By Senator Fasano

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A bill to be entitled An act relating to pain management; amending s. 456.013, F.S.; requiring the Department of Health and applicable boards within the Department of Health to approve a mandatory continuing education course for any practitioner who prescribes, administers, or dispenses controlled substances that are listed in Schedule II, Schedule III, or Schedule IV of ch. 893, F.S.; requiring the training course to include certain specified topics; providing that completion of the course satisfies in part, the practitioner's continuing education requirements; authorizing the department to exempt practitioners who have obtained specialty training in or related to pain management; providing dates of applicability for licensees and initial applicants for licenses; requiring the department to adopt rules to administer the training requirements; amending s. 456.037, F.S.; providing that pain-management clinics are business establishments subject to licensure by the Department of Health; requiring a health professional licensee who works at a pain-management clinic that prescribes controlled substances to be responsible for maintaining control and security over his or her blank prescription pads and any other method used to prescribe controlled substance pain medication; requiring the health professional licensee to notify the department within a specified time of the theft or loss of the blank prescription pads; requiring a

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health professional licensee to give written notice to the applicable board within a specified period after the health professional licensee's termination of employment at the pain-management clinic; amending s. 456.057, F.S.; providing that the Department of Health is not required to attempt to obtain authorization from a patient for the release of the patient's medical records under certain circumstances; amending s. 456.069, F.S.; authorizing the Department of Health to inspect a pain-management clinic in a lawful manner at all reasonable hours for the purpose of determining if any provision of ch. 456, F.S., or any rule adopted by the department has been violated; amending s. 456.071, F.S.; providing venue for judicial challenges to any subpoena or order issued by the Department of Health during its investigations; amending s. 456.072, F.S.; providing additional acts that constitute grounds for disciplinary actions against health professional licensees; amending s. 456.309, F.S.; requiring all privately owned pain-management clinics, or offices that primarily engage in the treatment of pain by prescribing or dispensing controlled substance medications or employ a physician who is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications, to register with the Department of Health within a specified time; providing an exception; authorizing the department to deny an application for registering a pain-management clinic or to revoke or suspend the

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current registration certificate of a pain-management clinic for certain reasons; authorizing the department to impose fines for certain violations of law; requiring the department to consider certain factors when calculating the amount of the fine; providing that each day constitutes an additional fine; requiring the pain-management clinic to document in writing all efforts undertaken by the pain-management clinic to correct a violation; requiring a painmanagement clinic to cease operating if its registration certificate is revoked or suspended; requiring certain named persons to remove all signs and symbols identifying the premises as a painmanagement clinic; prohibiting any person acting as an individual or as part of a group from applying for a certificate to operate a pain-management clinic for a period of 5 years after the date the person's registration certificate was revoked; providing for disposition of drugs at the former pain-management clinic; requiring the department to adopt rules; creating ss. 458.3265 and 459.0137, F.S.; providing for requirements for the registration of painmanagement clinics; prohibiting a physician or an osteopathic physician from practicing medicine in a pain-management clinic if the pain-management clinic is not registered with the Department of Health; requiring each location of a pain-management clinic to be registered separately regardless of whether the clinic is operated under the same business name or

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management as another clinic; prohibiting a painmanagement clinic from being owned by or having any contractual relationship with certain specified persons; providing that if the department finds that a privately owned pain-management clinic is owned by a person possessing disqualifying criteria, the department shall refuse to register the painmanagement clinic or revoke a previously issued certificate of registration; requiring the owner, operator, or designated physician to be responsible for the onsite management of a pain-management clinic; providing that an owner or operator who fails to comply with certain stated conditions commits a misdemeanor of the first degree; providing criminal penalties; providing that only certain designated persons may disperse medication; requiring a physician to document in the patient's record why the physician is prescribing or dispensing more than a specified amount of a controlled substances for the treatment of chronic nonmalignant pain; defining terms; requiring, on or after a specified date, any person submitting an application for an initial or renewal registration certificate to operate a pain-management clinic to include certain specified information on the application form to the department; requiring the department to send to the Department of Law Enforcement fingerprints as a part of an applicant's criminal history background check of registered persons for a statewide criminal record check, and to

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the Federal Bureau of Investigation for a national criminal history record check; requiring each person who applies for an initial or renewal registration to pay the department a fee for the cost of preparing and retaining the fingerprints and performing the ongoing searches of arrest records; requiring the State Surgeon General to order a pain-management clinic to cease operations if the owner or operator of the painmanagement clinic fails to pass a criminal history background check; providing an exemption; requiring the department and the Department of Law Enforcement to adopt rules; amending ss. 458.327 and 459.013, F.S.; providing that committing certain specified acts while managing a pain-management clinic constitutes a felony of the third degree or a misdemeanor of the first degree; amending s. 459.005, F.S.; authorizing the department to deny an application for registering a pain-management clinic, or to revoke or suspend the current registration for certain reasons; permitting the department to impose fines for certain violations of law; requiring the department to consider certain factors when calculating the amount of the fine; providing that each day constitutes an additional fine; requiring a pain-management clinic to cease operating as a pain-management clinic if its registration is revoked or suspended; requiring certain named persons to remove all signs and symbols identifying the premises as a pain-management clinic; prohibiting any person acting as an individual or as

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part of a group, make application for a permit to operate a pain-management clinic for a period of 5 years after the date the registration was revoked; providing for disposition of drugs at the former pain-management clinic; requiring the department to adopt certain rules; providing an effective date.

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

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Section 1. Subsection (7) of section 456.013, Florida Statutes, is amended to read:

456.013 Department; general licensing provisions.-

(7)(a) The boards, or the department when there is no board, shall require the completion of a 2-hour course relating to prevention of medical errors as part of the licensure and renewal process. The 2-hour course shall count towards the total number of continuing education hours required for the profession. The course shall be approved by the board or department, as appropriate, and shall include a study of rootcause analysis, error reduction and prevention, and patient safety. In addition, the course approved by the Board of Medicine and the Board of Osteopathic Medicine shall include information relating to the five most misdiagnosed conditions during the previous biennium, as determined by the board. If the course is being offered by a facility licensed pursuant to chapter 395 for its employees, the board may approve up to 1 hour of the 2-hour course to be specifically related to error reduction and prevention methods used in that facility.

(b) The boards, or the department if there is no board,

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shall require the completion of a 3-hour continuing education course relating to prescribing, administering, or dispensing controlled substances listed in Schedule II, Schedule III, or Schedule IV, as set forth in s. 893.03, as a condition for receiving an initial license or a license renewal. The course is required for any practitioner licensed pursuant to chapter 458, chapter 459, chapter 461, chapter 466, or chapter 457 who prescribes, administers, or dispenses controlled substances. The course must include, but need not be limited to:

- 1. The goals of administering controlled substances to patients who require short-term and ongoing pain management;
- 2. The guidelines and rules for prescribing controlled substances, including the use of a controlled substance agreement;
- 3. The application of drug screening or drug testing to patients, including instruction on the usefulness and limitations of drug screening and drug testing;
- 4. The role of controlled substances in treating short-term and ongoing pain syndromes, including instruction on the usefulness and limitations of controlled substance in treating pain;
- 5. The use of evidenced-based, noncontrolled-substance pharmacological pain treatments on patients;
- 6. The use of evidenced-based, nonpharmacological pain treatments on patients;
- 7. The importance of properly obtaining a full medical history and completing a comprehensive physical examination of patients;
 - 8. The importance of keeping appropriate progress notes

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204 during the care of patients;

- 9. The relationship of the co-occurring morbidities that occur with pain disorders, such as psychiatric and addictive disorders;
- 10. The identification and prevention of drug abuse and drug diversion; and
- 11. The laws and rules of this state which govern the prescription, administration, and distribution of controlled substances.

- The course hours must be included in the total number of hours of continuing education required by the profession and must be approved by the board, or by the department if there is no board. A course offered under the auspices of a facility licensed pursuant to chapter 395 for its employees must be approved by the board, or by the department if there is no board, if the course is at least 3 hours in duration and covers the topic of prescribing, administering, and dispensing controlled substances.
- (c) The boards may exempt a licensee from the training requirements set forth in paragraph (b) if the licensee has obtained specialty or subspecialty certification in or related to pain management from a specialty board recognized by the respective board.
- (d) The course requirements set forth in paragraph (b) apply to each licensee when renewing his or her license beginning on or after July 1, 2011, and to all applicants who are approved for licensure on or after January 1, 2012.
 - (e) The boards, or the department if there is no board,

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shall adopt rules to administer this subsection by July 1, 2011.

Section 2. Section 456.037, Florida Statutes, is amended to read:

456.037 Business establishments; requirements for active status licenses; delinquency; discipline; applicability.—

- (1) A business establishment regulated by the Division of Medical Quality Assurance pursuant to this chapter may provide regulated services only if the business establishment has an active status license. A business establishment that provides regulated services without an active status license is in violation of this section and s. 456.072, and the board, or the department if there is no board, may impose discipline on the business establishment.
- (2) A business establishment must apply with a complete application, as defined by rule of the board, or the department if there is no board, to renew an active status license before the license expires. If a business establishment fails to renew before the license expires, the license becomes delinquent, except as otherwise provided in statute, in the license cycle following expiration.
- (3) A delinquent business establishment must apply with a complete application, as defined by rule of the board, or the department if there is no board, for active status within 6 months after becoming delinquent. Failure of a delinquent business establishment to renew the license within the 6 months after the expiration date of the license renders the license null without any further action by the board or the department. Any subsequent licensure shall be as a result of applying for and meeting all requirements imposed on a business establishment

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262 for new licensure.

(4) The status or a change in status of a business establishment license does not alter in any way the right of the board, or of the department if there is no board, to impose discipline or to enforce discipline previously imposed on a business establishment for acts or omissions committed by the business establishment while holding a license, whether active or null.

- (5) This section applies to any business establishment registered, permitted, or licensed by the department to do business. Business establishments include, but are not limited to, dental laboratories, electrology facilities, massage establishments, and pharmacies, and pain-management clinics required to be registered under s. 458.309 or s. 459.005.
- (6) A licensee authorized to prescribe controlled substances who practices at a pain-management clinic is responsible for maintaining the control and security of his or her prescription blanks and any other method used for prescribing controlled substance pain medication. The licensee shall comply with the requirements for counterfeit-resistant prescription blanks in s. 893.065 and the rules adopted pursuant to that section. The licensee shall notify in writing:
- (a) The department within 24 hours following any theft or loss of a prescription blank or breach of any other method for prescribing pain medication.
- (b) The applicable board of the date of termination of employment within 10 days after terminating his or her employment with a pain-management clinic.
 - Section 3. Paragraph (a) of subsection (9) of section

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456.057, Florida Statutes, is amended to read:

456.057 Ownership and control of patient records; report or copies of records to be furnished.—

- (9)(a)1. The department may obtain patient records pursuant to a subpoena without written authorization from the patient if the department and the probable cause panel of the appropriate board, if any, find reasonable cause to believe that a health care practitioner has excessively or inappropriately prescribed any controlled substance specified in chapter 893 in violation of this chapter or any professional practice act or that a health care practitioner has practiced his or her profession below that level of care, skill, and treatment required as defined by this chapter or any professional practice act and also find that appropriate, reasonable attempts were made to obtain a patient release. Notwithstanding the foregoing, the department need not attempt to obtain a patient release when investigating an offense involving the inappropriate prescribing, overprescribing, or diversion of controlled substances and the offense involves a pain-management clinic.
- 2. The department may obtain patient records and insurance information pursuant to a subpoena without written authorization from the patient if the department and the probable cause panel of the appropriate board, if any, find reasonable cause to believe that a health care practitioner has provided inadequate medical care based on termination of insurance and also find that appropriate, reasonable attempts were made to obtain a patient release.
- 3. The department may obtain patient records, billing records, insurance information, provider contracts, and all

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attachments thereto pursuant to a subpoena without written authorization from the patient if the department and probable cause panel of the appropriate board, if any, find reasonable cause to believe that a health care practitioner has submitted a claim, statement, or bill using a billing code that would result in payment greater in amount than would be paid using a billing code that accurately describes the services performed, requested payment for services that were not performed by that health care practitioner, used information derived from a written report of an automobile accident generated pursuant to chapter 316 to solicit or obtain patients personally or through an agent regardless of whether the information is derived directly from the report or a summary of that report or from another person, solicited patients fraudulently, received a kickback as defined in s. 456.054, violated the patient brokering provisions of s. 817.505, or presented or caused to be presented a false or fraudulent insurance claim within the meaning of s. 817.234(1)(a), and also find that, within the meaning of s. 817.234(1)(a), patient authorization cannot be obtained because the patient cannot be located or is deceased, incapacitated, or suspected of being a participant in the fraud or scheme, and if the subpoena is issued for specific and relevant records.

4. Notwithstanding subparagraphs 1.-3., when the department investigates a professional liability claim or undertakes action pursuant to s. 456.049 or s. 627.912, the department may obtain patient records pursuant to a subpoena without written authorization from the patient if the patient refuses to cooperate or if the department attempts to obtain a patient release and the failure to obtain the patient records would be

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349 detrimental to the investigation.

Section 4. Section 456.069, Florida Statutes, is amended to read:

456.069 Authority to inspect.—In addition to the authority specified in s. 465.017, duly authorized agents and employees of the department $\underline{\text{may}}$ shall have the power to inspect in a lawful manner at all reasonable hours:

- (1) Any pharmacy; or
- (2) Any establishment at which the services of a licensee authorized to prescribe controlled substances specified in chapter 893 are offered; or τ
- (3) Any facility offering services that require the facility to be registered as a pain-management clinic pursuant to s. 458.309(4) or s. 459.005(3),

for the purpose of determining if any of the provisions of this chapter or any practice act of a profession or any rule adopted thereunder is being violated; or for the purpose of securing such other evidence as may be needed for prosecution. Such evidence may include, but is not limited to, patient records. The department may obtain patient records without patient authorization or subpoena from any pain-management clinic required to be licensed if the department reasonably believes that obtaining such authorization is not feasible due to the volume of the dispensing and prescribing activity involving controlled substances or that obtaining patient authorization or the issuance of a subpoena would jeopardize the investigation.

Section 5. Section 456.071, Florida Statutes, is amended to read:

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456.071 Power to administer oaths, take depositions, and issue subpoenas.—For the purpose of any investigation or proceeding conducted by the department, the department shall have the power to administer oaths, take depositions, make inspections when authorized by statute, issue subpoenas which shall be supported by affidavit, serve subpoenas and other process, and compel the attendance of witnesses and the production of books, papers, documents, and other evidence. The department shall exercise this power on its own initiative or whenever requested by a board or the probable cause panel of any board. Challenges to, and enforcement of, the subpoenas and orders shall be handled as provided in s. 120.569, except that venue is in the Circuit Court for the Second Judicial Circuit, in the county where the examination, investigation, or hearing is conducted, or in the county in which the person resides.

Section 6. Paragraphs (mm), (nn), and (oo) are added to subsection (1) of section 456.072, Florida Statutes, to read: 456.072 Grounds for discipline; penalties; enforcement.—

- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (mm) Applicable to a licensee who serves as the medical director or the designated physician of a pain-management clinic as defined in s. 458.305 or s. 459.005:
- 1. Registering a pain-management clinic through misrepresentation or fraud or through an error of the department or board;
- 2. Procuring, or attempting to procure, the registration of a pain-management clinic for any other person by making or

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dotation; causing to be made, any false representation;

3. Failing to comply with any requirement of chapter 499, the Florida Drug and Cosmetic Act; 21 U.S.C. ss. 301-392, the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Comprehensive Drug Abuse Prevention and Control Act; or chapter 893;

- 4. Being convicted or found guilty of, regardless of adjudication to, a felony or any other crime involving moral turpitude fraud, dishonesty, or deceit in any jurisdiction of the courts of this state, of any other state, or of the United States;
- 5. Being convicted of, or disciplined by a regulatory agency of the Federal Government or a regulatory agency of another state for, any offense that would constitute a violation of this chapter;
- 6. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to the practice of, or the ability to practice, a licensed health care profession;
- 7. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud;
- 8. Dispensing any medicinal drug based upon a communication that purports to be a prescription as defined in s. 465.003(14) or s. 893.02 if the dispensing practitioner knows or has reason to believe that the purported prescription is not based upon a valid practitioner-patient relationship; or
- 9. Failing to have a licensed medical director employed or under contract with the clinic as required by chapter 400 or

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failing to have the licensed designated physician practicing at the location of the registered clinic.

- A violation of this paragraph may be the basis for a summary suspension as described in s. 456.073(8) or s. 120.60(6).
- (nn) Failing to timely notify the department of the theft of prescription blanks from a pain-management clinic or a breach of other methods for prescribing within 24 hours as required by s. 456.037(6).
- (oo) Failing to timely notify the applicable board governing his or her prescribing privileges of the date of his or her termination from a pain-management clinic as required by s. 456.037(6).

Section 7. Section 458.309, Florida Statutes, is amended to read:

458.309 Rulemaking authority.-

- (1) The board has authority to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter conferring duties upon it.
- (2) (a) Any rules which the board adopts relating to the classroom phase of medical education shall not apply to any person who is enrolled in the classroom phase of medical education or has graduated prior to or at the time the rule becomes effective, so long as such person does not interrupt his or her medical education.
- (b)1. Any rules which the board adopts relating to the clinical clerkship phase of medical education shall not apply to any person who is enrolled in the clinical clerkship phase of medical education prior to or at the time the rule becomes

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effective, so long as such person does not interrupt his or her medical education.

- 2. Rules adopted by the Florida Board of Medical Examiners prior to October 1, 1986, and relating to clinical clerkships for graduates of foreign medical schools do not apply to any such graduate who:
- a. Had completed a clinical clerkship prior to the effective date of the rule; or
- b. Had begun a clinical clerkship but had not completed the clinical clerkship prior to the effective date of the rule, so long as the clinical clerkship took no longer than 3 years to complete.
- (c) Any rules which the board adopts relating to residency shall not apply to any person who has begun his or her residency prior to or at the time the rule becomes effective, so long as such person does not interrupt the residency.
- (3) All physicians who perform level 2 procedures lasting more than 5 minutes and all level 3 surgical procedures in an office setting must register the office with the department unless that office is licensed as a facility pursuant to chapter 395. The department shall inspect the physician's office annually unless the office is accredited by a nationally recognized accrediting agency or an accrediting organization subsequently approved by the Board of Medicine. The actual costs for registration and inspection or accreditation shall be paid by the person seeking to register and operate the office setting in which office surgery is performed.
- (4) Effective January 4, 2010, all privately owned pain-management clinics, facilities, or offices primarily engaged in

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the treatment of pain by prescribing or dispensing controlled substance medications, hereinafter referred to as "clinics," which advertise in any medium for any type of pain-management services, or employ a physician who is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications, must register with the department by January 4, 2010, unless that clinic is licensed as a facility pursuant to chapter 395. A physician may not practice medicine in a pain-management clinic that is required to but has not registered with the department. Each clinic location shall be registered separately regardless of whether the clinic is operated under the same business name or management as another clinic. If the clinic is licensed as a health care clinic under chapter 400, the medical director is responsible for registering the facility with the department. If the clinic is not registered pursuant to chapter 395 or chapter 400, the clinic shall, upon registration with the department, designate a physician who is responsible for complying with all requirements related to registration of the clinic. The designated physician shall have a full, active, and unencumbered license be licensed under this chapter or chapter 459 and shall practice at the office location for which the physician has assumed responsibility. The department shall inspect the clinic annually, including a review of patient records, to ensure that it complies with rules of the Board of Medicine adopted pursuant to this subsection and subsection (8) (5) unless the office is accredited by a nationally recognized accrediting agency approved by the Board of Medicine. The actual costs for registration and inspection or accreditation shall be paid by

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523 the physician seeking to register the clinic.

- (5) (a) The department may deny an application for registering a pain-management clinic or revoke or suspend a current registration. The department may impose an administrative fine on the clinic of up to \$5,000 per violation for violating the requirements of this section, chapter 499, the Florida Drug and Cosmetic Act; 21 U.S.C. ss. 301-392, the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Comprehensive Drug Abuse Prevention and Control Act; chapter 893; or the rules of the department. In determining whether a penalty is to be imposed, and in fixing the amount of the fine, the department shall consider the following factors:
- 1. The gravity of the violation, including the probability that death or serious physical or emotional harm to a patient has resulted, or could have resulted, from a licensee's actions, the severity of the action or potential harm, and the extent to which the provisions of the applicable laws or rules were violated.
- 2. What actions, if any, the owner, medical director, or designated physician took to correct the violations.
- 3. Whether there were any previous violations at the pain-management clinic.
- 4. The financial benefits that the pain-management clinic derived from committing or continuing to commit the violation.
- (b) Each day a violation continues after the date fixed for termination as ordered by the department, constitutes an additional, separate, and distinct violation.
- (c) Any action taken to correct a violation shall be documented in writing by the owner, medical director, or

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designated physician of the pain-management clinic and verified by followup visits by departmental personnel. The department may impose a fine and, in the case of an owner-operated pain-management clinic, revoke or deny a clinic's license if the medical director of the pain-management clinic, or the clinic's designated physician, knowingly and intentionally misrepresents actions taken to correct a violation.

- (d) An owner, medical director, or designated physician of a pain-management clinic who concurrently operates an unlicensed pain-management clinic is subject to an administrative fine of \$5,000 per day.
- (e) Any pain-management clinic whose owner fails to apply for a change-of-ownership license and operates the clinic under the new ownership is subject to a fine of \$5,000.
- (f) During an onsite inspection, the department shall make a reasonable attempt to discuss each violation with the owner, medical director, or designated physician of the pain-management clinic before issuing a formal written notification.
- (g)1. If the registration of a pain-management clinic is revoked or suspended, the designated physician or medical director of the pain-management clinic, the owner or lessor of the pain-management clinic property, and the owner, manager, or proprietor shall cease to operate the facility as a pain-management clinic as of the effective date of the suspension or revocation.
- 2. If a pain-management clinic registration is revoked or suspended, the designated physician or medical director of the pain-management clinic, the owner or lessor of the clinic property, or the owner, manager, or proprietor is responsible

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for removing all signs and symbols identifying the premises as a pain-management clinic.

- 3. If the clinic's registration is revoked, any person named in the registration documents of the pain-management clinic, including persons owning or operating the pain-management clinic, may not as an individual or as a part of a group, make application for a permit to operate a pain-management clinic for 5 years after the date the registration is revoked.
- 4. Upon the effective date of the suspension or revocation, the pain-management clinic shall advise the department of the disposition of the medicinal drugs located on the premises. The disposition is subject to the supervision and approval of the department. Failure by a pain-management clinic to be registered as required by law is cause for all medicinal drugs purchased or held by the pain-management clinic to be adulterated pursuant to s. 499.006.
- 5. The period of the suspension shall be prescribed by the department, but may not exceed 1 year.
- (6) The department shall adopt rules necessary to administer the registration and inspection of pain-management clinics establishing the specific requirements, procedures, forms, and fees.
- (7) The department shall adopt a rule defining what constitutes practice by a designated physician at the office location for which the physician has assumed responsibility, as set forth in subsections (3) and (4). When adopting the rule, the department shall consider the number of clinic employees, the location of the pain-management clinic, its hours of

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610 operation, and the amount of controlled substances being prescribed, dispensed, or administered at the pain-management 612 clinic.

- (8) (5) The Board of Medicine shall adopt rules setting forth standards of practice for physicians practicing in privately owned pain-management clinics that primarily engage in the treatment of pain by prescribing or dispensing controlled substance medications. Such rules shall address, but need not be limited to, the following subjects:
 - (a) Facility operations;
 - (b) Physical operations;
 - (c) Infection control requirements;
 - (d) Health and safety requirements;
 - (e) Quality assurance requirements;
 - (f) Patient records;
- (g) Training requirements for all facility health care practitioners who are not regulated by another board;
 - (h) Inspections; and
 - (i) Data collection and reporting requirements.

A physician is primarily engaged in the treatment of pain by prescribing or dispensing controlled substance medications when the majority of the patients seen are prescribed or dispensed controlled substance medications for the treatment of chronic nonmalignant pain. Chronic nonmalignant pain is pain unrelated to cancer which persists beyond the usual course of the disease or the injury that is the cause of the pain or more than 90 days after surgery.

(9) (6) A privately owned clinic, facility, or office that

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advertises in any medium for any type of pain-management services or employs one or more physicians who are primarily engaged in the treatment of pain by prescribing or dispensing controlled substances is exempt from the registration provisions in subsection (4) if the majority of the physicians who provide services in the clinic, facility, or office primarily provide surgical services.

Section 8. Section 458.3265, Florida Statutes, is created to read:

458.3265 Pain-management clinics.

- (1) (a) A physician may not practice medicine in a painmanagement clinic, as described in s. 458.309(4), if the painmanagement clinic is not registered with the department as
 required by that section. As provided in s. 458.309(4), each
 location of a pain-management clinic must be registered
 separately regardless of whether the clinic is operated under
 the same business name or management as another clinic. If a
 pain-management clinic fails an annual inspection, the
 department may revoke the clinic's certificate of registration
 and prohibit all physicians associated with that pain-management
 clinic from practicing at that office location. A physician who
 violates this paragraph is subject to review by his or her
 appropriate medical regulatory board.
- (b) A pain-management clinic may not be owned, in whole or in part, by or have any contractual relationship, whether through employment or by independent contract, with:
- 1. A physician who during the course of his or her practice has been denied the privilege of prescribing, dispensing, administering, supplying, or selling any controlled substance or

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who has, during the course of his or her practice, had the board take disciplinary action in this state or any other state or by the United States, against his or her medical license as a result of violating laws or rules relating to prescribing or dispensing controlled substances or for his or her dependency on drugs or alcohol.

- 2. A person whose application for a license to prescribe, dispense, or administer a controlled substance has been denied by any jurisdiction.
- 3. The holder of a license issued by any jurisdiction which allowed the owner, employee, or person to prescribe, dispense, or administer a controlled substance and which has been restricted or revoked by the issuing jurisdiction.
- 4. A person who is the subject of a disciplinary proceeding by any licensing entity for conduct resulting from inappropriately prescribing, dispensing, or administering a controlled substance.
- 5. A person who has been convicted of or pled guilty or nolo contendere to, regardless of adjudication, an offense that constitutes a felony or a misdemeanor for receipt of illicit and diverted drugs, including a controlled substance listed in Schedule I, Schedule II, Schedule III, Schedule IV, or Schedule V of s. 893.03, in this state, any other state, or the United States.
- (c) If the department finds that a privately owned painmanagement clinic is owned, directly or indirectly, by a person
 meeting any criteria listed in paragraph (b), the department
 shall refuse to register the pain-management clinic or shall
 revoke the certificate of registration previously issued by the

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department. As determined by rule, the department may grant an exemption if more than 10 years have elapsed since adjudication.

As used in this subsection, the term "convicted" includes an adjudication of guilt following a plea of guilty or nolo contendere or the forfeiture of a bond when charged with a crime.

- (d) The owner, operator, or designated physician of a pain-management clinic shall:
- 1. Be onsite at the pain-management clinic for at least 33 percent of the operating hours of the pain-management clinic, with exemptions provided by department rule. If this requirement is not met by a designated physician, the owner or operator shall be physically present at the pain-management clinic at least once a week to inspect the facility in accordance with department rule. Exemptions may be provided by department rule if the designated physician, owner, or operator is present weekly and conducts inspections; and
- 2. Review on a weekly basis at least 33 percent of the total number of patient files of the clinic, including the patient files in the possession of a clinic employee or contractor to whom authority for patient care has been delegated by the pain-management clinic, with exemptions provided by department rule.
- (e) A violation of this subsection is grounds for disciplinary action against the clinic, its owner, its operator, or designated physician under s. 458.309. An owner or operator who fails to comply with this subsection commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

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(2) A person may not dispense any medication, including a controlled substance, on the premises of a pain-management clinic unless he or she is a physician licensed under this chapter or chapter 459; however, a pharmacist licensed under chapter 465 may dispense any medication, including a controlled substance, on the premises of a pain-management clinic.

- (3) After a physical examination of the patient the same day of dispensing a controlled substance, a physician must document in the patient's record the reason for prescribing or dispensing more than a 72-hour dose of a controlled substance for the treatment of chronic nonmalignant pain. A physician shall follow the department's rules for treating pain when prescribing the use of controlled substances and dispensing controlled substances. The failure to follow the department's rules is grounds for disciplinary action by the Board of Medicine and the possible revocation of the clinic's certificate of registration by the department.
 - (4) As used in subsections (4) through (8), the term:
- (a) "Controlled substance" means a controlled substance listed in Schedule II, Schedule III, or Schedule IV of s. 893.03.
- (b) "Parties affiliated with a pain-management clinic"
 means:
- 1. A director, officer, trustee, partner, or committee member of a pain-management clinic or applicant, or a subsidiary or service corporation of the pain-management clinic or applicant; or
- 2. A person who, directly or indirectly, manages, controls, or oversees the operation of a pain-management clinic or

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applicant, regardless of whether the person is a partner,
shareholder, manager, member, officer, director, independent
contractor, or employee of the pain-management clinic or
applicant.

- (5) On or after January 3, 2011, an application for an initial or renewal registration of a pain-management clinic must include:
- (a) The name, full business address, and telephone number of the applicant.
 - (b) All trade or business names used by the applicant.
- (c) The address, telephone numbers, and names of contact persons for each facility used by the applicant for the prescribing or dispensing of controlled substance medications in the treatment of pain.
- (d) The type of ownership or operation, such as a partnership, corporation, or sole proprietorship.
- (e) The names of each owner and each operator of the pain-management clinic, including:
 - 1. If an individual, the name of the individual.
- 2. If a partnership, the name of each partner and the name of the partnership.
 - 3. If a corporation:
- a. The name, address, and title of each corporate officer and director.
- b. The name and address of the corporation and the resident agent of the corporation, the resident agent's address, and the corporation's state of incorporation.
- c. The name and address of each shareholder of the corporation owning 5 percent or more of the outstanding stock of

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784 the corporation.

- 4. If a sole proprietorship, the full name of the sole proprietor and the name of the business entity.
 - 5. If a limited liability company:
 - a. The name and address of each member.
 - b. The name and address of each manager.
- c. The name and address of the limited liability company, the resident agent of the limited liability company, and the name of the state in which the limited liability company was organized.
 - (f) The tax year of the applicant.
- (g) A copy of the deed for the property on which the applicant's pain-management clinic is located, if the clinic is owned by the applicant, or a copy of the applicant's lease for the property on which the applicant's pain-management clinic is located, which must have an original term of not less than 1 calendar year, if the pain-management clinic is not owned by the applicant.
- (h) A list of all licenses and permits issued to the applicant by any other state which authorize the applicant to purchase or possess prescription drugs.
- (i) The name of the manager of the pain-management clinic that is applying for the initial or renewal registration, the next four highest ranking employees responsible for operations of the pain-management clinic, the name of all parties affiliated with the pain-management clinic, and the personal information statement and set of fingerprints required under subsection (6) for each person.
 - (6)(a) Each person required by subsection (5) to provide a

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personal information statement and fingerprints shall provide
the following information to the department on forms prescribed
by the department:

- 1. The person's places of residence for the past 7 years.
- 2. The person's date and place of birth.
- 3. The person's occupations, positions of employment, and offices held during the past 7 years.
- 4. The principal business and address of any business, corporation, or other organization in which the person:
 - a. Held an office during the past 7 years; or
- b. Had an occupation or position of employment during the past 7 years.
- 5. Whether the person has been, during the past 7 years, the subject of any proceeding for the revocation of any license and, if so, the nature of the proceeding and the disposition of the proceeding.
- 6. Whether, during the past 7 years, the person has been enjoined, temporarily or permanently, by a court of competent jurisdiction from violating any federal or state law regulating the possession, control, or distribution of controlled substances, together with details concerning any such event.
- 7. A description of any involvement by the person during the past 7 years, including any investments, other than the ownership of stock in a publicly traded company or mutual fund, with any business that manufactured, administered, prescribed, distributed, or stored pharmaceutical products and any lawsuits in which the businesses were named as a party.
- 8. A description of any felony criminal offense of which the person, as an adult, was found guilty, regardless of whether

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adjudication of guilt was withheld or whether the person pled guilty or nolo contendere. A criminal offense committed in another jurisdiction which would have been a felony in this state must be reported. If the person indicates that a criminal conviction is under appeal and submits a copy of the notice of appeal of that criminal offense, the applicant shall, within 15 days after the disposition of the appeal, submit to the department a copy of the final written order of disposition.

- $\underline{9.}$ A photograph of the person taken in the previous $\underline{30}$ days.
- 10. A set of fingerprints from the person on a form and under procedures specified by the department and payment of a fee equal to the cost incurred by the department for the criminal history record check of the person.
- 11. The name, address, occupation, and date and place of birth for each member of the person's immediate family who is 18 years of age or older. As used in this subparagraph, the term "member of the person's immediate family" includes the person's spouse, children, parents, siblings, the spouses of the person's children, and the spouses of the person's siblings.
- 12. Any other relevant information that the department requires.
- (b) The information required under paragraph (a) shall be provided under oath.
- (c)1. The department shall submit the fingerprints provided with an application for initial registration on or after January 4, 2010, to the Department of Law Enforcement for a statewide criminal record check and for forwarding to the Federal Bureau of Investigation for a national criminal record check.

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2. For the renewal of a registration on or after January 3, 2011, the department shall submit the fingerprints provided as a part of a renewal application and background check of registered persons to the Department of Law Enforcement for a statewide criminal record check, and for forwarding to the Federal Bureau of Investigation for a national criminal record check. For any subsequent renewal of a registration, the department shall submit the required information for a statewide and national criminal record check.

- 3. Any person who submits to the department a set of fingerprints for a criminal record check is not required to provide a subsequent set of fingerprints for a criminal record check if the person has undergone a criminal record check with submission of fingerprints for background screening as a condition of the issuance of an initial registration or the initial renewal of a registration on or after January 4, 2010.
- 4. The department shall submit fingerprints for those undergoing a background screening and they must be submitted electronically. The department shall screen background results to determine if an applicant meets registration requirements.
- 5. The cost for the processing fingerprints for an initial or renewal registration must be borne by the person subject to the background check. The Department of Law Enforcement shall receive payment for processing the fingerprints submitted to it each month by invoice to the Department of Health or by credit card from the applicant or a vendor acting on behalf of the applicant.
- 6. All fingerprints submitted to the Department of Law Enforcement shall be retained by the Department of Law

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Enforcement in a manner provided by rule and entered into the statewide automated fingerprint identification system authorized by s. 943.05(2)(b). The fingerprints shall thereafter be available for all purposes and uses authorized for arrest fingerprint cards entered in the statewide automated fingerprint identification system pursuant to s. 943.051.

- 7. Fingerprints for arrests submitted or received under s. 943.051 shall be searched against the fingerprints retained in the statewide automated fingerprint identification system. Any arrest record that is identified with the retained fingerprints of a person subject to the background screening under this section shall be reported to the department.
- 8. Each person shall pay to the department a fee for the cost of retaining the fingerprints and performing the ongoing searches of arrest records. The Department of Law Enforcement shall receive payment for processing and retaining the fingerprints submitted to it each month by invoice to the Department of Health or by credit card from the applicant or a vendor acting on behalf of the applicant.
- 9. The Department of Law Enforcement shall adopt rules establishing the amount of the fee and procedures for retaining the fingerprints, performing the searches, and disseminating the search results. The department shall notify the Department of Law Enforcement of any change in a person's status as a person listed s. 458.3265 if, as a result of the change, the person's fingerprints are no longer required to be retained under paragraph (a).
- (7) The State Surgeon General shall order a clinic closed for operations if closure is warranted following failure of the

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owner or operator of the pain-management clinic to pass a
background check of his or her criminal history. As determined
by rule, the department may grant an exemption if more than 10
years have elapsed since adjudication.

(8) By January 3, 2011, the department and the Department of Law Enforcement shall adopt rules pursuant to ss. 120.536(1) and 120.54 to administer the provisions of this section, which shall include, as necessary, the reporting, management, development, and implementation of the fingerprint requirements in this section.

Section 9. Paragraph (e) is added to subsection (1) of section 458.327, Florida Statutes, and paragraph (f) is added to subsection (2) of that section, to read:

458.327 Penalty for violations.-

- (1) Each of the following acts constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084:
- (e) Knowingly operating, owning, or managing a nonregistered pain-management clinic that is required to be registered with the Department of Health pursuant to s. 458.309(4).
- (2) Each of the following acts constitutes a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083:
- (f) Knowingly prescribing or dispensing, or causing to be prescribed or dispensed, controlled substances in a nonregistered pain-management clinic that is required to be registered with the Department of Health pursuant to s. 458.309(4).

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Section 10. Section 459.005, Florida Statutes, is amended to read:

459.005 Rulemaking authority.-

- (1) The <u>department and the</u> board <u>may</u> has authority to adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter conferring duties upon it.
- (2) All physicians who perform level 2 procedures lasting more than 5 minutes and all level 3 surgical procedures in an office setting must register the office with the department unless that office is licensed as a facility pursuant to chapter 395. The department shall inspect the physician's office annually unless the office is accredited by a nationally recognized accrediting agency or an accrediting organization subsequently approved by the Board of Osteopathic Medicine. The actual costs for registration and inspection or accreditation shall be paid by the person seeking to register and operate the office setting in which office surgery is performed.
- (3) Effective January 4, 2010, all privately owned painmanagement clinics, facilities, or offices, primarily engaged in
 the treatment of pain by prescribing or dispensing controlled
 substance medications, hereinafter referred to as "clinics,"
 which advertise in any medium for any type of pain-management
 services, or employ a physician who is licensed under this
 chapter and who is primarily engaged in the treatment of pain by
 prescribing or dispensing controlled substance medications, must
 register with the department by January 4, 2010, unless that
 clinic is licensed as a facility under chapter 395. A physician
 may not practice osteopathic medicine in a pain-management
 clinic that is required to but has not registered with the

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department. Each clinic location shall be registered separately regardless of whether the clinic is operated under the same business name or management as another clinic. If the clinic is licensed as a health care clinic under chapter 400, the medical director is responsible for registering the facility with the department. If the clinic is not registered under chapter 395 or chapter 400, the clinic shall, upon registration with the department, designate a physician who is responsible for complying with all requirements related to registration of the clinic. The designated physician shall have a full, active, and unencumbered license be licensed under chapter 458 or this chapter and shall practice at the office location for which the physician has assumed responsibility. The department shall inspect the clinic annually to ensure that it complies with rules of the Board of Osteopathic Medicine adopted pursuant to this subsection and subsection $(7)\frac{(4)}{(4)}$ unless the office is accredited by a nationally recognized accrediting agency approved by the Board of Osteopathic Medicine. The actual costs for registration and inspection or accreditation shall be paid by the physician seeking to register the clinic.

(4) (a) The department may deny an application for registering a pain-management clinic or revoke or suspend a current registration. The department may impose an administrative fine on the clinic of up to \$5,000 per violation for violating the requirements of this section, chapter 499, the Florida Drug and Cosmetic Act; 21 U.S.C. ss. 301-392, the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Comprehensive Drug Abuse Prevention and Control Act; chapter 893; or the rules of the department. In determining whether a

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penalty is to be imposed, and in fixing the amount of the fine,
the department shall consider the following factors:

- 1. The gravity of the violation, including the probability that death or serious physical or emotional harm to a patient has resulted, or could have resulted, from a licensee's actions, the severity of the action or potential harm, and the extent to which the provisions of the applicable laws or rules were violated.
- 2. What actions, if any, the owner, medical director, or designated physician took to correct the violations.
- 3. Whether there were any previous violations at the pain-management clinic.
- 4. The financial benefits that the pain-management clinic derived from committing or continuing to commit the violation.
- (b) Each day a violation continues after the date fixed for termination as ordered by the department, constitutes an additional, separate, and distinct violation.
- (c) Any action taken to correct a violation shall be documented in writing by the owner, medical director, or designated physician of the pain-management clinic and verified by followup visits by department personnel. The department may impose a fine and, in the case of an owner-operated pain-management clinic, revoke or deny a clinic's license if the medical director of the pain-management clinic, or the clinic's designated physician, knowingly and intentionally misrepresents actions taken to correct a violation.
- (d) An owner, medical director, or designated physician of a pain-management clinic who concurrently operates an unlicensed pain-management clinic is subject to an administrative fine of

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1045 \$5,000 per day.

(e) Any pain-management clinic whose owner fails to apply for a change-of-ownership license and operates the clinic under the new ownership is subject to a fine of \$5,000.

- (f) During an onsite inspection, the department shall make a reasonable attempt to discuss each violation with the owner, medical director, or designated physician of the pain-management clinic before issuing a formal written notification.
- (g)1. If the registration of a pain-management clinic is revoked or suspended, the designated physician or medical director of the pain-management clinic, the owner or lessor of the pain-management clinic property, and the owner, manager, or proprietor shall cease to operate the facility as a pain-management clinic as of the effective date of the suspension or revocation.
- 2. If a pain-management clinic registration is revoked or suspended, the designated physician or medical director of the pain-management clinic, the owner or lessor of the clinic property, and the owner, manager, or proprietor are responsible for removing all signs and symbols identifying the premises as a pain-management clinic.
- 3. If the clinic's registration is revoked, any person named in the registration documents of the pain-management clinic, including persons owning or operating the pain-management clinic, may not as an individual or as a part of a group, make application for a permit to operate a pain-management clinic for 5 years after the date the registration is revoked.
 - 4. Upon the effective date of the suspension or revocation,

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the pain-management clinic shall advise the department of the disposition of the medicinal drugs located on the premises. The disposition is subject to the supervision and approval of the department. Failure by a pain-management clinic to be registered as required by law is cause for all medicinal drugs purchased or held by the pain-management clinic to be adulterated pursuant to s. 499.006.

- 5. The period of the suspension shall be prescribed by the department, but may not exceed 1 year.
- (5) The department shall adopt rules necessary to administer the registration and inspection of pain-management clinics establishing the specific requirements, procedures, forms, and fees.
- (6) The department shall adopt a rule defining what constitutes practice by a designated physician at the office location for which the physician has assumed responsibility as set forth in subsection (4). When adopting the rule, the department shall consider the number of clinic employees, the location of the pain-management clinic, its hours of operation, and the amount of controlled substances being prescribed, dispensed, or administered at the pain-management clinic.
- <u>(7) (4)</u> The Board of Osteopathic Medicine shall adopt rules setting forth standards of practice for physicians who practice in privately owned pain-management clinics that primarily engage in the treatment of pain by prescribing or dispensing controlled substance medications. <u>The Such</u> rules shall address, but need not be limited to, the following subjects:
 - (a) Facility operations;
 - (b) Physical operations;

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(c) Infection control requirements;

- (d) Health and safety requirements;
- (e) Quality assurance requirements;
- (f) Patient records;
- (g) Training requirements for all facility health care practitioners who are not regulated by another board;
 - (h) Inspections; and
 - (i) Data collection and reporting requirements.

A physician is primarily engaged in the treatment of pain by
prescribing or dispensing controlled substance medications when
the majority of the patients seen are prescribed or dispensed
controlled substance medications for the treatment of chronic
nonmalignant pain. Chronic nonmalignant pain is pain unrelated
to cancer which persists beyond the usual course of the disease
or the injury that is the cause of the pain or more than 90 days

(8) (5) A privately owned clinic, facility, or office that advertises in any medium for any type of pain-management services or employs one or more physicians who are primarily engaged in the treatment of pain by prescribing or dispensing controlled substances is exempt from the registration provisions in subsection (3) if the majority of the physicians who provide services in the clinic, facility, or office primarily provide surgical services.

Section 11. Paragraph (e) is added to subsection (1) of section 459.013, Florida Statutes, and paragraph (d) is added to subsection (2) of that section, to read:

459.013 Penalty for violations.-

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(1) Each of the following acts constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084:

- (e) Knowingly operating, owning, or managing a nonregistered pain-management clinic that is required to be registered with the Department of Health pursuant to s. 459.005(3).
- (2) Each of the following acts constitutes a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083:
- (d) Knowingly prescribing, dispensing, or causing to be prescribed or dispensed controlled substances in a nonregistered pain-management clinic that is required to be registered with the Department of Health pursuant to s. 459.005(3).

Section 12. Section 459.0137, Florida Statutes, is created to read:

459.0137 Pain-management clinics.

(1) (a) An osteopathic physician may not practice osteopathic medicine in a pain-management clinic that is not registered with the department as required by s. 459.005(3) Each location of a pain-management clinic must be registered separately regardless of whether the clinic is operated under the same business name or management as another clinic. If a pain-management clinic fails an annual inspection pursuant to s. 459.005(3), the department may revoke the clinic's certificate of registration and prohibit all physicians associated with that pain-management clinic from practicing at that office location. A physician who violates this paragraph is subject to review by his or her appropriate medical regulatory board.

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(b) A pain-management clinic may not be owned, in whole or in part, by or have any contractual relationship, whether through employment or by independent contract, with:

- 1. An osteopathic physician who during the course of his or her practice has been denied the privilege of prescribing, dispensing, administering, supplying, or selling any controlled substance and who has, during the course of his or her practice, or had the board take disciplinary action in this state or any other state or by the United States against his or her medical license as a result of violating laws or rules relating to prescribing or dispensing controlled substances or for his or her dependency on drugs or alcohol.
- 2. A person whose application for a license to prescribe, dispense, or administer a controlled substance has been denied by any jurisdiction.
- 3. The holder of a license issued by any jurisdiction which allowed the owner, employee, or person to prescribe, dispense, or administer a controlled substance and which has been restricted or revoked by the issuing jurisdiction.
- 4. A person who is the subject of a disciplinary proceeding by any licensing entity for conduct resulting from inappropriately prescribing, dispensing, or administering a controlled substance.
- 5. A person who has been convicted of or pled guilty or nolo contendere to, regardless of adjudication, an offense that constitutes a felony or a misdemeanor for receiving illicit and diverted drugs, including a controlled substance listed in Schedule I, Schedule II, Schedule IV, or Schedule V of s. 893.03, in this state, any other state, or the United

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- management clinic is owned, directly or indirectly, by a person meeting any criteria listed in paragraph (b), the department shall refuse to register the pain-management clinic or shall revoke the certificate of registration previously issued by the department. As determined by rule, the department may grant an exemption if more than 10 years have elapsed since adjudication. As used in this subsection, the term "convicted" includes an adjudication of guilt following a plea of guilty or nolo contendere or the forfeiture of a bond when charged with a crime.
- (d) The owner, operator, or designated osteopathic physician of a pain-management clinic shall:
- 1. Be onsite at the pain-management clinic for at least 33 percent of the operating hours of the pain-management clinic with exemptions provided by department rule. If this requirement is not met by a designated physician, the owner or operator shall be physically present at the pain-management clinic at least once a week to inspect the facility in accordance with department rule. Exemptions may be provided by department rule if the designated osteopathic physician is present weekly and conducts inspections; and
- 2. Review on a weekly basis at least 33 percent of the total number of patient files of the pain-management clinic, including the patient files in the possession of a pain-management clinic employee or contractor to whom authority for patient care has been delegated by the pain-management clinic, with exemptions provided by department rule.

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(e) A violation of this subsection is grounds for disciplinary action against the pain-management clinic, its owner, its operator or designated osteopathic physician under s. 459.005. An owner or operator who fails to comply with this subsection commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

- (2) A person may not dispense any medication, including a controlled substance, on the premises of a pain-management clinic unless he or she is a physician licensed under this chapter or chapter 458; however, a pharmacist licensed under chapter 465 may dispense any medication, including a controlled substance, on the premises of a pain-management clinic.
- (3) After a physical examination of the patient the same day that a controlled substance is dispensed, a physician must document in the patient's record the reason for prescribing or dispensing more than a 72-hour dose of a controlled substance for the treatment of chronic nonmalignant pain. A physician shall follow the department's rules for treating pain when prescribing the use of controlled substances and dispensing controlled substances. The failure to follow the department's rules is grounds for disciplinary action by the Board of Osteopathic Medicine and the possible revocation of the clinic's certificate of registration by the department.
 - (4) As used in this section, the term:
- (a) "Controlled substance" means a controlled substance listed in Schedule II, Schedule III, or Schedule IV of s. 893.03.
- (b) "Parties affiliated with a pain-management clinic"
 means:

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1248 <u>1. A director, officer, trustee, partner, or committee</u>
1249 <u>member of a pain-management clinic or applicant, or a subsidiary</u>
1250 <u>or service corporation of the pain-management clinic or</u>
1251 applicant; or

- 2. A person who, directly or indirectly, manages, controls, or oversees the operation of a pain-management clinic or applicant, regardless of whether the person is a partner, shareholder, manager, member, officer, director, independent contractor, or employee of the pain-management clinic or applicant.
- (5) On or after January 3, 2011, an application for an initial or renewal registration of a pain-management clinic must include:
- (a) The name, full business address, and telephone number of the applicant.
 - (b) All trade or business names used by the applicant.
- (c) The address, telephone numbers, and names of contact persons for each facility used by the applicant for the prescribing or dispensing of controlled substance medications in the treatment of pain.
- (d) The type of ownership or operation, such as a partnership, corporation, or sole proprietorship.
- (e) The names of each owner and each operator of the pain-management clinic, including:
 - 1. If an individual, the name of the individual.
- 1273 <u>2. If a partnership, the name of each partner and the name</u>
 1274 of the partnership.
 - 3. If a corporation:
 - a. The name, address, and title of each corporate officer

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- b. The name and address of the corporation and the resident agent of the corporation, the resident agent's address, and the corporation's state of incorporation.
- c. The name and address of each shareholder of the corporation that owns 5 percent or more of the outstanding stock of the corporation.
- 4. If a sole proprietorship, the full name of the sole proprietor and the name of the business entity.
 - 5. If a limited liability company:
 - a. The name and address of each member.
 - b. The name and address of each manager.
- c. The name and address of the limited liability company, the resident agent of the limited liability company, and the name of the state in which the limited liability company was organized.
 - (f) The tax year of the applicant.
- (g) A copy of the deed for the property on which the applicant's pain-management clinic is located, if the clinic is owned by the applicant, or a copy of the applicant's lease for the property on which the applicant's pain-management clinic is located, which must have an original term of not less than 1 calendar year, if the pain-management clinic is not owned by the applicant.
- (h) A list of all licenses and permits issued to the applicant by any other state which authorize the applicant to purchase or possess prescription drugs.
- (i) The name of the manager of the pain-management clinic that is applying for the initial or renewal registration, the

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next four highest ranking employees responsible for operations
of the pain-management clinic, the name of all parties
affiliated with the pain-management clinic, and the personal
information statement and fingerprints required under subsection
(6) for each person.

- (6) (a) Each person required by subsection (5) to provide a personal information statement and fingerprints shall provide the following information to the department on forms prescribed by the department:
 - 1. The person's places of residence for the past 7 years.
 - 2. The person's date and place of birth.
- 3. The person's occupations, positions of employment, and offices held during the past 7 years.
- 4. The principal business and address of any business, corporation, or other organization in which the person:
 - a. Held an office during the past 7 years; or
- b. Had an occupation or position of employment during the past 7 years.
- 5. Whether the person has been, during the past 7 years, the subject of any proceeding for the revocation of any license and, if so, the nature of the proceeding and the disposition of the proceeding.
- 6. Whether, during the past 7 years, the person has been enjoined, temporarily or permanently, by a court of competent jurisdiction from violating any federal or state law regulating the possession, control, or distribution of controlled substances, together with details concerning any such event.
- 7. A description of any involvement by the person during the past 7 years, including any investments, other than the

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ownership of stock in a publicly traded company or mutual fund,
with any business that manufactured, administered, prescribed,
distributed, or stored pharmaceutical products and any lawsuits
in which the businesses were named as a party.

- 8. A description of any felony criminal offense of which the person, as an adult, was found guilty, regardless of whether adjudication of guilt was withheld or whether the person pled guilty or nolo contendere. A criminal offense committed in another jurisdiction which would have been a felony in this state must be reported. If the person indicates that a criminal conviction is under appeal and submits a copy of the notice of appeal of that criminal offense, the applicant shall, within 15 days after the disposition of the appeal, submit to the department a copy of the final written order of disposition.
- 9. A photograph of the person taken in the previous 30 days.
- 10. A set of fingerprints from the person on a form and under procedures specified by the department and payment of a fee equal to the cost incurred by the department for the criminal history record check of the person.
- 11. The name, address, occupation, and date and place of birth for each member of the person's immediate family who is 18 years of age or older. As used in this subparagraph, the term "member of the person's immediate family" includes the person's spouse, children, parents, siblings, the spouses of the person's children, and the spouses of the person's siblings.
- 12. Any other relevant information that the department requires.
 - (b) The information required under paragraph (a) shall be

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1364 provided under oath.

(c)1. The department shall submit the fingerprints provided with an application for initial registration to the Department of Law Enforcement for a statewide criminal record check and for forwarding to the Federal Bureau of Investigation for a national criminal record check.

- 2. For the renewal of a registration on or after January 3, 2011, the department shall submit the fingerprints provided as a part of a renewal application and background check of registered persons to the Department of Law Enforcement for a statewide criminal record check, and for forwarding to the Federal Bureau of Investigation for a national criminal record check. For any subsequent renewal of a registration, the department shall submit the required information for a statewide and national criminal record check.
- 3. Any person who submits to the department a set of fingerprints for a criminal record check is not required to provide a subsequent set of fingerprints for a criminal record check if the person has undergone a criminal record check with submission of fingerprints for background screening as a condition of the issuance of an initial registration or the renewal of a registration on or after January 4, 2011.
- 4. The department shall submit fingerprints for those undergoing a background screening and they must be submitted electronically. The department shall screen background results to determine if an applicant meets registration requirements.
- 5. The cost for the processing fingerprints for an initial or renewal registration must be borne by the person subject to the background check. The Department of Law Enforcement shall

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receive payment for processing the fingerprints submitted to it
each month by invoice to the Department of Health or by credit
card from the applicant or a vendor acting on behalf of the
applicant.

- 6. All fingerprints submitted to the Department of Law
 Enforcement shall be retained by the Department of Law
 Enforcement in a manner provided by rule and entered into the
 statewide automated fingerprint identification system authorized
 by s. 943.05(2)(b). The fingerprints shall thereafter be
 available for all purposes and uses authorized for arrest
 fingerprint cards entered in the statewide automated fingerprint
 identification system pursuant to s. 943.051.
- 7. Fingerprints for arrests submitted or received under s. 943.051 shall be searched against the fingerprints retained in the statewide automated fingerprint identification system. Any arrest record that is identified with the retained fingerprints of a person subject to the background screening under this section shall be reported to the department.
- 8. Each person shall pay to the department a fee for the cost of retaining the fingerprints and performing the ongoing searches of arrest records. The Department of Law Enforcement shall receive payment for processing and retaining the fingerprints submitted to it each month by invoice to the Department of Health or by credit card from the applicant or a vendor acting on behalf of the applicant.
- 9. The Department of Law Enforcement shall adopt rules establishing the amount of the fee and procedures for retaining the fingerprints, performing the searches, and disseminating the search results. The department shall notify the Department of

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Law Enforcement of any change in a person's status as a person

listed in s. 458.3265 if, as a result of the change, the

person's fingerprints are no longer required to be retained

under paragraph (a).

- (7) The State Surgeon General shall order a clinic closed for operations if closure is warranted following failure of the owner or operator of the clinic to pass a background check of his or her criminal history. As determined by rule, the department may grant an exemption if more than 10 years have elapsed since adjudication.
- (8) By January 3, 2011, the department and the Department of Law Enforcement shall adopt rules pursuant to ss. 120.536(1) and 120.54 to administer the provisions of this section, which shall include, as necessary, the reporting, management, development, and implementation of the fingerprint requirements in this section.

Section 13. This act shall take effect July 1, 2010.