

1 A bill to be entitled
2 An act relating to health care; amending s. 112.0455,
3 F.S., and repealing paragraph (10)(e), relating to a
4 prohibition against applying the Drug-Free Workplace Act
5 retroactively; conforming a cross-reference; amending s.
6 381.00315, F.S.; directing the Department of Health to
7 accept funds from counties, municipalities, and certain
8 other entities for the purchase of certain products made
9 available under a contract with the United States
10 Department of Health and Human Services for the
11 manufacture and delivery of such products in response to a
12 public health emergency; amending s. 381.932, F.S.;
13 revising certain criteria of the breast cancer early
14 detection and treatment referral program by requiring that
15 the public education and outreach initiative and
16 professional education programs use guidelines currently
17 employed by the United States Centers for Disease Control
18 and Prevention rather than the United States Preventive
19 Services Task Force; amending s. 381.06015, F.S.;
20 requiring the State Surgeon General to make certain
21 resources and materials relating to umbilical cord blood
22 available on the Internet website of the Department of
23 Health; requiring the Department of Health to encourage
24 certain health care professionals to make specified
25 information available to patients; repealing s. 383.325,
26 F.S., relating to the requirement of a licensed facility
27 under s. 383.305, F.S., to maintain inspection reports;
28 amending s. 395.1055, F.S., requiring Agency for Health

29 Care Administration rules related to infection control to
30 include a requirement that hospitals establish a
31 comprehensive plan to reduce health care associated
32 infections; establishing components for the plan;
33 repealing s. 395.1046, F.S., relating to the investigation
34 of complaints regarding hospitals; repealing s. 395.3037,
35 F.S.; deleting definitions relating to obsolete provisions
36 governing primary and comprehensive stroke centers;
37 amending s. 400.0239, F.S.; deleting an obsolete
38 provision; repealing s. 400.147(10), F.S., relating to a
39 requirement that a nursing home facility report any notice
40 of a filing of a claim for a violation of a resident's
41 rights or a claim of negligence; repealing s. 400.148,
42 F.S., relating to the Medicaid "Up-or-Out" Quality of Care
43 Contract Management Program; repealing s. 400.195, F.S.,
44 relating to reporting requirements for the Agency for
45 Health Care Administration; amending s. 400.476, F.S.;
46 providing requirements for an alternate administrator of a
47 home health agency; revising the duties of the
48 administrator; revising the requirements for a director of
49 nursing for a specified number of home health agencies;
50 prohibiting a home health agency from using an individual
51 as a home health aide unless the person has completed
52 training and an evaluation program; requiring a home
53 health aide to meet certain standards in order to be
54 competent in performing certain tasks; requiring a home
55 health agency and staff to comply with accepted
56 professional standards; providing certain requirements for

57 | a written contract between certain personnel and the
58 | agency; requiring a home health agency to provide certain
59 | services through its employees; authorizing a home health
60 | agency to provide additional services with another
61 | organization; providing responsibilities of a home health
62 | agency when it provides home health aide services through
63 | another organization; requiring the home health agency to
64 | coordinate personnel who provide home health services;
65 | requiring personnel to communicate with the home health
66 | agency; amending s. 400.487, F.S.; requiring a home health
67 | agency to provide a patient or the patient's legal
68 | representative a copy of the agreement between the agency
69 | and the patient which specifies the home health services
70 | to be provided; providing the rights that are protected by
71 | the home health agency; requiring the home health agency
72 | to furnish nursing services by or under the supervision of
73 | a registered nurse; requiring the home health agency to
74 | provide therapy services through a qualified therapist or
75 | therapy assistant; providing the duties and qualifications
76 | of a therapist and therapy assistant; requiring
77 | supervision by a physical therapist or occupational
78 | therapist of a physical therapist assistant or
79 | occupational therapy assistant; providing duties of a
80 | physical therapist assistant or occupational therapy
81 | assistant; providing for speech therapy services to be
82 | provided by a qualified speech-language pathologist or
83 | audiologist; providing for a plan of care; providing that
84 | only the staff of a home health agency may administer

85 | drugs and treatments as ordered by certain health
86 | professionals; providing requirements for verbal orders;
87 | providing duties of a registered nurse, licensed practical
88 | nurse, home health aide, and certified nursing assistant
89 | who work for a home health agency; providing for
90 | supervisory visits of services provided by a home health
91 | agency; amending s. 400.9905, F.S.; revising the
92 | definition of the term "clinic" applicable to the Health
93 | Care Clinic Act; providing exemptions from licensure
94 | requirements for certain legal entities that provide
95 | health care services; repealing s. 408.802(11), F.S.,
96 | relating to the applicability of the Health Care Licensing
97 | Procedures Act to private review agents; repealing s.
98 | 409.912(15)(e), (f), and (g), F.S., relating to a
99 | requirement for the Agency for Health Care Administration
100 | to submit a report to the Legislature regarding the
101 | operations of the CARE program; repealing s. 409.9122(13),
102 | F.S., relating to Medicaid managed prepaid plan minimum
103 | enrollment levels for plans operating in Miami-Dade
104 | County; amending s. 409.91255, F.S.; transferring
105 | administrative responsibility for the application
106 | procedure for federally qualified health centers from the
107 | Department of Health to the Agency for Health Care
108 | Administration; requiring the Florida Association of
109 | Community Health Centers, Inc., to provide support and
110 | assume administrative costs for the program; amending s.
111 | 429.075, F.S.; requiring certain assisted living
112 | facilities to maintain certain security services;

113 | repealing s. 429.12(2), F.S., relating to the sale or
114 | transfer of ownership of an assisted living facility;
115 | repealing s. 429.23(5), F.S., relating to each assisted
116 | living facility's requirement to submit a report to the
117 | agency regarding liability claims filed against it;
118 | repealing s. 429.911(2)(a), F.S., relating to an
119 | intentional or negligent act materially affecting the
120 | health or safety of center participants as grounds for
121 | which the agency may take action against the owner of an
122 | adult day care center or its operator or employee;
123 | requiring persons who apply for licensure renewal as a
124 | dentist or dental hygienist to furnish certain information
125 | to the Department of Health in a dental workforce survey;
126 | requiring the Board of Dentistry to issue a
127 | nondisciplinary citation and a notice for failure to
128 | complete the survey within a specified time; providing
129 | notification requirements for the citation; requiring the
130 | department to serve as the coordinating body for the
131 | purpose of collecting, disseminating, and updating dental
132 | workforce data; requiring the department to maintain a
133 | database regarding the state's dental workforce; requiring
134 | the department to develop strategies to maximize federal
135 | and state programs and to work with an advisory body to
136 | address matters relating to the state's dental workforce;
137 | providing membership of the advisory body; providing for
138 | members of the advisory body to serve without
139 | compensation; requiring the department to act as a
140 | clearinghouse for collecting and disseminating information

141 regarding the dental workforce; requiring the department
142 and the board to adopt rules; providing legislative intent
143 regarding implementation of the act within existing
144 resources; amending s. 499.01, F.S.; exempting certain
145 persons from requirements for medical device manufacturer
146 permits; authorizing certain business entities to pay for
147 prescription drugs obtained by practitioners licensed
148 under ch. 466, F.S.; amending s. 499.003, F.S.; defining
149 the term "medical convenience kit" for purposes of the
150 Florida Drug and Cosmetic Act; conforming cross-
151 references; amending ss. 409.9201, 465.0265, 499.0121,
152 499.01211, 499.03, 499.05, and 794.075, F.S.; conforming
153 cross-references; amending s. 624.91, F.S.; revising the
154 membership of the board of directors of the Florida
155 Healthy Kids Corporation to include a member nominated by
156 the Florida Dental Association and appointed by the
157 Governor; amending s. 381.0403, F.S.; deleting provisions
158 relating to the program for graduate medical education
159 innovations and the graduate medical education committee
160 and report; conforming cross-references; amending s.
161 381.4018, F.S.; providing definitions; requiring the
162 Department of Health to coordinate and enhance activities
163 regarding the reentry of retired military and other
164 physicians into the physician workforce; revising the list
165 of governmental stakeholders that the department is
166 required to work with regarding the state strategic plan
167 and in assessing the state's physician workforce; creating
168 the Physician Workforce Advisory Council; providing

169 membership of the council; providing for appointments to
170 the council; providing terms of membership; providing for
171 removal of a council member; providing for a chair and
172 vice chair of the council; providing that council members
173 are not entitled to receive compensation or reimbursement
174 for per diem or travel expenses; providing the duties of
175 the council; establishing the physician workforce graduate
176 medical education innovation pilot projects under the
177 department; providing the purposes of the pilot projects;
178 providing for the appropriation of state funds for the
179 pilot projects; requiring the pilot projects to meet
180 certain policy needs of the physician workforce in this
181 state; providing criteria for prioritizing proposals for
182 pilot projects; requiring the department to adopt by rule
183 appropriate performance measures; requiring participating
184 pilot projects to submit an annual report to the
185 department; requiring state funds to be used to supplement
186 funds from other sources; requiring the department to
187 adopt rules; amending s. 400.9905, F.S.; revising the
188 definition of the term "clinic"; amending ss. 458.3192 and
189 459.0082, F.S.; requiring the department to determine by
190 geographic area and specialty the number of physicians and
191 osteopathic physicians who plan to relocate outside the
192 state, practice medicine in this state, and reduce or
193 modify the scope of their practice; authorizing the
194 department to report additional information in its
195 findings to the Governor and the Legislature; amending s.
196 458.315, F.S.; revising the standards for the Board of

197 Medicine to issue a temporary certificate to a certain
198 physicians to practice medicine in areas of critical need;
199 authorizing the State Surgeon General to designate areas
200 of critical need; creating s. 459.0076, F.S.; authorizing
201 the Board of Osteopathic Medicine to issue temporary
202 certificates to osteopathic physicians who meet certain
203 requirements to practice osteopathic medicine in areas of
204 critical need; providing restrictions for issuance of a
205 temporary certificate; authorizing the State Surgeon
206 General to designate areas of critical need; authorizing
207 the Board of Osteopathic Medicine to waive the application
208 fee and licensure fees for obtaining temporary
209 certificates for certain purposes; amending s. 499.01212,
210 F.S.; exempting prescription drugs contained in sealed
211 medical convenience kits from the pedigree paper
212 requirements under specified circumstances; reenacting s.
213 465.0251, F.S., to require the Board of Pharmacy and the
214 Board of Medicine to remove certain drugs from the
215 negative formulary for generic and brand-name drugs based
216 on current references published by the United States Food
217 and Drug Administration; providing an effective date.

218

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

220

221 Section 1. Paragraph (e) of subsection (10) of section
222 112.0455, Florida Statutes, is repealed, and paragraph (e) of
223 subsection (14) of that section is amended to read:

224 112.0455 Drug-Free Workplace Act.—

225 (14) DISCIPLINE REMEDIES.—

226 (e) Upon resolving an appeal filed pursuant to paragraph
 227 (c), and finding a violation of this section, the commission may
 228 order the following relief:

229 1. Rescind the disciplinary action, expunge related
 230 records from the personnel file of the employee or job applicant
 231 and reinstate the employee.

232 2. Order compliance with paragraph (10) (f) ~~(g)~~.

233 3. Award back pay and benefits.

234 4. Award the prevailing employee or job applicant the
 235 necessary costs of the appeal, reasonable attorney's fees, and
 236 expert witness fees.

237 Section 2. Subsection (3) is added to section 381.00315,
 238 Florida Statutes, to read:

239 381.00315 Public health advisories; public health
 240 emergencies.—The State Health Officer is responsible for
 241 declaring public health emergencies and issuing public health
 242 advisories.

243 (3) To facilitate effective emergency management, when the
 244 United States Department of Health and Human Services contracts
 245 for the manufacture and delivery of licensable products in
 246 response to a public health emergency and the terms of those
 247 contracts are made available to the states, the department shall
 248 accept funds provided by cities, counties, and other entities
 249 designated in the state emergency management plan required under
 250 s. 252.35(2) (a) for the purpose of participation in those
 251 contracts. The department shall deposit those funds in the
 252 Grants and Donations Trust Fund and expend those funds on behalf

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

255 Section 3. Paragraphs (a) and (b) of subsection (3) of
 256 section 381.932, Florida Statutes, are amended to read:

257 381.932 Breast cancer early detection and treatment
 258 referral program.—

259 (3) The program shall include, but not be limited to, the:

260 (a) Establishment of a public education and outreach
 261 initiative to publicize breast cancer early detection services,
 262 the benefits of early detection of breast cancer, and the
 263 recommended frequency for receiving screening services,
 264 including clinical breast examinations and mammography
 265 guidelines currently employed ~~established~~ by the United States
 266 Centers for Disease Control and Prevention ~~Preventive Services~~
 267 ~~Task Force~~.

268 (b) Development of professional education programs that
 269 include information regarding the benefits of the early
 270 detection of breast cancer and the recommended frequency for
 271 receiving a mammogram, as recommended in the most current breast
 272 cancer screening guidelines currently employed ~~established~~ by
 273 the United States Centers for Disease Control and Prevention
 274 ~~Preventive Services Task Force~~.

275 Section 4. Subsection (2) of section 381.06015, Florida
 276 Statutes, is amended, and subsection (8) is added to that
 277 section, to read:

278 381.06015 Public Cord Blood Tissue Bank.—

279 (2) (a) The Agency for Health Care Administration and the
 280 Department of Health shall encourage health care providers,

281 including, but not limited to, hospitals, birthing facilities,
 282 county health departments, physicians, midwives, and nurses, to
 283 disseminate information about the Public Cord Blood Tissue Bank.

284 (b) The State Surgeon General shall make publicly
 285 available, by posting on the Internet website of the Department
 286 of Health, resources and an Internet website link to materials
 287 relating to umbilical cord blood that have been developed by the
 288 Parent's Guide to Cord Blood Foundation.

289 (8) Beginning October 1, 2010, the Department of Health
 290 shall encourage health care professionals who provide health
 291 care services that are directly related to a woman's pregnancy
 292 to make available to the patient before her third trimester of
 293 pregnancy, or, if later, at the first visit of such pregnant
 294 woman to the provider, information developed under paragraph
 295 (2) (b) relating to the woman's options with respect to umbilical
 296 cord blood banking.

297 Section 5. Section 383.325, Florida Statutes, is repealed.

298 Section 6. Paragraph (b) of subsection (1) of section
 299 395.1055, Florida Statutes, is amended to read:

300 395.1055 Rules and enforcement.—

301 (1) The agency shall adopt rules pursuant to ss.
 302 120.536(1) and 120.54 to implement the provisions of this part,
 303 which shall include reasonable and fair minimum standards for
 304 ensuring that:

305 (b) Infection control, housekeeping, sanitary conditions,
 306 and medical record procedures that will adequately protect
 307 patient care and safety are established and implemented.

308 Infection control rules shall include a requirement to establish

309 and implement a comprehensive plan to reduce health care
310 associated infections. The plan must include all of the
311 following components:

312 1. A baseline measurement of health care associated
313 infections in the hospital that uses the National Healthcare
314 Safety Network and Centers for Disease Control and Prevention
315 surveillance definitions and reports the number of infections in
316 each category relative to the volume of possible cases in the
317 hospital.

318 2. A goal for reducing the incidence of infections by a
319 specific amount within a defined period of time. The hospital's
320 goal for reduction of infections must be commensurate with the
321 national goal for reducing each type of health care associated
322 infection.

323 3. An action plan for reducing each type of health care
324 associated infection, including the use of real-time infection
325 surveillance technology or automated infection control or
326 prevention technology.

327 4. Methods for making information available to patients
328 and the public regarding baseline measurements and periodic
329 reports on the hospital's progress in improving measures
330 designed to reduce health care associated infections.

331 Section 7. Section 395.1046, Florida Statutes, is
332 repealed.

333 Section 8. Section 395.3037, Florida Statutes, is
334 repealed.

335 Section 9. Paragraph (g) of subsection (2) of section
336 400.0239, Florida Statutes, is amended to read:

337 400.0239 Quality of Long-Term Care Facility Improvement
 338 Trust Fund.—

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

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

346 Section 10. Subsection (10) of section 400.147, Florida
 347 Statutes, is repealed.

348 Section 11. Section 400.148, Florida Statutes, is
 349 repealed.

350 Section 12. Section 400.195, Florida Statutes, is
 351 repealed.

352 Section 13. Section 400.476, Florida Statutes, is amended
 353 to read:

354 400.476 Staffing requirements; notifications; limitations
 355 on staffing services.—

356 (1) ADMINISTRATOR.—

357 (a) An administrator may manage only one home health
 358 agency, except that an administrator may manage up to five home
 359 health agencies if all five home health agencies have identical
 360 controlling interests as defined in s. 408.803 and are located
 361 within one agency geographic service area or within an
 362 immediately contiguous county. If the home health agency is
 363 licensed under this chapter and is part of a retirement
 364 community that provides multiple levels of care, an employee of

365 the retirement community may administer the home health agency
366 and up to a maximum of four entities licensed under this chapter
367 or chapter 429 which all have identical controlling interests as
368 defined in s. 408.803. An administrator shall designate, in
369 writing, for each licensed entity, a qualified alternate
370 administrator to serve during the administrator's absence. An
371 alternate administrator must meet the requirements in this
372 paragraph and s. 400.462(1).

373 (b) An administrator of a home health agency who is a
374 licensed physician, physician assistant, or registered nurse
375 licensed to practice in this state may also be the director of
376 nursing for a home health agency. An administrator may serve as
377 a director of nursing for up to the number of entities
378 authorized in subsection (2) only if there are 10 or fewer full-
379 time equivalent employees and contracted personnel in each home
380 health agency.

381 (c) The administrator shall organize and direct the
382 agency's ongoing functions, maintain an ongoing liaison with the
383 board members and the staff, employ qualified personnel and
384 ensure adequate staff education and evaluations, ensure the
385 accuracy of public informational materials and activities,
386 implement an effective budgeting and accounting system, and
387 ensure that the home health agency operates in compliance with
388 this part and part II of chapter 408 and rules adopted for these
389 laws.

390 (d) The administrator shall clearly set forth in writing
391 the organizational chart, services furnished, administrative
392 control authority, and lines of authority for the delegation of

393 responsibilities for patient care. These responsibilities must
 394 be readily identifiable. Administrative and supervisory
 395 functions may not be delegated to another agency or
 396 organization, and the primary home health agency shall monitor
 397 and control all services that are not furnished directly,
 398 including services provided through contracts.

399 (2) DIRECTOR OF NURSING.—

400 (a) A director of nursing may be the director of nursing
 401 for:

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

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

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

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

412 c. Each home health agency has a registered nurse who
 413 meets the qualifications of a director of nursing and who has a
 414 written delegation from the director of nursing to serve as the
 415 director of nursing for that home health agency when the
 416 director of nursing is not present; ~~and-~~

417 d. This person, or a similarly qualified alternate, is
 418 available at all times by telecommunications during operating
 419 hours and participates.

420

421 If a home health agency licensed under this chapter is part of a
422 retirement community that provides multiple levels of care, an
423 employee of the retirement community may serve as the director
424 of nursing of the home health agency and up to a maximum of four
425 entities, other than home health agencies, licensed under this
426 chapter or chapter 429 which all have identical controlling
427 interests as defined in s. 408.803.

428 (b) A home health agency that provides skilled nursing
429 care may not operate for more than 30 calendar days without a
430 director of nursing. A home health agency that provides skilled
431 nursing care and the director of nursing of a home health agency
432 must notify the agency within 10 business days after termination
433 of the services of the director of nursing for the home health
434 agency. A home health agency that provides skilled nursing care
435 must notify the agency of the identity and qualifications of the
436 new director of nursing within 10 days after the new director is
437 hired. If a home health agency that provides skilled nursing
438 care operates for more than 30 calendar days without a director
439 of nursing, the home health agency commits a class II
440 deficiency. In addition to the fine for a class II deficiency,
441 the agency may issue a moratorium in accordance with s. 408.814
442 or revoke the license. The agency shall fine a home health
443 agency that fails to notify the agency as required in this
444 paragraph \$1,000 for the first violation and \$2,000 for a repeat
445 violation. The agency may not take administrative action against
446 a home health agency if the director of nursing fails to notify
447 the department upon termination of services as the director of
448 nursing for the home health agency.

449 (c) A home health agency that is not Medicare or Medicaid
 450 certified and does not provide skilled care or provides only
 451 physical, occupational, or speech therapy is not required to
 452 have a director of nursing and is exempt from paragraph (b).

453 (3) TRAINING.—A home health agency shall ensure that each
 454 certified nursing assistant employed by or under contract with
 455 the home health agency and each home health aide employed by or
 456 under contract with the home health agency is adequately trained
 457 to perform the tasks of a home health aide in the home setting.

458 (a) The home health agency may not use as a home health
 459 aide on a full-time, temporary, per diem, or other basis any
 460 individual to provide services unless the individual has
 461 completed a training and competency evaluation program, or a
 462 competency evaluation program, as permitted in s. 400.497, which
 463 meets the minimum standards established by the agency in state
 464 rules.

465 (b) A home health aide is not competent in any task for
 466 which he or she is evaluated as "unsatisfactory." The aide must
 467 perform any such task only under direct supervision by a
 468 licensed nurse until he or she receives training in the task and
 469 satisfactorily passes a subsequent evaluation in performing the
 470 task. A home health aide has not successfully passed a
 471 competency evaluation if the aide does not have a passing score
 472 on the test as specified by agency rule.

473 (4) STAFFING.—Staffing services may be provided anywhere
 474 within the state.

475 (5) PERSONNEL.—

476 (a) The home health agency and its staff must comply with

477 accepted professional standards and principles that apply to
478 professionals, including, but not limited to, the state practice
479 acts and the home health agency's policies and procedures.

480 (b) Except for direct employees of the home health agency,
481 if personnel under hourly or per-visit contracts are used by the
482 home health agency, there must be a written contract between
483 those personnel and the agency which specifies the following
484 requirements:

485 1. Acceptance for care only of patients by the primary
486 home health agency.

487 2. The services to be furnished.

488 3. The necessity to conform to all applicable agency
489 policies, including personnel qualifications.

490 4. The responsibility for participating in developing
491 plans of care.

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

494 6. The procedures for submitting clinical and progress
495 notes, scheduling visits, and providing periodic patient
496 evaluations.

497 7. The procedures for payment for services furnished under
498 the contract.

499 (c) A home health agency shall directly provide at least
500 one of the types of authorized services through home health
501 agency employees, but may provide additional services under
502 arrangements with another agency or organization. Services
503 furnished under such arrangements must have a written contract
504 conforming to the requirements specified in paragraph (b).

505 (d) If home health aide services are provided by an
506 individual who is not employed directly by the home health
507 agency, the services of the home health aide must be provided
508 under arrangements as stated in paragraphs (b) and (c). If the
509 home health agency chooses to provide home health aide services
510 under arrangements with another organization, the
511 responsibilities of the home health agency include, but are not
512 limited to:

513 1. Ensuring the overall quality of the care provided by
514 the aide.

515 2. Supervising the aide's services as described in s.
516 400.487.

517 3. Ensuring that each home health aide providing services
518 under arrangements with another organization has met the
519 training requirements or competency evaluation requirements of
520 s. 400.497.

521 (e) The home health agency shall coordinate the efforts of
522 all personnel furnishing services, and the personnel shall
523 maintain communication with the home health agency to ensure
524 that personnel efforts support the objectives outlined in the
525 plan of care. The clinical record or minutes of case conferences
526 shall ensure that effective interchange, reporting, and
527 coordination of patient care occurs.

528 Section 14. Section 400.487, Florida Statutes, is amended
529 to read:

530 400.487 Home health service agreements; physician's,
531 physician assistant's, and advanced registered nurse
532 practitioner's treatment orders; patient assessment;

533 establishment and review of plan of care; provision of services;
534 orders not to resuscitate.—

535 (1) Services provided by a home health agency must be
536 covered by an agreement between the home health agency and the
537 patient or the patient's legal representative specifying the
538 home health services to be provided, the rates or charges for
539 services paid with private funds, and the sources of payment,
540 which may include Medicare, Medicaid, private insurance,
541 personal funds, or a combination thereof. The home health agency
542 shall provide a copy of the agreement to the patient or the
543 patient's legal representative. A home health agency providing
544 skilled care must make an assessment of the patient's needs
545 within 48 hours after the start of services.

546 (2) When required by the provisions of chapter 464; part
547 I, part III, or part V of chapter 468; or chapter 486, the
548 attending physician, physician assistant, or advanced registered
549 nurse practitioner, acting within his or her respective scope of
550 practice, shall establish treatment orders for a patient who is
551 to receive skilled care. The treatment orders must be signed by
552 the physician, physician assistant, or advanced registered nurse
553 practitioner before a claim for payment for the skilled services
554 is submitted by the home health agency. If the claim is
555 submitted to a managed care organization, the treatment orders
556 must be signed within the time allowed under the provider
557 agreement. The treatment orders shall be reviewed, as frequently
558 as the patient's illness requires, by the physician, physician
559 assistant, or advanced registered nurse practitioner in
560 consultation with the home health agency.

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

566 (4) The home health agency shall protect and promote the
567 rights of each individual under its care, including each of the
568 following rights:

569 (a) Notice of rights.—The home health agency shall provide
570 the patient with a written notice of the patient's rights in
571 advance of furnishing care to the patient or during the initial
572 evaluation visit before the initiation of treatment. The home
573 health agency must maintain documentation showing that it has
574 complied with the requirements of this section.

575 (b) Exercise of rights and respect for property and
576 person.—

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

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

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

586 4. The home health agency must investigate complaints made
587 by a patient or the patient's family or guardian regarding
588 treatment or care that is or fails to be furnished or regarding

589 the lack of respect for the patient's property by anyone
590 furnishing services on behalf of the home health agency. The
591 home health agency shall document the existence of the complaint
592 and its resolution.

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

597 (c) Right to be informed and to participate in planning
598 care and treatment.—

599 1. The patient has the right to be informed, in advance,
600 about the care to be furnished and of any changes in the care to
601 be furnished. The home health agency shall advise the patient in
602 advance of which disciplines will furnish care and the frequency
603 of visits proposed to be furnished. The home health agency must
604 advise the patient in advance of any change in the plan of care
605 before the change is made.

606 2. The patient has the right to participate in the
607 planning of the care. The home health agency must advise the
608 patient in advance of the right to participate in planning the
609 care or treatment and in planning changes in the care or
610 treatment. ~~Each patient has the right to be informed of and to~~
611 ~~participate in the planning of his or her care.~~ Each patient
612 must be provided, upon request, a copy of the plan of care
613 established and maintained for that patient by the home health
614 agency.

615 (5) When nursing services are ordered, the home health
616 agency to which a patient has been admitted for care must

617 provide the initial admission visit, all service evaluation
618 visits, and the discharge visit by a direct employee. Services
619 provided by others under contractual arrangements to a home
620 health agency must be monitored and managed by the admitting
621 home health agency. The admitting home health agency is fully
622 responsible for ensuring that all care provided through its
623 employees or contract staff is delivered in accordance with this
624 part and applicable rules.

625 (6) The skilled care services provided by a home health
626 agency, directly or under contract, must be supervised and
627 coordinated in accordance with the plan of care. The home health
628 agency shall furnish skilled nursing services by or under the
629 supervision of a registered nurse and in accordance with the
630 plan of care. Any therapy services offered directly or under
631 arrangement by the home health agency must be provided by a
632 qualified therapist or by a qualified therapy assistant under
633 the supervision of a qualified therapist and in accordance with
634 the plan of care.

635 (a) Physical therapy services.-Physical therapy services
636 shall be furnished only by or under the supervision of a
637 licensed physical therapist or licensed physical therapist
638 assistant as required under chapter 486 and related applicable
639 rules. A physical therapist assistant shall perform services
640 planned, delegated, and supervised by the physical therapist,
641 assist in preparing clinical notes and progress reports,
642 participate in educating the patient and his or her family, and
643 participate in in-service programs. This paragraph does not
644 limit the services provided by a physician licensed under

645 chapter 458 or chapter 459.

646 (b) Occupational therapy services.—Occupational therapy
647 services shall be furnished only by or under the supervision of
648 a licensed occupational therapist or occupational therapy
649 assistant as provided under part III of chapter 468 and related
650 applicable rules. An occupational therapy assistant shall
651 perform any services planned, delegated, and supervised by an
652 occupational therapist, assist in preparing clinical notes and
653 progress reports, participate in educating the patient and his
654 or her family, and participate in in-service programs. This
655 paragraph does not limit the services provided by a physician
656 licensed under chapter 458 or chapter 459.

657 (c) Speech therapy services.—Speech therapy services shall
658 be furnished only by or under supervision of a qualified speech-
659 language pathologist or audiologist as required in part I of
660 chapter 468 and applicable rules.

661 (d) Care follows a written plan of care.—The plan of care
662 shall be reviewed by the physician or health professional who
663 provided the treatment orders pursuant to subsection (2) and
664 home health agency personnel as often as the severity of the
665 patient's condition requires, but at least once every 60 days or
666 more when there is a patient-elected transfer, a significant
667 change in condition, or a discharge and return to the same home
668 health agency during the 60-day episode. Professional staff of a
669 home health agency shall promptly alert the physician or other
670 health professional who provided the treatment orders of any
671 change that suggests a need to alter the plan of care.

672 (e) Administration of drugs and treatment.—Only

673 professional staff of a home health agency may administer drugs
674 and treatments as ordered by the physician or health
675 professional pursuant to subsection (2), with the exception of
676 influenza and pneumococcal polysaccharide vaccines, which may be
677 administered according to the policy of the home health agency
678 developed in consultation with a physician and after an
679 assessment for contraindications. Verbal orders shall be in
680 writing and signed and dated with the date of receipt by the
681 registered nurse or qualified therapist who is responsible for
682 furnishing or supervising the ordered service. A verbal order
683 may be accepted only by personnel who are authorized to do so by
684 applicable state laws, rules, and internal policies of the home
685 health agency.

686 (7) A registered nurse shall conduct the initial
687 evaluation visit, regularly reevaluate the patient's nursing
688 needs, initiate the plan of care and necessary revisions,
689 furnish those services requiring substantial and specialized
690 nursing skill, initiate appropriate preventive and
691 rehabilitative nursing procedures, prepare clinical and progress
692 notes, coordinate services, inform the physician and other
693 personnel of changes in the patient's condition and needs,
694 counsel the patient and his or her family in meeting nursing and
695 related needs, participate in in-service programs, and supervise
696 and teach other nursing personnel, unless the home health agency
697 providing the home health aide services is not Medicare-
698 certified or Medicaid-certified and does not provide skilled
699 care or the patient is not receiving skilled care.

700 (8) A licensed practical nurse shall furnish services in

701 accordance with agency policies, prepare clinical and progress
702 notes, assist the physician and registered nurse in performing
703 specialized procedures, prepare equipment and materials for
704 treatments observing aseptic technique as required, and assist
705 the patient in learning appropriate self-care techniques.

706 (9) A home health aide and certified nursing assistant
707 shall provide services that are in the service provision plan
708 provided in s. 400.491 and other services that the home health
709 aide or certified nursing assistant is permitted to perform
710 under state law. The duties of a home health aide or certified
711 nursing assistant include the provision of hands-on personal
712 care, performance of simple procedures as an extension of
713 therapy or nursing services, assistance in ambulation or
714 exercises, and assistance in administering medications that are
715 ordinarily self-administered and are specified in agency rules.
716 Any services by a home health aide which are offered by a home
717 health agency must be provided by a qualified home health aide
718 or certified nursing assistant.

719 (a) Assignment and duties.—A home health aide or certified
720 nursing assistant shall be assigned to a specific patient by a
721 registered nurse, unless the home health agency providing the
722 home health aide services is not Medicare-certified or Medicaid-
723 certified and does not provide skilled care or the patient is
724 not receiving skilled care. Written patient care instructions
725 for the home health aide and certified nursing assistant must be
726 prepared by the registered nurse or other appropriate
727 professional who is responsible for the supervision of the home
728 health aide and certified nursing assistant as stated in this

729 section.

730 (b) Supervision.—If a patient receives skilled nursing
731 care, the registered nurse shall perform the supervisory visit.
732 If the patient is not receiving skilled nursing care but is
733 receiving physical therapy, occupational therapy, or speech-
734 language pathology services, the appropriate therapist may
735 provide the supervision. A registered nurse or other
736 professional must make an onsite visit to the patient's home at
737 least once every 2 weeks. The visit is not required while the
738 aide is providing care.

739 (c) Supervisory visits.—If home health aide services are
740 provided to a patient who is not receiving skilled nursing care,
741 physical or occupational therapy, or speech-language pathology
742 services, a registered nurse must make a supervisory visit to
743 the patient's home at least once every 60 days, unless the home
744 health agency providing the home health aide services is not
745 Medicare-certified or Medicaid-certified and does not provide
746 skilled care, either directly or through contracts. The
747 registered nurse shall ensure that the aide is properly caring
748 for the patient and each supervisory visit must occur while the
749 home health aide is providing patient care. In addition to the
750 requirements in this subsection, a home health agency shall
751 arrange for additional supervisory visits by a registered nurse
752 to the home of a patient receiving home health aide services in
753 accordance with the patient's direction, approval, and agreement
754 to pay the charge for the visits.

755 (10)-(7) Home health agency personnel may withhold or
756 withdraw cardiopulmonary resuscitation if presented with an

757 order not to resuscitate executed pursuant to s. 401.45. The
 758 agency shall adopt rules providing for the implementation of
 759 such orders. Home health personnel and agencies shall not be
 760 subject to criminal prosecution or civil liability, nor be
 761 considered to have engaged in negligent or unprofessional
 762 conduct, for withholding or withdrawing cardiopulmonary
 763 resuscitation pursuant to such an order and rules adopted by the
 764 agency.

765 Section 15. Paragraphs (f) and (g) of subsection (4) of
 766 section 400.9905, Florida Statutes, are amended to read:

767 400.9905 Definitions.—

768 (4) "Clinic" means an entity at which health care services
 769 are provided to individuals and which tenders charges for
 770 reimbursement for such services, including a mobile clinic and a
 771 portable equipment provider. For purposes of this part, the term
 772 does not include and the licensure requirements of this part do
 773 not apply to:

774 (f) A sole proprietorship, group practice, partnership, ~~or~~
 775 corporation, or other legal entity that provides health care
 776 services by practitioners licensed under chapter 458, chapter
 777 459, chapter 461, chapter 466, or chapter 460 and subject to the
 778 limitations of s. 460.4167 ~~physicians covered by s. 627.419,~~
 779 that is directly supervised by one or more of such physicians or
 780 physician assistants, and that is wholly owned by one or more of
 781 those physicians or physician assistants or by a physician or
 782 physician assistant or ~~and~~ the spouse, parent, child, or sibling
 783 of that physician or physician assistant. A certificate of
 784 exemption is valid only for the entity, persons, and location

785 for which it was originally issued.

786 1. An individual who is not a medical professional or
787 family member listed in this paragraph may own up to 30 percent
788 of a health care clinic entity that is exempt under this
789 paragraph if the individual obtains prior approval from the
790 agency for ownership of a percentage of a health care clinic.
791 Such an individual is considered an "applicant" under s.
792 400.991(5) and must meet all the requirements of that section
793 and the level 2 background screening requirements of s. 408.809
794 before being approved by the agency for ownership of a minority
795 interest in a health care clinic.

796 2. If an individual who is not a medical professional or
797 family member listed in this paragraph assumes ownership of an
798 investment interest in a health care clinic without the prior
799 approval of the agency, the health care clinic shall lose its
800 exemption from licensure under this paragraph.

801 3. Ownership of a health care clinic by an individual
802 other than the physician or physician assistant, or by the
803 spouse, parent, child, or sibling of the physician or physician
804 assistant to whom the exemption was granted, may not exceed 30
805 percent.

806 (g) A sole proprietorship, group practice, partnership, or
807 corporation that provides health care services by licensed
808 health care practitioners under chapter 457, chapter 458,
809 chapter 459, ~~chapter 460, chapter 461,~~ chapter 462, chapter 463,
810 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,
811 chapter 490, chapter 491, or part I, part III, part X, part
812 XIII, or part XIV of chapter 468, or s. 464.012, which are

813 wholly owned by one or more licensed health care practitioners,
 814 or the licensed health care practitioners set forth in this
 815 paragraph and the spouse, parent, child, or sibling of a
 816 licensed health care practitioner, so long as one of the owners
 817 who is a licensed health care practitioner is directly
 818 supervising health care services ~~the business activities~~ and is
 819 legally responsible for the entity's compliance with all federal
 820 and state laws. However, a health care practitioner who is a
 821 supervising owner may not supervise services beyond the scope of
 822 the practitioner's license, except that, for the purposes of
 823 this part, a clinic owned by a licensee in s. 456.053(3)(b) that
 824 provides only services authorized pursuant to s. 456.053(3)(b)
 825 may be supervised by a licensee specified in s. 456.053(3)(b). A
 826 certificate of exemption is valid only for the entity, persons,
 827 and location for which it was originally issued.

828 Section 16. Subsection (11) of section 408.802, Florida
 829 Statutes, is repealed.

830 Section 17. Paragraphs (e), (f), and (g) of subsection
 831 (15) of section 409.912, Florida Statutes, are repealed.

832 Section 18. Subsection (13) of section 409.9122, Florida
 833 Statutes, is repealed.

834 Section 19. Section 409.91255, Florida Statutes, is
 835 amended to read:

836 409.91255 Federally qualified health center access
 837 program.—

838 (1) SHORT TITLE.—This section may be cited as the
 839 "Community Health Center Access Program Act."

840 (2) LEGISLATIVE FINDINGS AND INTENT.—

841 (a) The Legislature finds that, despite significant
842 investments in health care programs, nearly 6 ~~more than 2~~
843 million low-income Floridians, primarily the working poor and
844 minority populations, continue to lack access to basic health
845 care services. Further, the Legislature recognizes that
846 federally qualified health centers have a proven record of
847 providing cost-effective, comprehensive primary and preventive
848 health care and are uniquely qualified to address the lack of
849 adequate health care services for the uninsured.

850 (b) It is the intent of the Legislature to recognize the
851 significance of increased federal investments in federally
852 qualified health centers and to leverage that investment through
853 the creation of a program to provide for the expansion of the
854 primary and preventive health care services offered by federally
855 qualified health centers. Further, such a program will support
856 the coordination of federal, state, and local resources to
857 assist such health centers in developing an expanded community-
858 based primary care delivery system.

859 (3) ASSISTANCE TO FEDERALLY QUALIFIED HEALTH CENTERS.—The
860 agency shall administer ~~Department of Health shall develop~~ a
861 program for the expansion of federally qualified health centers
862 for the purpose of providing comprehensive primary and
863 preventive health care and urgent care services that may reduce
864 the morbidity, mortality, and cost of care among the uninsured
865 population of the state. The program shall provide for
866 distribution of financial assistance to federally qualified
867 health centers that apply and demonstrate a need for such
868 assistance in order to sustain or expand the delivery of primary

869 and preventive health care services. In selecting centers to
 870 receive this financial assistance, the program:

871 (a) Shall give preference to communities that have few or
 872 no community-based primary care services or in which the current
 873 services are unable to meet the community's needs. To assist in
 874 the assessment and identification of areas of critical need, a
 875 federally qualified health-center-based statewide assessment and
 876 strategic plan shall be developed by the Florida Association of
 877 Community Health Centers, Inc., every 5 years, beginning January
 878 1, 2011.

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

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

884 (d) Shall require that the funds provided be used to pay
 885 for operating costs of a projected expansion in patient
 886 caseloads or services or for capital improvement projects.
 887 Capital improvement projects may include renovations to existing
 888 facilities or construction of new facilities, provided that an
 889 expansion in patient caseloads or services to a new patient
 890 population will occur as a result of the capital expenditures.
 891 The agency ~~department~~ shall include in its standard contract
 892 document a requirement that any state funds provided for the
 893 purchase of or improvements to real property are contingent upon
 894 the contractor granting to the state a security interest in the
 895 property at least to the amount of the state funds provided for
 896 at least 5 years from the date of purchase or the completion of

897 the improvements or as further required by law. The contract
 898 must include a provision that, as a condition of receipt of
 899 state funding for this purpose, the contractor agrees that, if
 900 it disposes of the property before the agency's ~~department's~~
 901 interest is vacated, the contractor will refund the
 902 proportionate share of the state's initial investment, as
 903 adjusted by depreciation.

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

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

908 (g) Shall promote ~~allow~~ the development of community
 909 emergency room diversion programs in conjunction with local
 910 resources, providing extended hours of operation to urgent care
 911 patients. Diversion programs shall include case management for
 912 emergency room followup care.

913 (4) EVALUATION OF APPLICATIONS.—A review panel shall be
 914 established, consisting of four persons appointed by the
 915 Secretary of Health Care Administration ~~State Surgeon General~~
 916 and three persons appointed by the chief executive officer of
 917 the Florida Association of Community Health Centers, Inc., to
 918 review all applications for financial assistance under the
 919 program. Applicants shall specify in the application whether the
 920 program funds will be used for the expansion of patient
 921 caseloads or services or for capital improvement projects to
 922 expand and improve patient facilities. The panel shall use the
 923 following elements in reviewing application proposals and shall
 924 determine the relative weight for scoring and evaluating these

925 elements:

926 (a) The target population to be served.

927 (b) The health benefits to be provided.

928 (c) The methods that will be used to measure cost-
929 effectiveness.

930 (d) How patient satisfaction will be measured.

931 (e) The proposed internal quality assurance process.

932 (f) Projected health status outcomes.

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

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

938 (5) ADMINISTRATION AND TECHNICAL ASSISTANCE.—The agency
939 shall ~~Department of Health may~~ contract with the Florida
940 Association of Community Health Centers, Inc., to develop and
941 coordinate ~~administer~~ the program and provide technical
942 assistance to the federally qualified health centers selected to
943 receive financial assistance. The contracted entity shall be
944 responsible for program support and assume all costs related to
945 administration of this program.

946 Section 20. Subsection (2) of section 429.075, Florida
947 Statutes, is amended to read:

948 429.075 Limited mental health license.—An assisted living
949 facility that serves three or more mental health residents must
950 obtain a limited mental health license.

951 (2) Facilities licensed to provide services to mental
952 health residents shall provide appropriate supervision and

953 staffing to provide for the health, safety, and welfare of such
 954 residents. Assisted living facilities within an area zoned for
 955 residential use in a municipality having a population of more
 956 than 400,000, which house persons identified as being part of a
 957 priority population that includes adult and adolescent residents
 958 who have severe and persistent mental illness, as described in
 959 s. 394.674, must maintain 24-hour security services provided by
 960 uniformed security personnel licensed under part III of chapter
 961 493.

962 Section 21. Subsection (2) of section 429.12, Florida
 963 Statutes, is repealed.

964 Section 22. Subsection (5) of section 429.23, Florida
 965 Statutes, is repealed.

966 Section 23. Paragraph (a) of subsection (2) of section
 967 429.911, Florida Statutes, is repealed.

968 Section 24. Dental workforce survey.-

969 (1) Beginning in 2012, each person who applies for
 970 licensure renewal as a dentist or dental hygienist under chapter
 971 466, Florida Statutes, must, in conjunction with the renewal of
 972 such license under procedures and forms adopted by the Board of
 973 Dentistry and in addition to any other information that may be
 974 required from the applicant, furnish the following information
 975 to the Department of Health, working in conjunction with the
 976 board, in a dental workforce survey:

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

978 1. The name of the dental school or dental hygiene program
 979 that the dentist or dental hygienist graduated from and the year
 980 of graduation.

- 981 2. The year that the dentist or dental hygienist began
- 982 practicing or working in this state.
- 983 3. The geographic location of the dentist's or dental
- 984 hygienist's practice or address within the state.
- 985 4. For a dentist in private practice:
- 986 a. The number of full-time dental hygienists employed by
- 987 the dentist during the reporting period.
- 988 b. The number of full-time dental assistants employed by
- 989 the dentist during the reporting period.
- 990 c. The average number of patients treated per week by the
- 991 dentist during the reporting period.
- 992 d. The settings where the dental care was delivered.
- 993 5. Anticipated plans of the dentist to change the status
- 994 of his or her license or practice.
- 995 6. The dentist's areas of specialty or certification.
- 996 7. The year that the dentist completed a specialty program
- 997 recognized by the American Dental Association.
- 998 8. For a hygienist:
- 999 a. The average number of patients treated per week by the
- 1000 hygienist during the reporting period.
- 1001 b. The settings where the dental care was delivered.
- 1002 9. The dentist's memberships in professional
- 1003 organizations.
- 1004 10. The number of pro bono hours provided by the dentist
- 1005 or dental hygienist during the last biennium.
- 1006 (b) Information concerning the availability and trends
- 1007 relating to critically needed services, including, but not
- 1008 limited to, the following types of care provided by the dentist

1009 or dental hygienist:
 1010 1. Dental care to children having special needs.
 1011 2. Geriatric dental care.
 1012 3. Dental services in emergency departments.
 1013 4. Medicaid services.
 1014 5. Other critically needed specialty areas, as determined
 1015 by the advisory body.

1016 (2) In addition to the completed survey, the dentist or
 1017 dental hygienist must submit a statement that the information
 1018 provided is true and accurate to the best of his or her
 1019 knowledge and belief.

1020 (3) Beginning in 2012, renewal of a license by a dentist
 1021 or dental hygienist licensed under chapter 466, Florida
 1022 Statutes, is not contingent upon the completion and submission
 1023 of the dental workforce survey; however, for any subsequent
 1024 license renewal, the board may not renew the license of any
 1025 dentist or dental hygienist until the survey required under this
 1026 section is completed and submitted by the licensee.

1027 (4) (a) Beginning in 2012, the Board of Dentistry shall
 1028 issue a nondisciplinary citation to any dentist or dental
 1029 hygienist licensed under chapter 466, Florida Statutes, who
 1030 fails to complete the survey within 90 days after the renewal of
 1031 his or her license to practice as a dentist or dental hygienist.

1032 (b) The citation must notify a dentist or dental hygienist
 1033 who fails to complete the survey required by this section that
 1034 his or her license will not be renewed for any subsequent
 1035 license renewal unless the dentist or dental hygienist completes
 1036 the survey.

1037 (c) In conjunction with issuing the license renewal notice
 1038 required by s. 456.038, Florida Statutes, the board shall notify
 1039 each dentist or dental hygienist licensed under chapter 466,
 1040 Florida Statutes, who fails to complete the survey that the
 1041 survey must be completed before the subsequent license renewal.

1042 Section 25. (1) The Department of Health shall serve as
 1043 the coordinating body for the purpose of collecting and
 1044 regularly updating and disseminating dental workforce data. The
 1045 department shall work with multiple stakeholders, including the
 1046 Florida Dental Association and the Florida Dental Hygiene
 1047 Association, to assess and share with all communities of
 1048 interest all data collected in a timely fashion.

1049 (2) The Department of Health shall maintain a current
 1050 database to serve as a statewide source of data concerning the
 1051 dental workforce. The department, in conjunction with the Board
 1052 of Dentistry, shall also:

1053 (a) Develop strategies to maximize federal and state
 1054 programs that provide incentives for dentists to practice in
 1055 shortage areas that are federally designated. Strategies shall
 1056 include programs such as the Florida Health Services Corps
 1057 established under s. 381.0302, Florida Statutes.

1058 (b) Work in conjunction with an advisory body to address
 1059 matters relating to the state's dental workforce. The advisory
 1060 body shall provide input on developing questions for the dentist
 1061 workforce survey. The advisory body shall include, but need not
 1062 be limited to, the State Surgeon General or his or her designee,
 1063 the dean of each dental school accredited in the United States
 1064 and based in this state or his or her designee, a representative

1065 from the Florida Dental Association, a representative from the
 1066 Florida Dental Hygiene Association, a representative from the
 1067 Board of Dentistry, and a dentist from each of the dental
 1068 specialties recognized by the American Dental Association's
 1069 Commission on Dental Accreditation. Members of the advisory body
 1070 shall serve without compensation.

1071 (c) Act as a clearinghouse for collecting and
 1072 disseminating information concerning the dental workforce.

1073 (3) The Department of Health and the Board of Dentistry
 1074 shall adopt rules necessary to administer this section.

1075 Section 26. It is the intent of the Legislature that the
 1076 Department of Health and the Board of Dentistry implement the
 1077 provisions of sections 16 through 20 of this act within existing
 1078 resources.

1079 Section 27. Paragraphs (q) and (t) of subsection (2) of
 1080 section 499.01, Florida Statutes, are amended to read:

1081 499.01 Permits.—

1082 (2) The following permits are established:

1083 (q) Device manufacturer permit.—

1084 1. A device manufacturer permit is required for any person
 1085 that engages in the manufacture, repackaging, or assembly of
 1086 medical devices for human use in this state, except that a
 1087 permit is not required if:

1088 a. The person manufactures, repackages, or assembles only
 1089 those medical devices or components for such devices which are
 1090 exempt from registration pursuant to s. 499.015(8); or

1091 b. The person is engaged only in manufacturing,
 1092 repackaging, or assembling a medical device pursuant to a

1093 practitioner's order for a specific patient.

1094 ~~2.1.~~ A manufacturer or repackager of medical devices in
 1095 this state must comply with all appropriate state and federal
 1096 good manufacturing practices and quality system rules.

1097 ~~3.2.~~ The department shall adopt rules related to storage,
 1098 handling, and recordkeeping requirements for manufacturers of
 1099 medical devices for human use.

1100 (t) Health care clinic establishment permit.—Effective
 1101 January 1, 2009, a health care clinic establishment permit is
 1102 required for the purchase of a prescription drug by a place of
 1103 business at one general physical location that provides health
 1104 care or veterinary services, which is owned and operated by a
 1105 business entity that has been issued a federal employer tax
 1106 identification number. For the purpose of this paragraph, the
 1107 term "qualifying practitioner" means a licensed health care
 1108 practitioner defined in s. 456.001, or a veterinarian licensed
 1109 under chapter 474, who is authorized under the appropriate
 1110 practice act to prescribe and administer a prescription drug.

1111 1. An establishment must provide, as part of the
 1112 application required under s. 499.012, designation of a
 1113 qualifying practitioner who will be responsible for complying
 1114 with all legal and regulatory requirements related to the
 1115 purchase, recordkeeping, storage, and handling of the
 1116 prescription drugs. In addition, the designated qualifying
 1117 practitioner shall be the practitioner whose name, establishment
 1118 address, and license number is used on all distribution
 1119 documents for prescription drugs purchased or returned by the
 1120 health care clinic establishment. Upon initial appointment of a

1121 | qualifying practitioner, the qualifying practitioner and the
1122 | health care clinic establishment shall notify the department on
1123 | a form furnished by the department within 10 days after such
1124 | employment. In addition, the qualifying practitioner and health
1125 | care clinic establishment shall notify the department within 10
1126 | days after any subsequent change.

1127 | 2. The health care clinic establishment must employ a
1128 | qualifying practitioner at each establishment.

1129 | 3. In addition to the remedies and penalties provided in
1130 | this part, a violation of this chapter by the health care clinic
1131 | establishment or qualifying practitioner constitutes grounds for
1132 | discipline of the qualifying practitioner by the appropriate
1133 | regulatory board.

1134 | 4. The purchase of prescription drugs by the health care
1135 | clinic establishment is prohibited during any period of time
1136 | when the establishment does not comply with this paragraph.

1137 | 5. A health care clinic establishment permit is not a
1138 | pharmacy permit or otherwise subject to chapter 465. A health
1139 | care clinic establishment that meets the criteria of a modified
1140 | Class II institutional pharmacy under s. 465.019 is not eligible
1141 | to be permitted under this paragraph.

1142 | 6. This paragraph does not apply to the purchase of a
1143 | prescription drug by a licensed practitioner under his or her
1144 | license. A professional corporation or limited liability company
1145 | composed of dentists and operating as authorized in s. 466.0285
1146 | may pay for prescription drugs obtained by a practitioner
1147 | licensed under chapter 466, and the licensed practitioner is
1148 | deemed the purchaser and owner of the prescription drugs.

1149 Section 28. Subsections (32) through (54) of section
 1150 499.003, Florida Statutes, are renumbered as subsections (33)
 1151 through (55), respectively, present subsection (42) is amended,
 1152 and a new subsection (32) is added to that section, to read:

1153 499.003 Definitions of terms used in this part.—As used in
 1154 this part, the term:

1155 (32) "Medical convenience kit" means a package or unit
 1156 that contains combination products as described in 21 C.F.R. s.
 1157 3.2(e) (2).

1158 ~~(43)~~~~(42)~~ "Prescription drug" means a prescription,
 1159 medicinal, or legend drug, including, but not limited to,
 1160 finished dosage forms or active ingredients subject to, defined
 1161 by, or described by s. 503(b) of the Federal Food, Drug, and
 1162 Cosmetic Act or s. 465.003(8), s. 499.007(13), or subsection
 1163 (11), subsection (46) ~~(45)~~, or subsection (53) ~~(52)~~.

1164 Section 29. Paragraph (a) of subsection (1) of section
 1165 409.9201, Florida Statutes, is amended to read:

1166 409.9201 Medicaid fraud.—

1167 (1) As used in this section, the term:

1168 (a) "Prescription drug" means any drug, including, but not
 1169 limited to, finished dosage forms or active ingredients that are
 1170 subject to, defined by, or described by s. 503(b) of the Federal
 1171 Food, Drug, and Cosmetic Act or by s. 465.003(8), s.
 1172 499.003 (45) ~~(45)~~ or (53) ~~(52)~~, or s. 499.007(13).

1173
 1174 The value of individual items of the legend drugs or goods or
 1175 services involved in distinct transactions committed during a
 1176 single scheme or course of conduct, whether involving a single

1177 person or several persons, may be aggregated when determining
 1178 the punishment for the offense.

1179 Section 30. Subsection (3) of section 465.0265, Florida
 1180 Statutes, is amended to read:

1181 465.0265 Centralized prescription filling.—

1182 (3) The filling, delivery, and return of a prescription by
 1183 one pharmacy for another pursuant to this section shall not be
 1184 construed as the filling of a transferred prescription as set
 1185 forth in s. 465.026 or as a wholesale distribution as set forth
 1186 in s. 499.003 (54) ~~(53)~~.

1187 Section 31. Paragraph (d) of subsection (4) of section
 1188 499.0121, Florida Statutes, is amended to read:

1189 499.0121 Storage and handling of prescription drugs;
 1190 recordkeeping.—The department shall adopt rules to implement
 1191 this section as necessary to protect the public health, safety,
 1192 and welfare. Such rules shall include, but not be limited to,
 1193 requirements for the storage and handling of prescription drugs
 1194 and for the establishment and maintenance of prescription drug
 1195 distribution records.

1196 (4) EXAMINATION OF MATERIALS AND RECORDS.—

1197 (d) Upon receipt, a wholesale distributor must review
 1198 records required under this section for the acquisition of
 1199 prescription drugs for accuracy and completeness, considering
 1200 the total facts and circumstances surrounding the transactions
 1201 and the wholesale distributors involved. This includes
 1202 authenticating each transaction listed on a pedigree paper, as
 1203 defined in s. 499.003 (37) ~~(36)~~.

1204 Section 32. Paragraphs (a) and (b) of subsection (2) of

1205 section 499.01211, Florida Statutes, are amended to read:

1206 499.01211 Drug Wholesale Distributor Advisory Council.—

1207 (2) The State Surgeon General, or his or her designee, and
 1208 the Secretary of Health Care Administration, or her or his
 1209 designee, shall be members of the council. The State Surgeon
 1210 General shall appoint nine additional members to the council who
 1211 shall be appointed to a term of 4 years each, as follows:

1212 (a) Three different persons each of whom is employed by a
 1213 different prescription drug wholesale distributor licensed under
 1214 this part which operates nationally and is a primary wholesale
 1215 distributor, as defined in s. 499.003 (47) ~~(46)~~.

1216 (b) One person employed by a prescription drug wholesale
 1217 distributor licensed under this part which is a secondary
 1218 wholesale distributor, as defined in s. 499.003 (52) ~~(51)~~.

1219 Section 33. Subsection (1) of section 499.03, Florida
 1220 Statutes, is amended to read:

1221 499.03 Possession of certain drugs without prescriptions
 1222 unlawful; exemptions and exceptions.—

1223 (1) A person may not possess, or possess with intent to
 1224 sell, dispense, or deliver, any habit-forming, toxic, harmful,
 1225 or new drug subject to s. 499.003 (33) ~~(32)~~, or prescription drug
 1226 as defined in s. 499.003 (43) ~~(42)~~, unless the possession of the
 1227 drug has been obtained by a valid prescription of a practitioner
 1228 licensed by law to prescribe the drug. However, this section
 1229 does not apply to the delivery of such drugs to persons included
 1230 in any of the classes named in this subsection, or to the agents
 1231 or employees of such persons, for use in the usual course of
 1232 their businesses or practices or in the performance of their

1233 official duties, as the case may be; nor does this section apply
 1234 to the possession of such drugs by those persons or their agents
 1235 or employees for such use:

1236 (a) A licensed pharmacist or any person under the licensed
 1237 pharmacist's supervision while acting within the scope of the
 1238 licensed pharmacist's practice;

1239 (b) A licensed practitioner authorized by law to prescribe
 1240 prescription drugs or any person under the licensed
 1241 practitioner's supervision while acting within the scope of the
 1242 licensed practitioner's practice;

1243 (c) A qualified person who uses prescription drugs for
 1244 lawful research, teaching, or testing, and not for resale;

1245 (d) A licensed hospital or other institution that procures
 1246 such drugs for lawful administration or dispensing by
 1247 practitioners;

1248 (e) An officer or employee of a federal, state, or local
 1249 government; or

1250 (f) A person that holds a valid permit issued by the
 1251 department pursuant to this part which authorizes that person to
 1252 possess prescription drugs.

1253 Section 34. Paragraphs (i) and (m) of subsection (1) of
 1254 section 499.05, Florida Statutes, are amended to read:

1255 499.05 Rules.—

1256 (1) The department shall adopt rules to implement and
 1257 enforce this part with respect to:

1258 (i) Additional conditions that qualify as an emergency
 1259 medical reason under s. 499.003 (54) ~~(53)~~ (b)2.

1260 (m) The recordkeeping, storage, and handling with respect

1261 to each of the distributions of prescription drugs specified in
 1262 s. 499.003 (54) ~~(53)~~ (a) - (d).

1263 Section 35. Subsection (1) of section 794.075, Florida
 1264 Statutes, is amended to read:

1265 794.075 Sexual predators; erectile dysfunction drugs.—

1266 (1) A person may not possess a prescription drug, as
 1267 defined in s. 499.003 (43) ~~(42)~~, for the purpose of treating
 1268 erectile dysfunction if the person is designated as a sexual
 1269 predator under s. 775.21.

1270 Section 36. Paragraph (a) of subsection (6) of section
 1271 624.91, Florida Statutes, is amended to read:

1272 624.91 The Florida Healthy Kids Corporation Act.—

1273 (6) BOARD OF DIRECTORS.—

1274 (a) The Florida Healthy Kids Corporation shall operate
 1275 subject to the supervision and approval of a board of directors
 1276 chaired by the Chief Financial Officer or her or his designee,
 1277 and composed of 12 ~~11~~ other members selected for 3-year terms of
 1278 office as follows:

1279 1. The Secretary of Health Care Administration, or his or
 1280 her designee.

1281 2. One member appointed by the Commissioner of Education
 1282 from the Office of School Health Programs of the Florida
 1283 Department of Education.

1284 3. One member appointed by the Chief Financial Officer
 1285 from among three members nominated by the Florida Pediatric
 1286 Society.

1287 4. One member, appointed by the Governor, who represents
 1288 the Children's Medical Services Program.

1289 5. One member appointed by the Chief Financial Officer
1290 from among three members nominated by the Florida Hospital
1291 Association.

1292 6. One member, appointed by the Governor, who is an expert
1293 on child health policy.

1294 7. One member, appointed by the Chief Financial Officer,
1295 from among three members nominated by the Florida Academy of
1296 Family Physicians.

1297 8. One member, appointed by the Governor, who represents
1298 the state Medicaid program.

1299 9. One member, appointed by the Chief Financial Officer,
1300 from among three members nominated by the Florida Association of
1301 Counties.

1302 10. The State Health Officer or her or his designee.

1303 11. The Secretary of Children and Family Services, or his
1304 or her designee.

1305 12. One member, appointed by the Governor, from among
1306 three members nominated by the Florida Dental Association.

1307 Section 37. Section 381.0403, Florida Statutes, is amended
1308 to read:

1309 381.0403 The Community Hospital Education Act.—

1310 (1) SHORT TITLE.—This section shall be known and cited as
1311 "The Community Hospital Education Act."

1312 (2) LEGISLATIVE INTENT.—

1313 (a) It is the intent of the Legislature that health care
1314 services for the citizens of this state be upgraded and that a
1315 program for continuing these services be maintained through a
1316 plan for community medical education. The program is intended to

1317 provide additional outpatient and inpatient services, a
 1318 continuing supply of highly trained physicians, and graduate
 1319 medical education.

1320 (b) The Legislature further acknowledges the critical need
 1321 for increased numbers of primary care physicians to provide the
 1322 necessary current and projected health and medical services. In
 1323 order to meet both present and anticipated needs, the
 1324 Legislature supports an expansion in the number of family
 1325 practice residency positions. The Legislature intends that the
 1326 funding for graduate education in family practice be maintained
 1327 and that funding for all primary care specialties be provided at
 1328 a minimum of \$10,000 per resident per year. Should funding for
 1329 this act remain constant or be reduced, it is intended that all
 1330 programs funded by this act be maintained or reduced
 1331 proportionately.

1332 (3) PROGRAM FOR COMMUNITY HOSPITAL EDUCATION; STATE AND
 1333 LOCAL PLANNING.—

1334 (a) There is established under the Department of Health a
 1335 program for statewide graduate medical education. It is intended
 1336 that continuing graduate medical education programs for interns
 1337 and residents be established on a statewide basis. The program
 1338 shall provide financial support for primary care specialty
 1339 interns and residents based on policies recommended and approved
 1340 by the Community Hospital Education Council, herein established,
 1341 and the Department of Health. Only those programs with at least
 1342 three residents or interns in each year of the training program
 1343 are qualified to apply for financial support. Programs with
 1344 fewer than three residents or interns per training year are

1345 qualified to apply for financial support, but only if the
1346 appropriate accrediting entity for the particular specialty has
1347 approved the program for fewer positions. Programs added after
1348 fiscal year 1997-1998 shall have 5 years to attain the requisite
1349 number of residents or interns. When feasible and to the extent
1350 allowed through the General Appropriations Act, state funds
1351 shall be used to generate federal matching funds under Medicaid,
1352 or other federal programs, and the resulting combined state and
1353 federal funds shall be allocated to participating hospitals for
1354 the support of graduate medical education. ~~The department may
1355 spend up to \$75,000 of the state appropriation for
1356 administrative costs associated with the production of the
1357 annual report as specified in subsection (9), and for
1358 administration of the program.~~

1359 (b) For the purposes of this section, primary care
1360 specialties include emergency medicine, family practice,
1361 internal medicine, pediatrics, psychiatry,
1362 obstetrics/gynecology, and combined pediatrics and internal
1363 medicine, and other primary care specialties as may be included
1364 by the council and Department of Health.

1365 (c) Medical institutions throughout the state may apply to
1366 the Community Hospital Education Council for grants-in-aid for
1367 financial support of their approved programs. Recommendations
1368 for funding of approved programs shall be forwarded to the
1369 Department of Health.

1370 (d) The program shall provide a plan for community
1371 clinical teaching and training with the cooperation of the
1372 medical profession, hospitals, and clinics. The plan shall also

1373 include formal teaching opportunities for intern and resident
 1374 training. In addition, the plan shall establish an off-campus
 1375 medical faculty with university faculty review to be located
 1376 throughout the state in local communities.

1377 ~~(4) PROGRAM FOR GRADUATE MEDICAL EDUCATION INNOVATIONS.—~~

1378 ~~(a) There is established under the Department of Health a~~
 1379 ~~program for fostering graduate medical education innovations.~~
 1380 ~~Funds appropriated annually by the Legislature for this purpose~~
 1381 ~~shall be distributed to participating hospitals or consortia of~~
 1382 ~~participating hospitals and Florida medical schools or to a~~
 1383 ~~Florida medical school for the direct costs of providing~~
 1384 ~~graduate medical education in community-based clinical settings~~
 1385 ~~on a competitive grant or formula basis to achieve state health~~
 1386 ~~care workforce policy objectives, including, but not limited to:~~

1387 ~~1. Increasing the number of residents in primary care and~~
 1388 ~~other high demand specialties or fellowships;~~

1389 ~~2. Enhancing retention of primary care physicians in~~
 1390 ~~Florida practice;~~

1391 ~~3. Promoting practice in medically underserved areas of~~
 1392 ~~the state;~~

1393 ~~4. Encouraging racial and ethnic diversity within the~~
 1394 ~~state's physician workforce; and~~

1395 ~~5. Encouraging increased production of geriatricians.~~

1396 ~~(b) Participating hospitals or consortia of participating~~
 1397 ~~hospitals and Florida medical schools or a Florida medical~~
 1398 ~~school providing graduate medical education in community-based~~
 1399 ~~clinical settings may apply to the Community Hospital Education~~
 1400 ~~Council for funding under this innovations program, except when~~

1401 ~~such innovations directly compete with services or programs~~
 1402 ~~provided by participating hospitals or consortia of~~
 1403 ~~participating hospitals, or by both hospitals and consortia.~~
 1404 ~~Innovations program funding shall provide funding based on~~
 1405 ~~policies recommended and approved by the Community Hospital~~
 1406 ~~Education Council and the Department of Health.~~

1407 ~~(c) Participating hospitals or consortia of participating~~
 1408 ~~hospitals and Florida medical schools or Florida medical schools~~
 1409 ~~awarded an innovations grant shall provide the Community~~
 1410 ~~Hospital Education Council and Department of Health with an~~
 1411 ~~annual report on their project.~~

1412 (4)~~(5)~~ FAMILY PRACTICE RESIDENCIES.—In addition to the
 1413 programs established in subsection (3), the Community Hospital
 1414 Education Council and the Department of Health shall establish
 1415 an ongoing statewide program of family practice residencies. The
 1416 administration of this program shall be in the manner described
 1417 in this section.

1418 (5)~~(6)~~ COUNCIL AND DIRECTOR.—

1419 (a) There is established the Community Hospital Education
 1420 Council, hereinafter referred to as the council, which shall
 1421 consist of 11 members, as follows:

1422 1. Seven members must be program directors of accredited
 1423 graduate medical education programs or practicing physicians who
 1424 have faculty appointments in accredited graduate medical
 1425 education programs. Six of these members must be board certified
 1426 or board eligible in family practice, internal medicine,
 1427 pediatrics, emergency medicine, obstetrics-gynecology, and
 1428 psychiatry, respectively, and licensed pursuant to chapter 458.

1429 No more than one of these members may be appointed from any one
 1430 specialty. One member must be licensed pursuant to chapter 459.

1431 2. One member must be a representative of the
 1432 administration of a hospital with an approved community hospital
 1433 medical education program;

1434 3. One member must be the dean of a medical school in this
 1435 state; and

1436 4. Two members must be consumer representatives.

1437

1438 All of the members shall be appointed by the Governor for terms
 1439 of 4 years each.

1440 (b) Council membership shall cease when a member's
 1441 representative status no longer exists. Members of similar
 1442 representative status shall be appointed to replace retiring or
 1443 resigning members of the council.

1444 (c) The State Surgeon General shall designate an
 1445 administrator to serve as staff director. The council shall
 1446 elect a chair from among its membership. Such other personnel as
 1447 may be necessary to carry out the program shall be employed as
 1448 authorized by the Department of Health.

1449 (6) ~~(7)~~ DEPARTMENT OF HEALTH; STANDARDS.—

1450 (a) The Department of Health, with recommendations from
 1451 the council, shall establish standards and policies for the use
 1452 and expenditure of graduate medical education funds appropriated
 1453 pursuant to subsection (7) ~~(8)~~ for a program of community
 1454 hospital education. The Department of Health shall establish
 1455 requirements for hospitals to be qualified for participation in
 1456 the program which shall include, but not be limited to:

1457 1. Submission of an educational plan and a training
1458 schedule.

1459 2. A determination by the council to ascertain that each
1460 portion of the program of the hospital provides a high degree of
1461 academic excellence and is accredited by the Accreditation
1462 Council for Graduate Medical Education of the American Medical
1463 Association or is accredited by the American Osteopathic
1464 Association.

1465 3. Supervision of the educational program of the hospital
1466 by a physician who is not the hospital administrator.

1467 (b) The Department of Health shall periodically review the
1468 educational program provided by a participating hospital to
1469 assure that the program includes a reasonable amount of both
1470 formal and practical training and that the formal sessions are
1471 presented as scheduled in the plan submitted by each hospital.

1472 (c) In years that funds are transferred to the Agency for
1473 Health Care Administration, the Department of Health shall
1474 certify to the Agency for Health Care Administration on a
1475 quarterly basis the number of primary care specialty residents
1476 and interns at each of the participating hospitals for which the
1477 Community Hospital Education Council and the department
1478 recommends funding.

1479 (7)~~(8)~~ MATCHING FUNDS.—State funds shall be used to match
1480 funds from any local governmental or hospital source. The state
1481 shall provide up to 50 percent of the funds, and the community
1482 hospital medical education program shall provide the remainder.
1483 However, except for fixed capital outlay, the provisions of this
1484 subsection shall not apply to any program authorized under the

1485 provisions of subsection (5) for the first 3 years after such
 1486 program is in operation.

1487 ~~(9) ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION;~~
 1488 ~~COMMITTEE. The Executive Office of the Governor, the Department~~
 1489 ~~of Health, and the Agency for Health Care Administration shall~~
 1490 ~~collaborate to establish a committee that shall produce an~~
 1491 ~~annual report on graduate medical education. The committee shall~~
 1492 ~~be comprised of 11 members: five members shall be deans of the~~
 1493 ~~medical schools or their designees; the Governor shall appoint~~
 1494 ~~two members, one of whom must be a representative of the Florida~~
 1495 ~~Medical Association who has supervised or currently supervises~~
 1496 ~~residents or interns and one of whom must be a representative of~~
 1497 ~~the Florida Hospital Association; the Secretary of Health Care~~
 1498 ~~Administration shall appoint two members, one of whom must be a~~
 1499 ~~representative of a statutory teaching hospital and one of whom~~
 1500 ~~must be a physician who has supervised or is currently~~
 1501 ~~supervising residents or interns; and the State Surgeon General~~
 1502 ~~shall appoint two members, one of whom must be a representative~~
 1503 ~~of a statutory family practice teaching hospital and one of whom~~
 1504 ~~must be a physician who has supervised or is currently~~
 1505 ~~supervising residents or interns. With the exception of the~~
 1506 ~~deans, members shall serve 4-year terms. In order to stagger the~~
 1507 ~~terms, the Governor's appointees shall serve initial terms of 4~~
 1508 ~~years, the State Surgeon General's appointees shall serve~~
 1509 ~~initial terms of 3 years, and the Secretary of Health Care~~
 1510 ~~Administration's appointees shall serve initial terms of 2~~
 1511 ~~years. A member's term shall be deemed terminated when the~~
 1512 ~~member's representative status no longer exists. Once the~~

1513 ~~committee is appointed, it shall elect a chair to serve for a 1-~~
 1514 ~~year term. The report shall be provided to the Governor, the~~
 1515 ~~President of the Senate, and the Speaker of the House of~~
 1516 ~~Representatives by January 15 annually. Committee members shall~~
 1517 ~~serve without compensation. The report shall address the~~
 1518 ~~following:~~

1519 ~~(a) The role of residents and medical faculty in the~~
 1520 ~~provision of health care.~~

1521 ~~(b) The relationship of graduate medical education to the~~
 1522 ~~state's physician workforce.~~

1523 ~~(c) The costs of training medical residents for hospitals,~~
 1524 ~~medical schools, teaching hospitals, including all hospital-~~
 1525 ~~medical affiliations, practice plans at all of the medical~~
 1526 ~~schools, and municipalities.~~

1527 ~~(d) The availability and adequacy of all sources of~~
 1528 ~~revenue to support graduate medical education and recommend~~
 1529 ~~alternative sources of funding for graduate medical education.~~

1530 ~~(e) The use of state and federal appropriated funds for~~
 1531 ~~graduate medical education by hospitals receiving such funds.~~

1532 (9) ~~(10)~~ RULEMAKING.—The department has authority to adopt
 1533 rules pursuant to ss. 120.536(1) and 120.54 to implement the
 1534 provisions of this section.

1535 Section 38. Section 381.4018, Florida Statutes, is amended
 1536 to read:

1537 381.4018 Physician workforce assessment and development.—

1538 (1) DEFINITIONS.—As used in this section, the term:

1539 (a) "Consortium" or "consortia" means a combination of
 1540 statutory teaching hospitals, specialty children's hospitals,

1541 statutory rural hospitals, other hospitals, accredited medical
 1542 schools, clinics operated by the department, clinics operated by
 1543 the Department of Veterans' Affairs, area health education
 1544 centers, community health centers, federally qualified health
 1545 centers, prison clinics, local community clinics, or other
 1546 programs. At least one member of the consortium shall be a
 1547 sponsoring institution accredited or currently seeking
 1548 accreditation by the Accreditation Council for Graduate Medical
 1549 Education or the American Osteopathic Association.

1550 (b) "Council" means the Physician Workforce Advisory
 1551 Council.

1552 (c) "Department" means the Department of Health.

1553 (d) "Graduate medical education program" means a program
 1554 accredited by the Accreditation Council for Graduate Medical
 1555 Education or the American Osteopathic Association.

1556 (e) "Primary care specialty" means emergency medicine,
 1557 family practice, internal medicine, pediatrics, psychiatry,
 1558 geriatrics, general surgery, obstetrics and gynecology, and
 1559 combined pediatrics and internal medicine and other specialties
 1560 as determined by the Physician Workforce Advisory Council or the
 1561 Department of Health.

1562 (2)-(1) LEGISLATIVE INTENT.—The Legislature recognizes that
 1563 physician workforce planning is an essential component of
 1564 ensuring that there is an adequate and appropriate supply of
 1565 well-trained physicians to meet this state's future health care
 1566 service needs as the general population and elderly population
 1567 of the state increase. The Legislature finds that items to
 1568 consider relative to assessing the physician workforce may

1569 include physician practice status; specialty mix; geographic
 1570 distribution; demographic information, including, but not
 1571 limited to, age, gender, race, and cultural considerations; and
 1572 needs of current or projected medically underserved areas in the
 1573 state. Long-term strategic planning is essential as the period
 1574 from the time a medical student enters medical school to
 1575 completion of graduate medical education may range from 7 to 10
 1576 years or longer. The Legislature recognizes that strategies to
 1577 provide for a well-trained supply of physicians must include
 1578 ensuring the availability and capacity of quality ~~graduate~~
 1579 medical schools and graduate medical education programs in this
 1580 state, as well as using new or existing state and federal
 1581 programs providing incentives for physicians to practice in
 1582 needed specialties and in underserved areas in a manner that
 1583 addresses projected needs for physician manpower.

1584 (3)~~(2)~~ PURPOSE.—The department ~~of Health~~ shall serve as a
 1585 coordinating and strategic planning body to actively assess the
 1586 state's current and future physician workforce needs and work
 1587 with multiple stakeholders to develop strategies and
 1588 alternatives to address current and projected physician
 1589 workforce needs.

1590 (4)~~(3)~~ GENERAL FUNCTIONS.—The department shall maximize
 1591 the use of existing programs under the jurisdiction of the
 1592 department and other state agencies and coordinate governmental
 1593 and nongovernmental stakeholders and resources in order to
 1594 develop a state strategic plan and assess the implementation of
 1595 such strategic plan. In developing the state strategic plan, the
 1596 department shall:

1597 (a) Monitor, evaluate, and report on the supply and
1598 distribution of physicians licensed under chapter 458 or chapter
1599 459. The department shall maintain a database to serve as a
1600 statewide source of data concerning the physician workforce.

1601 (b) Develop a model and quantify, on an ongoing basis, the
1602 adequacy of the state's current and future physician workforce
1603 as reliable data becomes available. Such model must take into
1604 account demographics, physician practice status, place of
1605 education and training, generational changes, population growth,
1606 economic indicators, and issues concerning the "pipeline" into
1607 medical education.

1608 (c) Develop and recommend strategies to determine whether
1609 the number of qualified medical school applicants who might
1610 become competent, practicing physicians in this state will be
1611 sufficient to meet the capacity of the state's medical schools.
1612 If appropriate, the department shall, working with
1613 representatives of appropriate governmental and nongovernmental
1614 entities, develop strategies and recommendations and identify
1615 best practice programs that introduce health care as a
1616 profession and strengthen skills needed for medical school
1617 admission for elementary, middle, and high school students, and
1618 improve premedical education at the precollege and college level
1619 in order to increase this state's potential pool of medical
1620 students.

1621 (d) Develop strategies to ensure that the number of
1622 graduates from the state's public and private allopathic and
1623 osteopathic medical schools is ~~are~~ adequate to meet physician
1624 workforce needs, based on the analysis of the physician

1625 workforce data, so as to provide a high-quality medical
1626 education to students in a manner that recognizes the uniqueness
1627 of each new and existing medical school in this state.

1628 (e) Pursue strategies and policies to create, expand, and
1629 maintain graduate medical education positions in the state based
1630 on the analysis of the physician workforce data. Such strategies
1631 and policies must take into account the effect of federal
1632 funding limitations on the expansion and creation of positions
1633 in graduate medical education. The department shall develop
1634 options to address such federal funding limitations. The
1635 department shall consider options to provide direct state
1636 funding for graduate medical education positions in a manner
1637 that addresses requirements and needs relative to accreditation
1638 of graduate medical education programs. The department shall
1639 consider funding residency positions as a means of addressing
1640 needed physician specialty areas, rural areas having a shortage
1641 of physicians, and areas of ongoing critical need, and as a
1642 means of addressing the state's physician workforce needs based
1643 on an ongoing analysis of physician workforce data.

1644 (f) Develop strategies to maximize federal and state
1645 programs that provide for the use of incentives to attract
1646 physicians to this state or retain physicians within the state.
1647 Such strategies should explore and maximize federal-state
1648 partnerships that provide incentives for physicians to practice
1649 in federally designated shortage areas. Strategies shall also
1650 consider the use of state programs, such as the Florida Health
1651 Service Corps established pursuant to s. 381.0302 and the
1652 Medical Education Reimbursement and Loan Repayment Program

1653 pursuant to s. 1009.65, which provide for education loan
 1654 repayment or loan forgiveness and provide monetary incentives
 1655 for physicians to relocate to underserved areas of the state.

1656 (g) Coordinate and enhance activities relative to
 1657 physician workforce needs, undergraduate medical education, ~~and~~
 1658 graduate medical education, and reentry of retired military and
 1659 other physicians into the physician workforce provided by the
 1660 Division of Medical Quality Assurance, ~~the Community Hospital~~
 1661 ~~Education Program and the Graduate Medical Education Committee~~
 1662 ~~established pursuant to s. 381.0403,~~ area health education
 1663 center networks established pursuant to s. 381.0402, and other
 1664 offices and programs within the department ~~of Health~~ as
 1665 designated by the State Surgeon General.

1666 (h) Work in conjunction with and act as a coordinating
 1667 body for governmental and nongovernmental stakeholders to
 1668 address matters relating to the state's physician workforce
 1669 assessment and development for the purpose of ensuring an
 1670 adequate supply of well-trained physicians to meet the state's
 1671 future needs. Such governmental stakeholders shall include, but
 1672 need not be limited to, the State Surgeon General or his or her
 1673 designee, the Commissioner of Education or his or her designee,
 1674 the Secretary of Health Care Administration or his or her
 1675 designee, and the Chancellor of the State University System or
 1676 his or her designee ~~from the Board of Governors of the State~~
 1677 ~~University System,~~ and, at the discretion of the department,
 1678 other representatives of state and local agencies that are
 1679 involved in assessing, educating, or training the state's
 1680 current or future physicians. Other stakeholders shall include,

1681 but need not be limited to, organizations representing the
 1682 state's public and private allopathic and osteopathic medical
 1683 schools; organizations representing hospitals and other
 1684 institutions providing health care, particularly those that
 1685 currently provide or have an interest in providing accredited
 1686 medical education and graduate medical education to medical
 1687 students and medical residents; organizations representing
 1688 allopathic and osteopathic practicing physicians; and, at the
 1689 discretion of the department, representatives of other
 1690 organizations or entities involved in assessing, educating, or
 1691 training the state's current or future physicians.

1692 (i) Serve as a liaison with other states and federal
 1693 agencies and programs in order to enhance resources available to
 1694 the state's physician workforce and medical education continuum.

1695 (j) Act as a clearinghouse for collecting and
 1696 disseminating information concerning the physician workforce and
 1697 medical education continuum in this state.

1698 (5) PHYSICIAN WORKFORCE ADVISORY COUNCIL.—There is created
 1699 in the department the Physician Workforce Advisory Council, an
 1700 advisory council as defined in s. 20.03. The council shall
 1701 comply with the requirements of s. 20.052, except as otherwise
 1702 provided in this section.

1703 (a) The council shall consist of 19 members. Members
 1704 appointed by the State Surgeon General shall include:

1705 1. A designee from the department who is a physician
 1706 licensed under chapter 458 or chapter 459 and recommended by the
 1707 State Surgeon General.

1708 2. An individual who is affiliated with the Science

1709 Students Together Reaching Instructional Diversity and
1710 Excellence program and recommended by the area health education
1711 center network.

1712 3. Two individuals who are recommended by the Council of
1713 Florida Medical School Deans, one who represents a college of
1714 allopathic medicine and one who represents a college of
1715 osteopathic medicine.

1716 4. One individual who is recommended by the Florida
1717 Hospital Association and represents a hospital that is licensed
1718 under chapter 395, has an accredited graduate medical education
1719 program, and is not a statutory teaching hospital.

1720 5. One individual who represents a statutory teaching
1721 hospital as defined in s. 408.07 and is recommended by the
1722 Safety Net Hospital Alliance.

1723 6. One individual who represents a family practice
1724 teaching hospital as defined in s. 395.805 and is recommended by
1725 the Council of Family Medicine and Community Teaching Hospitals.

1726 7. Two individuals who are recommended by the Florida
1727 Medical Association, one who represents a primary care specialty
1728 and one who represents a nonprimary care specialty.

1729 8. Two individuals who are recommended by the Florida
1730 Osteopathic Medical Association, one who represents a primary
1731 care specialty and one who represents a nonprimary care
1732 specialty.

1733 9. Two individuals who are program directors of accredited
1734 graduate medical education programs, one who represents a
1735 program that is accredited by the Accreditation Council for
1736 Graduate Medical Education and one who represents a program that

1737 is accredited by the American Osteopathic Association.
 1738 10. An individual who is recommended by the Florida
 1739 Association of Community Health Centers and represents a
 1740 federally qualified health center located in a rural area as
 1741 defined in s. 381.0406(2) (a).
 1742 11. An individual who is recommended by the Florida
 1743 Academy of Family Physicians.
 1744 12. An individual who is recommended by the Florida
 1745 Alliance for Health Professions Diversity.
 1746 13. The Chancellor of the State University System or his
 1747 or her designee.
 1748 14. A layperson member as determined by the State Surgeon
 1749 General.
 1750
 1751 Each entity authorized to make recommendations under this
 1752 subsection shall make at least two recommendations to the State
 1753 Surgeon General for each appointment to the council. The State
 1754 Surgeon General shall name one appointee for each position from
 1755 the recommendations made by each authorized entity.
 1756 (b) Each council member shall be appointed to a 4-year
 1757 term. An individual may not serve more than two terms. Any
 1758 council member may be removed from office for malfeasance,
 1759 misfeasance, neglect of duty, incompetence, permanent inability
 1760 to perform official duties, or pleading guilty or nolo
 1761 contendere to, or being found guilty of, a felony. Any council
 1762 member who meets the criteria for removal, or who is otherwise
 1763 unwilling or unable to properly fulfill the duties of the
 1764 office, shall be succeeded by an individual chosen by the State

1765 Surgeon General to serve out the remainder of the council
 1766 member's term. If the remainder of the replaced council member's
 1767 term is less than 18 months, notwithstanding the provisions of
 1768 this paragraph, the succeeding council member may be reappointed
 1769 twice by the State Surgeon General.

1770 (c) The chair of the council is the State Surgeon General,
 1771 who shall designate a vice chair from the membership of the
 1772 council to serve in the absence of the State Surgeon General. A
 1773 vacancy shall be filled for the remainder of the unexpired term
 1774 in the same manner as the original appointment.

1775 (d) Council members are not entitled to receive
 1776 compensation or reimbursement for per diem or travel expenses.

1777 (e) The council shall meet at least twice a year in person
 1778 or by teleconference.

1779 (f) The council shall:

1780 1. Advise the State Surgeon General and the department on
 1781 matters concerning current and future physician workforce needs
 1782 in this state;

1783 2. Review survey materials and the compilation of survey
 1784 information;

1785 3. Annually review the number, location, cost, and
 1786 reimbursement of graduate medical education programs and
 1787 positions;

1788 4. Provide recommendations to the department regarding the
 1789 survey completed by physicians licensed under chapter 458 or
 1790 chapter 459;

1791 5. Assist the department in preparing the annual report to
 1792 the Legislature pursuant to ss. 458.3192 and 459.0082;

1793 6. Assist the department in preparing an initial strategic
 1794 plan, conduct ongoing strategic planning in accordance with this
 1795 section, and provide ongoing advice on implementing the
 1796 recommendations;

1797 7. Monitor and provide recommendations regarding the need
 1798 for an increased number of primary care or other physician
 1799 specialties to provide the necessary current and projected
 1800 health and medical services for the state; and

1801 8. Monitor and make recommendations regarding the status
 1802 of the needs relating to graduate medical education in this
 1803 state.

1804 (6) PHYSICIAN WORKFORCE GRADUATE MEDICAL EDUCATION
 1805 INNOVATION PILOT PROJECTS.—

1806 (a) The Legislature finds that:

1807 1. In order to ensure a physician workforce that is
 1808 adequate to meet the needs of this state's residents and its
 1809 health care system, policymakers must consider the education and
 1810 training of future generations of well-trained health care
 1811 providers.

1812 2. Physicians are likely to practice in the state where
 1813 they complete their graduate medical education.

1814 3. It can directly affect the makeup of the physician
 1815 workforce by selectively funding graduate medical education
 1816 programs to provide needed specialists in geographic areas of
 1817 the state that have a deficient number of such specialists.

1818 4. Developing additional positions in graduate medical
 1819 education programs is essential to the future of this state's
 1820 health care system.

1821 5. It was necessary in 2007 to pass legislation that
1822 provided for an assessment of the status of this state's current
1823 and future physician workforce. The department is collecting and
1824 analyzing information on an ongoing basis to assess this state's
1825 physician workforce needs, and such assessment may facilitate
1826 the determination of graduate medical education needs and
1827 strategies for the state.

1828 (b) There is established under the department a program to
1829 foster innovative graduate medical education pilot projects that
1830 are designed to promote the expansion of graduate medical
1831 education programs or positions to prepare physicians to
1832 practice in needed specialties and underserved areas or settings
1833 and to provide demographic and cultural representation in a
1834 manner that addresses current and projected needs for this
1835 state's physician workforce. Funds appropriated annually by the
1836 Legislature for this purpose shall be distributed to
1837 participating hospitals, medical schools, other sponsors of
1838 graduate medical education programs, consortia engaged in
1839 developing new graduate medical education programs or positions
1840 in those programs, or pilot projects providing innovative
1841 graduate medical education in community-based clinical settings.
1842 Pilot projects shall be selected on a competitive grant basis,
1843 subject to available funds.

1844 (c) Pilot projects shall be designed to meet one or more
1845 of this state's physician workforce needs, as determined
1846 pursuant to this section, including, but not limited to:

1847 1. Increasing the number of residencies or fellowships in
1848 primary care or other needed specialties.

1849 2. Enhancing the retention of primary care physicians or
 1850 other needed specialties in this state.

1851 3. Promoting practice in rural or medically underserved
 1852 areas of the state.

1853 4. Encouraging racial and ethnic diversity within the
 1854 state's physician workforce.

1855 5. Encouraging practice in community health care or other
 1856 ambulatory care settings.

1857 6. Encouraging practice in clinics operated by the
 1858 department, including, but not limited to, county health
 1859 departments, clinics operated by the Department of Veterans'
 1860 Affairs, prison clinics, or similar settings of need.

1861 7. Encouraging the increased production of geriatricians.

1862 (d) Priority shall be given to a proposal for a pilot
 1863 project that:

1864 1. Demonstrates a collaboration of federal, state, and
 1865 local entities that are public or private.

1866 2. Obtains funding from multiple sources.

1867 3. Focuses on enhancing graduate medical education in
 1868 rural or underserved areas.

1869 4. Focuses on enhancing graduate medical education in
 1870 ambulatory or community-based settings other than a hospital
 1871 environment.

1872 5. Includes the use of technology, such as electronic
 1873 medical records, distance consultation, and telemedicine, to
 1874 ensure that residents are better prepared to care for patients
 1875 in this state, regardless of the community in which the
 1876 residents practice.

1877 6. Is designed to meet multiple policy needs as enumerated
1878 in subsection (4).

1879 7. Uses a consortium to provide for graduate medical
1880 education experiences.

1881 (e) The department shall adopt by rule appropriate
1882 performance measures to use in order to consistently evaluate
1883 the effectiveness, safety, and quality of the programs, as well
1884 as the impact of each program on meeting this state's physician
1885 workforce needs.

1886 (f) Participating pilot projects shall submit to the
1887 department an annual report on the project in a manner required
1888 by the department.

1889 (g) Funding provided to a pilot project may be used only
1890 for the direct costs of providing graduate medical education.
1891 Accounting of such costs and expenditures shall be documented in
1892 the annual report.

1893 (h) State funds shall be used to supplement funds from any
1894 local government, community, or private source. The state may
1895 provide up to 50 percent of the funds, and local governmental
1896 grants or community or private sources shall provide the
1897 remainder of the funds.

1898 (7) RULEMAKING.—The department shall adopt rules as
1899 necessary to administer this section.

1900 Section 39. Paragraph (1) of subsection (4) of section
1901 400.9905, Florida Statutes, is amended to read:

1902 400.9905 Definitions.—

1903 (4) "Clinic" means an entity at which health care services
1904 are provided to individuals and which tenders charges for

1905 reimbursement for such services, including a mobile clinic and a
 1906 portable equipment provider. For purposes of this part, the term
 1907 does not include and the licensure requirements of this part do
 1908 not apply to:

1909 (1) Orthotic, ~~or~~ prosthetic, pediatric cardiology, or
 1910 perinatology clinical facilities that are a publicly traded
 1911 corporation or that are wholly owned, directly or indirectly, by
 1912 a publicly traded corporation. As used in this paragraph, a
 1913 publicly traded corporation is a corporation that issues
 1914 securities traded on an exchange registered with the United
 1915 States Securities and Exchange Commission as a national
 1916 securities exchange.

1917 Section 40. Section 458.3192, Florida Statutes, is amended
 1918 to read:

1919 458.3192 Analysis of survey results; report.—

1920 (1) Each year, the Department of Health shall analyze the
 1921 results of the physician survey required by s. 458.3191 and
 1922 determine by geographic area and specialty the number of
 1923 physicians who:

1924 (a) Perform deliveries of children in this state ~~Florida~~.

1925 (b) Read mammograms and perform breast-imaging-guided
 1926 procedures in this state ~~Florida~~.

1927 (c) Perform emergency care on an on-call basis for a
 1928 hospital emergency department.

1929 (d) Plan to reduce or increase emergency on-call hours in
 1930 a hospital emergency department.

1931 (e) Plan to relocate ~~their allopathic or osteopathic~~
 1932 ~~practice~~ outside the state.

1933 | (f) Practice medicine in this state.

1934 | (g) Plan to reduce or modify the scope of their practice.

1935 | (2) The Department of Health must report its findings to
 1936 | the Governor, the President of the Senate, and the Speaker of
 1937 | the House of Representatives by November 1 each year. The
 1938 | department shall also include in its report findings,
 1939 | recommendations, and strategic planning activities as provided
 1940 | in s. 381.4018. The department may also include other
 1941 | information requested by the Physician Workforce Advisory
 1942 | Council.

1943 | Section 41. Section 459.0082, Florida Statutes, is amended
 1944 | to read:

1945 | 459.0082 Analysis of survey results; report.—

1946 | (1) Each year, the Department of Health shall analyze the
 1947 | results of the physician survey required by s. 459.0081 and
 1948 | determine by geographic area and specialty the number of
 1949 | physicians who:

1950 | (a) Perform deliveries of children in this state ~~Florida~~.

1951 | (b) Read mammograms and perform breast-imaging-guided
 1952 | procedures in this state ~~Florida~~.

1953 | (c) Perform emergency care on an on-call basis for a
 1954 | hospital emergency department.

1955 | (d) Plan to reduce or increase emergency on-call hours in
 1956 | a hospital emergency department.

1957 | (e) Plan to relocate ~~their allopathic or osteopathic~~
 1958 | ~~practice~~ outside the state.

1959 | (f) Practice medicine in this state.

1960 | (g) Plan to reduce or modify the scope of their practice.

1961 (2) The Department of Health must report its findings to
 1962 the Governor, the President of the Senate, and the Speaker of
 1963 the House of Representatives by November 1 each year. The
 1964 department shall also include in its report findings,
 1965 recommendations, and strategic planning activities as provided
 1966 in s. 381.4018. The department may also include other
 1967 information requested by the Physician Workforce Advisory
 1968 Council.

1969 Section 42. Section 458.315, Florida Statutes, is amended
 1970 to read:

1971 458.315 Temporary certificate for practice in areas of
 1972 critical need.—

1973 (1) Any physician who:

1974 (a) Is licensed to practice in any jurisdiction in the
 1975 United States and ~~other state,~~ whose license is currently valid;
 1976 or

1977 (b) Has served as a physician in the United States Armed
 1978 Forces for at least 10 years and received an honorable discharge
 1979 from the military;

1980
 1981 and who pays an application fee of \$300 may be issued a
 1982 temporary certificate for ~~to~~ practice in areas of ~~communities of~~
 1983 ~~Florida where there is a~~ critical need ~~for physicians.~~

1984 (2) A certificate may be issued to a physician who:

1985 (a) Practices in an area of critical need;

1986 (b) Will be employed by or practice in a county health
 1987 department, correctional facility, Department of Veterans'
 1988 Affairs clinic, community health center funded by s. 329, s.

1989 330, or s. 340 of the United States Public Health Services Act,
 1990 or other agency or institution that is approved by the State
 1991 Surgeon General and provides health care to meet the needs of
 1992 underserved populations in this state; or

1993 (c) Will practice for a limited time to address critical
 1994 physician-specialty, demographic, or geographic needs for this
 1995 state's physician workforce as determined by the State Surgeon
 1996 General entity that provides health care to indigents and that
 1997 is approved by the State Health Officer.

1998 (3) The Board of Medicine may issue this temporary
 1999 certificate with the following restrictions:

2000 (a)~~(1)~~ The State Surgeon General board shall determine the
 2001 areas of critical need, ~~and the physician so certified may~~
 2002 ~~practice in any of those areas for a time to be determined by~~
 2003 ~~the board.~~ Such areas shall include, but are not ~~be~~ limited to,
 2004 health professional shortage areas designated by the United
 2005 States Department of Health and Human Services.

2006 1.~~(a)~~ A recipient of a temporary certificate for practice
 2007 in areas of critical need may use the certificate license to
 2008 work for any approved entity ~~employer~~ in any area of critical
 2009 need or as authorized by the State Surgeon General ~~approved by~~
 2010 ~~the board.~~

2011 2.~~(b)~~ The recipient of a temporary certificate for
 2012 practice in areas of critical need shall, within 30 days after
 2013 accepting employment, notify the board of all approved
 2014 institutions in which the licensee practices and of all approved
 2015 institutions where practice privileges have been denied.

2016 (b)~~(2)~~ The board may administer an abbreviated oral

2017 examination to determine the physician's competency, but a ~~no~~
 2018 written regular examination is not required ~~necessary~~. Within 60
 2019 days after receipt of an application for a temporary
 2020 certificate, the board shall review the application and issue
 2021 the temporary certificate, ~~or~~ notify the applicant of denial, or
 2022 notify the applicant that the board recommends additional
 2023 assessment, training, education, or other requirements as a
 2024 condition of certification. If the applicant has not actively
 2025 practiced during the prior 3 years and the board determines that
 2026 the applicant may lack clinical competency, possess diminished
 2027 or inadequate skills, lack necessary medical knowledge, or
 2028 exhibit patterns of deficits in clinical decisionmaking, the
 2029 board may:

- 2030 1. Deny the application;
- 2031 2. Issue a temporary certificate with reasonable
 2032 restrictions that may include, but are not limited to, a
 2033 requirement for the applicant to practice under the supervision
 2034 of a physician approved by the board; or
- 2035 3. Issue a temporary certificate upon receipt of
 2036 documentation confirming that the applicant has met any
 2037 reasonable conditions of the board which may include, but are
 2038 not limited to, completing continuing education or undergoing an
 2039 assessment of skills and training.

2040 (c) (3) Any certificate issued under this section is ~~shall~~
 2041 ~~be~~ valid only so long as the State Surgeon General determines
 2042 that the reason ~~area~~ for which it was ~~is~~ issued remains a ~~an~~
 2043 ~~area of~~ critical need to the state. The Board of Medicine shall
 2044 review each temporary certificateholder ~~the service within said~~

2045 ~~area~~ not less than annually to ascertain that the minimum
 2046 requirements of the Medical Practice Act and its adopted the
 2047 ~~rules and regulations promulgated thereunder~~ are being complied
 2048 with. If it is determined that such minimum requirements are not
 2049 being met, the board shall ~~forthwith~~ revoke such certificate or
 2050 shall impose restrictions or conditions, or both, as a condition
 2051 of continued practice under the certificate.

2052 (d)(4) The board may ~~shall~~ not issue a temporary
 2053 certificate for practice in an area of critical need to any
 2054 physician who is under investigation in any jurisdiction in the
 2055 United States ~~another state~~ for an act that ~~which~~ would
 2056 constitute a violation of this chapter until such time as the
 2057 investigation is complete, at which time the provisions of s.
 2058 458.331 ~~shall~~ apply.

2059 (4)(5) The application fee and all licensure fees,
 2060 including neurological injury compensation assessments, shall be
 2061 waived for those persons obtaining a temporary certificate to
 2062 practice in areas of critical need for the purpose of providing
 2063 volunteer, uncompensated care for low-income residents
 2064 Floridians. The applicant must submit an affidavit from the
 2065 employing agency or institution stating that the physician will
 2066 not receive any compensation for any service involving the
 2067 practice of medicine.

2068 Section 43. Section 459.0076, Florida Statutes, is created
 2069 to read:

2070 459.0076 Temporary certificate for practice in areas of
 2071 critical need.—

2072 (1) Any physician who:

2073 (a) Is licensed to practice in any jurisdiction in the
 2074 United States and whose license is currently valid; or
 2075 (b) Has served as a physician in the United States Armed
 2076 Forces for at least 10 years and received an honorable discharge
 2077 from the military;
 2078
 2079 and who pays an application fee of \$300 may be issued a
 2080 temporary certificate for practice in areas of critical need.
 2081 (2) A certificate may be issued to a physician who:
 2082 (a) Will practice in an area of critical need;
 2083 (b) Will be employed by or practice in a county health
 2084 department, correctional facility, Department of Veterans'
 2085 Affairs clinic, community health center funded by s. 329, s.
 2086 330, or s. 340 of the United States Public Health Services Act,
 2087 or other agency or institution that is approved by the State
 2088 Surgeon General and provides health care to meet the needs of
 2089 underserved populations in this state; or
 2090 (c) Will practice for a limited time to address critical
 2091 physician-specialty, demographic, or geographic needs for this
 2092 state's physician workforce as determined by the State Surgeon
 2093 General.
 2094 (3) The Board of Osteopathic Medicine may issue this
 2095 temporary certificate with the following restrictions:
 2096 (a) The State Surgeon General shall determine the areas of
 2097 critical need. Such areas include, but are not limited to,
 2098 health professional shortage areas designated by the United
 2099 States Department of Health and Human Services.
 2100 1. A recipient of a temporary certificate for practice in

2101 areas of critical need may use the certificate to work for any
 2102 approved entity in any area of critical need or as authorized by
 2103 the State Surgeon General.

2104 2. The recipient of a temporary certificate for practice
 2105 in areas of critical need shall, within 30 days after accepting
 2106 employment, notify the board of all approved institutions in
 2107 which the licensee practices and of all approved institutions
 2108 where practice privileges have been denied.

2109 (b) The board may administer an abbreviated oral
 2110 examination to determine the physician's competency, but a
 2111 written regular examination is not required. Within 60 days
 2112 after receipt of an application for a temporary certificate, the
 2113 board shall review the application and issue the temporary
 2114 certificate, notify the applicant of denial, or notify the
 2115 applicant that the board recommends additional assessment,
 2116 training, education, or other requirements as a condition of
 2117 certification. If the applicant has not actively practiced
 2118 during the prior 3 years and the board determines that the
 2119 applicant may lack clinical competency, possess diminished or
 2120 inadequate skills, lack necessary medical knowledge, or exhibit
 2121 patterns of deficits in clinical decisionmaking, the board may:

2122 1. Deny the application;

2123 2. Issue a temporary certificate having reasonable
 2124 restrictions that may include, but are not limited to, a
 2125 requirement for the applicant to practice under the supervision
 2126 of a physician approved by the board; or

2127 3. Issue a temporary certificate upon receipt of
 2128 documentation confirming that the applicant has met any

2129 reasonable conditions of the board, which may include, but are
 2130 not limited to, completing continuing education or undergoing an
 2131 assessment of skills and training.

2132 (c) Any certificate issued under this section is valid
 2133 only so long as the State Surgeon General determines that the
 2134 reason for which it was issued remains a critical need to the
 2135 state. The Board of Osteopathic Medicine shall review each
 2136 temporary certificateholder not less than annually to ascertain
 2137 that the minimum requirements of the Osteopathic Medical
 2138 Practice Act and its adopted rules are being complied with. If
 2139 it is determined that such minimum requirements are not being
 2140 met, the board shall revoke such certificate or shall impose
 2141 restrictions or conditions, or both, as a condition of continued
 2142 practice under the certificate.

2143 (d) The board may not issue a temporary certificate for
 2144 practice in an area of critical need to any physician who is
 2145 under investigation in any jurisdiction in the United States for
 2146 an act that would constitute a violation of this chapter until
 2147 such time as the investigation is complete, at which time the
 2148 provisions of s. 459.015 apply.

2149 (4) The application fee and all licensure fees, including
 2150 neurological injury compensation assessments, shall be waived
 2151 for those persons obtaining a temporary certificate to practice
 2152 in areas of critical need for the purpose of providing
 2153 volunteer, uncompensated care for low-income residents. The
 2154 applicant must submit an affidavit from the employing agency or
 2155 institution stating that the physician will not receive any
 2156 compensation for any service involving the practice of medicine.

2157 Section 44. Paragraph (i) is added to subsection (3) of
 2158 section 499.01212, Florida Statutes, to read:

2159 499.01212 Pedigree paper.—

2160 (3) EXCEPTIONS.—A pedigree paper is not required for:

2161 (i) The wholesale distribution of prescription drugs
 2162 within a medical convenience kit if:

2163 1. The medical convenience kit is assembled in an
 2164 establishment that is registered with the United States Food and
 2165 Drug Administration as a medical device manufacturer;

2166 2. The medical convenience kit manufacturer is an
 2167 authorized distributor of record, as defined by 21 C.F.R. s.
 2168 203.3, for the manufacturer of the specific drugs contained
 2169 within the kit; and

2170 3. The drugs contained in the medical convenience kit are:

2171 a. Intravenous solutions intended for the replenishment of
 2172 fluids and electrolytes;

2173 b. Products intended to maintain the equilibrium of water
 2174 and minerals in the body;

2175 c. Products intended for irrigation or reconstitution;

2176 d. Anesthetics; or

2177 e. Anticoagulants.

2178
 2179 This paragraph does not apply to a medical convenience kit
 2180 containing any controlled substance that appears in any schedule
 2181 contained in or subject to chapter 893 or the Federal
 2182 Comprehensive Drug Abuse Prevention and Control Act of 1970.

2183 Section 45. Subsection (1) of section 465.0251, Florida
 2184 Statutes, is reenacted to read:

CS/CS/HB 1503, Engrossed 1

2010

2185 465.0251 Generic drugs; removal from formulary under
2186 specified circumstances.—

2187 (1) The Board of Pharmacy and the Board of Medicine shall
2188 remove any generic named drug product from the formulary
2189 established by s. 465.025(6), if every commercially marketed
2190 equivalent of that drug product is "A" rated as therapeutically
2191 equivalent to a reference listed drug or is a reference listed
2192 drug as referred to in "Approved Drug Products with Therapeutic
2193 Equivalence Evaluations" (Orange Book) published by the United
2194 States Food and Drug Administration.

2195 Section 46. This act shall take effect July 1, 2010.