COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 817 (2013)

Amendment No. strike all

COMMITTEE/SUBCOMMITTEE	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	(Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Committee/Subcommittee hearing bill: Health Care Appropriations

2 Subcommittee

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Representative Gaetz offered the following:

Amendment (with title amendment)

6 Remove everything after the enacting clause and insert: 7 Be It Enacted by the Legislature of the State of Florida: 8 Section 1. An act relating to health care.-9 (1) The Department of Health shall convene a study group to evaluate the need for a statewide primary source verification 10 11 repository for the core credentials data of health 12 practitioners. 13 The study group shall perform an assessment to (2) evaluate the need for a statewide primary source verification 14 15 repository for the core credentials data of health

16 practitioners. The assessment shall address factors including,

17 but not limited to, potential costs, timelines for

18 implementation, procurement options, and the impact on the

19 private sector. The study group shall submit recommendations to

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Amendment No. strike all 20 the Governor, the President of the Senate, and the Speaker of 21 the House of Representatives by July 1, 2014. 22 Section 2. This act shall take effect July 1, 2013. 23 24 25 26 TITLE AMENDMENT 27 Remove everything before the enacting clause and insert: A bill to be entitled 28 29 An act relating to health care; requiring the Department of Health to convene a study group to evaluate the need for a 30 31 statewide repository for the core credentials data of health practitioners; providing requirements for the study group; 32 33 requiring the study group to submit recommendations to the 34 Governor and Legislature; providing an effective date. 35 WHEREAS, the Legislature recognizes that an efficient and 36 37 effective health care practitioner credentialing program helps ensure access to quality health care and the demand for health 38 39 care practitioner credentialing activities has increased as a 40 result of health care reform and recent changes affecting the 41 delivery of and reimbursement for health care, and 42 WHEREAS, the resulting duplication of health care practitioner credentialing activities is costly and cumbersome 43 44 for both the practitioner and the entity granting practice 45 privileges, NOW, THEREFORE, 46

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