
1743 providing for appointments to the council; providing
1744 terms of membership; providing for removal of a
1745 council member; providing for the chair and vice chair
1746 of the council; providing that council members are not
1747 entitled to receive compensation or reimbursement for
1748 per diem or travel expenses; providing the duties of
1749 the council; establishing the physician workforce
1750 graduate medical education innovation pilot projects
1751 under the department; providing the purposes of the
1752 pilot projects; providing for the appropriation of
1753 state funds for the pilot projects; requiring the



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1754 pilot projects to meet certain policy needs of the
1755 physician workforce in this state; providing criteria
1756 for prioritizing proposals for pilot projects;
1757 requiring the department to adopt by rule appropriate
1758 performance measures; requiring participating pilot
1759 projects to submit an annual report to the department;
1760 requiring state funds to be used to supplement funds
1761 from other sources; requiring the department to adopt
1762 rules; amending ss. 458.3192 and 459.0082, F.S.;
1763 requiring the department to determine by geographic
1764 area and specialty the number of physicians and
1765 osteopathic physicians who plan to relocate outside
1766 the state, practice medicine in this state, and reduce
1767 or modify the scope of their practice; authorizing the
1768 department to report additional information in its
1769 findings to the Governor and the Legislature; amending
1770 s. 458.315, F.S.; revising the standards for the Board
1771 of Medicine to issue a temporary certificate to
1772 certain physicians to practice medicine in areas of
1773 critical need; authorizing the State Surgeon General
1774 to designate areas of critical need; creating s.
1775 459.0076, F.S.; authorizing the Board of Osteopathic
1776 Medicine to issue temporary certificates to
1777 osteopathic physicians who meet certain requirements
1778 to practice osteopathic medicine in areas of critical
1779 need; providing restrictions for issuance of a
1780 temporary certificate; authorizing the State Surgeon
1781 General to designate areas of critical need;
1782 authorizing the Board of Osteopathic Medicine to waive



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1783 the application fee and licensure fees for obtaining
1784 temporary certificates for certain purposes; requiring
1785 the Department of Health, along with the Agency for
1786 Health Care Administration, to develop a statewide
1787 plan to implement recommendations from the Centers for
1788 Disease Control and Prevention for screening for the
1789 human immunodeficiency virus; providing goals;
1790 requiring the department to seek input from certain
1791 entities; requiring the department to establish a
1792 demonstration project to begin implementation of the
1793 statewide plan; requiring the department to file an
1794 interim report and a final report to the Governor and
1795 the Legislature by specified dates; amending s.
1796 499.003, F.S.; defining the term "medical convenience
1797 kit"; amending s. 499.01212, F.S.; providing that a
1798 pedigree paper is not required for wholesale
1799 distribution of prescription drugs contained within a
1800 medical convenience kit under certain circumstances;
1801 providing appropriations from the General Revenue Fund
1802 and the Medical Care Trust Fund to the Agency for
1803 Health Care Administration; providing for a recurring
1804 reduction in appropriations to the Department of
1805 Health; providing a contingency; requiring persons who
1806 apply for licensure renewal as a dentist or dental
1807 hygienist to furnish certain information to the
1808 Department of Health in a dental workforce survey;
1809 requiring the Board of Dentistry to issue a
1810 nondisciplinary citation and a notice for failure to
1811 complete the survey within a specified time; providing



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1812 notification requirements for the citation; requiring
1813 the department to serve as the coordinating body for
1814 the purpose of collecting, disseminating, and updating
1815 dental workforce data; requiring the department to
1816 maintain a database regarding the state's dental
1817 workforce; requiring the department to develop
1818 strategies to maximize federal and state programs and
1819 to work with an advisory body to address matters
1820 relating to the state's dental workforce; providing
1821 membership of the advisory body; providing for members
1822 of the advisory body to serve without compensation;
1823 requiring the department to act as a clearinghouse for
1824 collecting and disseminating information regarding the
1825 dental workforce; requiring the department and the
1826 board to adopt rules; providing legislative intent
1827 regarding implementation of the act within existing
1828 resources; amending s. 499.01, F.S.; authorizing
1829 certain business entities to pay for prescription
1830 drugs obtained by practitioners licensed under ch.
1831 466, F.S.; amending s. 624.91, F.S.; revising the
1832 membership of the board of directors of the Florida
1833 Healthy Kids Corporation to include a member nominated
1834 by the Florida Dental Association and appointed by the
1835 Governor; amending s. 381.00315, F.S.; directing the
1836 Department of Health to accept funds from counties,
1837 municipalities, and certain other entities for the
1838 purchase of certain products made available under a
1839 contract with the United States Department of Health
1840 and Human Services for the manufacture and delivery of



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such products in response to a public health
emergency; providing an effective