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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/15/2013	.	
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	.	

The Committee on Health Policy (Bean) recommended the following:

1 **Senate Amendment (with title amendment)**
2
3 Delete everything after the enacting clause
4 and insert:
5 Section 1. Paragraphs (d) and (e) of subsection (12) of
6 section 112.0455, Florida Statutes, are amended to read:
7 112.0455 Drug-Free Workplace Act.—
8 (12) DRUG-TESTING STANDARDS; LABORATORIES.—
9 ~~(d) The laboratory shall submit to the Agency for Health~~
10 ~~Care Administration a monthly report with statistical~~
11 ~~information regarding the testing of employees and job~~
12 ~~applicants. The reports shall include information on the methods~~
13 ~~of analyses conducted, the drugs tested for, the number of~~

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~~positive and negative results for both initial and confirmation tests, and any other information deemed appropriate by the Agency for Health Care Administration. No monthly report shall identify specific employees or job applicants.~~

(d)~~(e)~~ Laboratories shall provide technical assistance to the employer, employee, or job applicant for the purpose of interpreting any positive confirmed test results which could have been caused by prescription or nonprescription medication taken by the employee or job applicant.

Section 2. Paragraph (n) of subsection (1) of section 154.11, Florida Statutes, is amended to read:

154.11 Powers of board of trustees.—

(1) The board of trustees of each public health trust shall be deemed to exercise a public and essential governmental function of both the state and the county and in furtherance thereof it shall, subject to limitation by the governing body of the county in which such board is located, have all of the powers necessary or convenient to carry out the operation and governance of designated health care facilities, including, but without limiting the generality of, the foregoing:

(n) To appoint originally the staff of physicians to practice in a ~~any~~ designated facility owned or operated by the board and to approve the bylaws and rules to be adopted by the medical staff of a ~~any~~ designated facility owned and operated by the board, such governing regulations to be in accordance with the standards of the Joint Commission, the American Osteopathic Association/Healthcare Facilities Accreditation Program, or a national accrediting organization that is approved by the Centers for Medicare and Medicaid Services and whose standards

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43 incorporate comparable licensure regulations required by the
44 state ~~on the Accreditation of Hospitals~~ which provide, among
45 other things, for the method of appointing additional staff
46 members and for the removal of staff members.
47 Section 3. Section 385.2035, Florida Statutes, is created
48 to read:
49 385.2035 Resource for research in the prevention and
50 treatment of diabetes.—The Florida Hospital Sanford-Burnham
51 Translational Research Institute for Metabolism and Diabetes is
52 designated as a resource in this state for research in the
53 prevention and treatment of diabetes.
54 Section 4. Subsection (2) of section 394.741, Florida
55 Statutes, is amended to read:
56 394.741 Accreditation requirements for providers of
57 behavioral health care services.—
58 (2) Notwithstanding any provision of law to the contrary,
59 accreditation shall be accepted by the agency and department in
60 lieu of the agency's and department's facility licensure onsite
61 review requirements and shall be accepted as a substitute for
62 the department's administrative and program monitoring
63 requirements, except as required by subsections (3) and (4),
64 for:
65 (a) An ~~Any~~ organization from which the department purchases
66 behavioral health care services which ~~that~~ is accredited by the
67 Joint Commission, American Osteopathic Association/the
68 Healthcare Facilities Accreditation Program, a national
69 accrediting organization that is approved by the Centers for
70 Medicare and Medicaid Services and whose standards incorporate
71 comparable licensure regulations required by the state, ~~on~~

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72 ~~Accreditation of Healthcare Organizations or~~ the Council on
73 Accreditation ~~for Children and Family Services~~, or CARF
74 International for the ~~has those~~ services that are being
75 purchased by the department ~~accredited by CARF—the~~
76 ~~Rehabilitation Accreditation Commission~~.
77 (b) A ~~Any~~ mental health facility licensed by the agency or
78 a ~~any~~ substance abuse component licensed by the department which
79 ~~that~~ is accredited by the Joint Commission, the American
80 Osteopathic Association/Healthcare Facilities Accreditation
81 Program, a national accrediting organization that is approved by
82 the Centers for Medicare and Medicaid Services and whose
83 standards incorporate comparable licensure regulations required
84 by the state, CARF International ~~on Accreditation of Healthcare~~
85 ~~Organizations, CARF—the Rehabilitation Accreditation Commission~~,
86 or the Council on Accreditation ~~of Children and Family Services~~.
87 (c) A ~~Any~~ network of providers from which the department or
88 the agency purchases behavioral health care services accredited
89 by the Joint Commission, the American Osteopathic
90 Association/Healthcare Facilities Accreditation Program, a
91 national accrediting organization that is approved by the
92 Centers for Medicare and Medicaid Services and whose standards
93 incorporate comparable licensure regulations required by the
94 state, CARF International ~~on Accreditation of Healthcare~~
95 ~~Organizations, CARF—the Rehabilitation Accreditation Commission~~,
96 the Council on Accreditation ~~of Children and Family Services~~, or
97 the National Committee for Quality Assurance. A provider
98 organization that ~~, which~~ is part of an accredited network~~,~~ is
99 afforded the same rights under this part.
100 Section 5. Subsection (3) of section 395.0161, Florida

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101 Statutes, is amended to read:
102 395.0161 Licensure inspection.—
103 (3) In accordance with s. 408.805, an applicant or licensee
104 shall pay a fee for each license application submitted under
105 this part, part II of chapter 408, and applicable rules. With
106 the exception of state-operated licensed facilities, each
107 facility licensed under this part shall pay to the agency~~, at~~
108 ~~the time of inspection,~~ the following fees:
109 (a) *Inspection for licensure.*—A fee shall be paid which is
110 not less than $8 per hospital bed, nor more than $12 per
111 hospital bed, except that the minimum fee shall be $400 per
112 facility.
113 (b) *Inspection for lifesafety only.*—A fee shall be paid
114 which is not less than 75 cents per hospital bed, nor more than
115 $1.50 per hospital bed, except that the minimum fee shall be $40
116 per facility.
117 Section 6. <u>Section 395.1046, Florida Statutes, is repealed.</u>
118 Section 7. Section 395.3038, Florida Statutes, is amended
119 to read:
120 395.3038 State-listed primary stroke centers and
121 comprehensive stroke centers; notification of hospitals.—
122 (1) The agency shall make available on its website and to
123 the department a list of the name and address of each hospital
124 that meets the criteria for a primary stroke center and the name
125 and address of each hospital that meets the criteria for a
126 comprehensive stroke center. The list of primary and
127 comprehensive stroke centers <u>must</u> ~~shall~~ include only those
128 hospitals that attest in an affidavit submitted to the agency
129 that the hospital meets the named criteria, or those hospitals

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130 that attest in an affidavit submitted to the agency that the
131 hospital is certified as a primary or a comprehensive stroke
132 center by the Joint Commission, the American Osteopathic
133 Association/Healthcare Facilities Accreditation Program, or a
134 national accrediting organization that is approved by the
135 Centers for Medicare and Medicaid Services and whose standards
136 incorporate comparable licensure regulations required by the
137 state ~~on Accreditation of Healthcare Organizations~~.
138 (2)(a) If a hospital no longer chooses to meet the criteria
139 for a primary or comprehensive stroke center, the hospital shall
140 notify the agency and the agency shall immediately remove the
141 hospital from the list.
142 (b)1. This subsection does not apply if the hospital is
143 unable to provide stroke treatment services for a period of time
144 not to exceed 2 months. The hospital shall immediately notify
145 all local emergency medical services providers when the
146 temporary unavailability of stroke treatment services begins and
147 when the services resume.
148 2. If stroke treatment services are unavailable for more
149 than 2 months, the agency shall remove the hospital from the
150 list of primary or comprehensive stroke centers until the
151 hospital notifies the agency that stroke treatment services have
152 been resumed.
153 ~~(3) The agency shall notify all hospitals in this state by~~
154 ~~February 15, 2005, that the agency is compiling a list of~~
155 ~~primary stroke centers and comprehensive stroke centers in this~~
156 ~~state. The notice shall include an explanation of the criteria~~
157 ~~necessary for designation as a primary stroke center and the~~
158 ~~criteria necessary for designation as a comprehensive stroke~~

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159 ~~center. The notice shall also advise hospitals of the process by~~
160 ~~which a hospital might be added to the list of primary or~~
161 ~~comprehensive stroke centers.~~
162 (3)~~(4)~~ The agency shall adopt by rule criteria for a
163 primary stroke center which are substantially similar to the
164 certification standards for primary stroke centers of the Joint
165 Commission, the American Osteopathic Association/Healthcare
166 Facilities Accreditation Program, or a national accrediting
167 organization that is approved by the Centers for Medicare and
168 Medicaid Services and whose standards incorporate comparable
169 licensure regulations required by the state ~~on Accreditation of~~
170 ~~Healthcare Organizations~~.
171 (4)~~(5)~~ The agency shall adopt by rule criteria for a
172 comprehensive stroke center. However, if the Joint Commission,
173 the American Osteopathic Association/Healthcare Facilities
174 Accreditation Program, or a national accrediting organization
175 that is approved by the Centers for Medicare and Medicaid
176 Services and whose standards incorporate comparable licensure
177 regulations required by the state ~~on Accreditation of Healthcare~~
178 ~~Organizations~~ establishes criteria for a comprehensive stroke
179 center, the agency shall establish criteria for a comprehensive
180 stroke center which are substantially similar to those criteria
181 established by the Joint Commission, the American Osteopathic
182 Association/Healthcare Facilities Accreditation Program, or such
183 national accrediting organization ~~on Accreditation of Healthcare~~
184 ~~Organizations~~.
185 (5)~~(6)~~ This act is not a medical practice guideline and may
186 not be used to restrict the authority of a hospital to provide
187 services for which it is licensed ~~has received a license~~ under

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188 chapter 395. The Legislature intends that all patients be
189 treated individually based on each patient’s needs and
190 circumstances.
191 Section 8. Paragraph (c) of subsection (1) of section
192 395.701, Florida Statutes, is amended to read:
193 395.701 Annual assessments on net operating revenues for
194 inpatient and outpatient services to fund public medical
195 assistance; administrative fines for failure to pay assessments
196 when due; exemption.—
197 (1) For the purposes of this section, the term:
198 (c) “Hospital” means a health care institution as defined
199 in s. 395.002(12), but does not include any hospital operated by
200 a state ~~the~~ agency ~~or the Department of Corrections~~.
201 Section 9. Section 395.7015, Florida Statutes, is repealed.
202 Section 10. Section 395.7016, Florida Statutes, is amended
203 to read:
204 395.7016 Annual appropriation.—The Legislature shall
205 appropriate each fiscal year from either the General Revenue
206 Fund or the Agency for Health Care Administration Tobacco
207 Settlement Trust Fund an amount sufficient to replace the funds
208 lost due to ~~reduction by chapter 2000-256, Laws of Florida, of~~
209 ~~the assessment on other health care entities under s. 395.7015,~~
210 ~~and~~ the reduction by chapter 2000-256 in the assessment on
211 hospitals under s. 395.701, and to maintain federal approval of
212 the reduced amount of funds deposited into the Public Medical
213 Assistance Trust Fund under s. 395.701, as state match for the
214 state’s Medicaid program.
215 Section 11. Subsection (3) of section 397.403, Florida
216 Statutes, is amended to read:

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217 397.403 License application.—
218 (3) The department shall accept proof of accreditation by
219 CARF International, ~~the Commission on Accreditation of~~
220 ~~Rehabilitation Facilities(CARF) or~~ the Joint Commission, the
221 American Osteopathic Association/Healthcare Facilities
222 Accreditation Program, or a national accrediting organization
223 that is approved by the Centers for Medicare and Medicaid
224 Services and whose standards incorporate comparable licensure
225 regulations required by the state; or through another ~~any other~~
226 nationally recognized certification process that is acceptable
227 to the department and meets the minimum licensure requirements
228 under this chapter, in lieu of requiring the applicant to submit
229 the information required by paragraphs (1)(a)-(c).
230 Section 12. Subsection (1) of section 400.925, Florida
231 Statutes, is amended to read:
232 400.925 Definitions.—As used in this part, the term:
233 (1) "Accrediting organizations" means the Joint Commission,
234 the American Osteopathic Association/Healthcare Facilities
235 Accreditation Program, a national accrediting organization that
236 is approved by the Centers for Medicare and Medicaid Services
237 and whose standards incorporate comparable licensure regulations
238 required by the state, ~~on Accreditation of Healthcare~~
239 ~~Organizations~~ or other national accrediting ~~accreditation~~
240 agencies whose standards for accreditation are comparable to
241 those required by this part for licensure.
242 Section 13. Paragraph (g) of subsection (1) and subsection
243 (7) of section 400.9935, Florida Statutes, are amended to read:
244 400.9935 Clinic responsibilities.—
245 (1) Each clinic shall appoint a medical director or clinic

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246 director who shall agree in writing to accept legal
247 responsibility for the following activities on behalf of the
248 clinic. The medical director or the clinic director shall:
249 (g) Conduct systematic reviews of clinic billings to ensure
250 that the billings are not fraudulent or unlawful. Upon discovery
251 of an unlawful charge, the medical director or clinic director
252 shall take immediate corrective action. If the clinic performs
253 only the technical component of magnetic resonance imaging,
254 static radiographs, computed tomography, or positron emission
255 tomography, and provides the professional interpretation of such
256 services, in a fixed facility that is accredited by the Joint
257 Commission, the American Osteopathic Association/Healthcare
258 Facilities Accreditation Program, ~~on Accreditation of Healthcare~~
259 ~~Organizations or~~ the Accreditation Association for Ambulatory
260 Health Care, Inc., or a national accrediting organization that
261 is approved by the Centers for Medicare and Medicaid Services
262 and whose standards incorporate comparable licensure regulations
263 required by the state; and the American College of Radiology;
264 and if, in the preceding quarter, the percentage of scans
265 performed by that clinic which was billed to all personal injury
266 protection insurance carriers was less than 15 percent, the
267 chief financial officer of the clinic may, in a written
268 acknowledgment provided to the agency, assume the responsibility
269 for the conduct of the systematic reviews of clinic billings to
270 ensure that the billings are not fraudulent or unlawful.
271 (7)(a) Each clinic engaged in magnetic resonance imaging
272 services must be accredited by the Joint Commission, the
273 American Osteopathic Association/Healthcare Facilities
274 Accreditation Program, a national accrediting organization that

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275 is approved by the Centers for Medicare and Medicaid Services
276 and whose standards incorporate comparable licensure regulations
277 required by the state, ~~on Accreditation of Healthcare~~
278 ~~Organizations~~, the American College of Radiology, or the
279 Accreditation Association for Ambulatory Health Care, Inc.,
280 within 1 year after licensure. A clinic that is accredited by
281 the American College of Radiology or that is within the original
282 1-year period after licensure and replaces its core magnetic
283 resonance imaging equipment shall be given 1 year after the date
284 on which the equipment is replaced to attain accreditation.
285 However, a clinic may request a single, 6-month extension if it
286 provides evidence to the agency establishing that, for good
287 cause shown, such clinic cannot be accredited within 1 year
288 after licensure, and that such accreditation will be completed
289 within the 6-month extension. After obtaining accreditation as
290 required by this subsection, each such clinic must maintain
291 accreditation as a condition of renewal of its license. A clinic
292 that files a change of ownership application must comply with
293 the original accreditation timeframe requirements of the
294 transferor. The agency shall deny a change of ownership
295 application if the clinic is not in compliance with the
296 accreditation requirements. When a clinic adds, replaces, or
297 modifies magnetic resonance imaging equipment and the
298 accrediting ~~accreditation~~ agency requires new accreditation, the
299 clinic must be accredited within 1 year after the date of the
300 addition, replacement, or modification but may request a single,
301 6-month extension if the clinic provides evidence of good cause
302 to the agency.
303 (b) The agency may deny the application or revoke the

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304 license of an ~~any~~ entity formed for the purpose of avoiding
305 compliance with the accreditation provisions of this subsection
306 and whose principals were previously principals of an entity
307 that was unable to meet the accreditation requirements within
308 the specified timeframes. The agency may adopt rules as to the
309 accreditation of magnetic resonance imaging clinics.
310 Section 14. Subsections (1) and (2) of section 402.7306,
311 Florida Statutes, are amended to read:
312 402.7306 Administrative monitoring of child welfare
313 providers, and administrative, licensure, and programmatic
314 monitoring of mental health and substance abuse service
315 providers.—The Department of Children and Family Services, the
316 Department of Health, the Agency for Persons with Disabilities,
317 the Agency for Health Care Administration, community-based care
318 lead agencies, managing entities as defined in s. 394.9082, and
319 agencies who have contracted with monitoring agents shall
320 identify and implement changes that improve the efficiency of
321 administrative monitoring of child welfare services, and the
322 administrative, licensure, and programmatic monitoring of mental
323 health and substance abuse service providers. For the purpose of
324 this section, the term "mental health and substance abuse
325 service provider" means a provider who provides services to this
326 state's priority population as defined in s. 394.674. To assist
327 with that goal, each such agency shall adopt the following
328 policies:
329 (1) Limit administrative monitoring to once every 3 years
330 if the child welfare provider is accredited by the Joint
331 Commission, a national accrediting organization that is approved
332 by the Centers for Medicare and Medicaid Services and whose

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333 standards incorporate comparable licensure regulations required
334 by the state, CARF International ~~the Commission on Accreditation~~
335 ~~of Rehabilitation Facilities~~, or the Council on Accreditation.
336 If the accrediting body does not require documentation that the
337 state agency requires, that documentation shall be requested by
338 the state agency and may be posted by the service provider on
339 the data warehouse for the agency’s review. Notwithstanding the
340 survey or inspection of an accrediting organization specified in
341 this subsection, an agency specified in and subject to this
342 section may continue to monitor the service provider as
343 necessary with respect to:
344 (a) Ensuring that services for which the agency is paying
345 are being provided.
346 (b) Investigating complaints or suspected problems and
347 monitoring the service provider’s compliance with ~~any~~ resulting
348 negotiated terms and conditions, including provisions relating
349 to consent decrees that are unique to a specific service and are
350 not statements of general applicability.
351 (c) Ensuring compliance with federal and state laws,
352 federal regulations, or state rules if such monitoring does not
353 duplicate the accrediting organization’s review pursuant to
354 accreditation standards.
355
356 Medicaid certification and precertification reviews are exempt
357 from this subsection to ensure Medicaid compliance.
358 (2) Limit administrative, licensure, and programmatic
359 monitoring to once every 3 years if the mental health or
360 substance abuse service provider is accredited by the Joint
361 Commission, the American Osteopathic Association/Healthcare

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362 Facilities Accreditation Program, a national accrediting
363 organization that is approved by the Centers for Medicare and
364 Medicaid Services and whose standards incorporate comparable
365 licensure regulations required by the state, CARF International
366 ~~the Commission on Accreditation of Rehabilitation Facilities~~, or
367 the Council on Accreditation. If the services being monitored
368 are not the services for which the provider is accredited, the
369 limitations of this subsection do not apply. If the accrediting
370 body does not require documentation that the state agency
371 requires, that documentation, except documentation relating to
372 licensure applications and fees, must be requested by the state
373 agency and may be posted by the service provider on the data
374 warehouse for the agency’s review. Notwithstanding the survey or
375 inspection of an accrediting organization specified in this
376 subsection, an agency specified in and subject to this section
377 may continue to monitor the service provider as necessary with
378 respect to:
379 (a) Ensuring that services for which the agency is paying
380 are being provided.
381 (b) Investigating complaints, identifying problems that
382 would affect the safety or viability of the service provider,
383 and monitoring the service provider’s compliance with ~~any~~
384 resulting negotiated terms and conditions, including provisions
385 relating to consent decrees that are unique to a specific
386 service and are not statements of general applicability.
387 (c) Ensuring compliance with federal and state laws,
388 federal regulations, or state rules if such monitoring does not
389 duplicate the accrediting organization’s review pursuant to
390 accreditation standards.

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391
392 Federal certification and precertification reviews are exempt
393 from this subsection to ensure Medicaid compliance.
394 Section 15. Subsection (4) of section 408.061, Florida
395 Statutes, is amended to read:
396 408.061 Data collection; uniform systems of financial
397 reporting; information relating to physician charges;
398 confidential information; immunity.—
399 (4) Within 120 days after the end of its fiscal year, each
400 health care facility, excluding continuing care facilities,
401 hospitals operated by state agencies, and nursing homes as
402 defined in s. 408.07(14) and (37), shall file with the agency,
403 on forms adopted by the agency and based on the uniform system
404 of financial reporting, its actual financial experience for that
405 fiscal year, including expenditures, revenues, and statistical
406 measures. Such data may be based on internal financial reports
407 which are certified to be complete and accurate by the provider.
408 However, hospitals' actual financial experience shall be their
409 audited actual experience. Every nursing home shall submit to
410 the agency, in a format designated by the agency, a statistical
411 profile of the nursing home residents. The agency, in
412 conjunction with the Department of Elderly Affairs and the
413 Department of Health, shall review these statistical profiles
414 and develop recommendations for the types of residents who might
415 more appropriately be placed in their homes or other
416 noninstitutional settings.
417 Section 16. Subsection (4) of section 408.20, Florida
418 Statutes, is amended to read:
419 408.20 Assessments; Health Care Trust Fund.—

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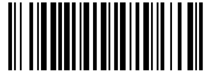
420 (4) Hospitals operated by state agencies ~~the Department of~~
421 ~~Children and Family Services, the Department of Health, or the~~
422 ~~Department of Corrections~~ are exempt from the assessments
423 required under this section.
424 Section 17. Paragraph (a) of subsection (3) of section
425 409.966, Florida Statutes, is amended to read:
426 409.966 Eligible plans; selection.—
427 (3) QUALITY SELECTION CRITERIA.—
428 (a) The invitation to negotiate must specify the criteria
429 and the relative weight of the criteria that will be used for
430 determining the acceptability of the reply and guiding the
431 selection of the organizations with which the agency negotiates.
432 In addition to criteria established by the agency, the agency
433 shall consider the following factors in the selection of
434 eligible plans:
435 1. Accreditation by the National Committee for Quality
436 Assurance, the Joint Commission, the American Osteopathic
437 Association/Healthcare Facilities Accreditation Program, a
438 national accrediting organization that is approved by the
439 Centers for Medicare and Medicaid Services and whose standards
440 incorporate comparable licensure regulations required by the
441 state, or another nationally recognized accrediting body.
442 2. Experience serving similar populations, including the
443 organization's record in achieving specific quality standards
444 with similar populations.
445 3. Availability and accessibility of primary care and
446 specialty physicians in the provider network.
447 4. Establishment of community partnerships with providers
448 that create opportunities for reinvestment in community-based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449 services.
450 5. Organization commitment to quality improvement and
451 documentation of achievements in specific quality improvement
452 projects, including active involvement by organization
453 leadership.
454 6. Provision of additional benefits, particularly dental
455 care and disease management, and other initiatives that improve
456 health outcomes.
457 7. Evidence that an eligible plan has written agreements or
458 signed contracts or has made substantial progress in
459 establishing relationships with providers before the plan
460 submitting a response.
461 8. Comments submitted in writing by an ~~any~~ enrolled
462 Medicaid provider relating to a specifically identified plan
463 participating in the procurement in the same region as the
464 submitting provider.
465 9. Documentation of policies and procedures for preventing
466 fraud and abuse.
467 10. The business relationship an eligible plan has with
468 another ~~any other~~ eligible plan that responds to the invitation
469 to negotiate.
470 Section 18. Paragraph (e) of subsection (2) of section
471 409.967, Florida Statutes, is amended to read:
472 409.967 Managed care plan accountability.—
473 (2) The agency shall establish such contract requirements
474 as are necessary for the operation of the statewide managed care
475 program. In addition to any other provisions the agency may deem
476 necessary, the contract must require:
477 (e) *Continuous improvement.*—The agency shall establish

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478 specific performance standards and expected milestones or
479 timelines for improving performance over the term of the
480 contract.
481 1. Each managed care plan shall establish an internal
482 health care quality improvement system, including enrollee
483 satisfaction and disenrollment surveys. The quality improvement
484 system must include incentives and disincentives for network
485 providers.
486 2. Each plan must collect and report the Health Plan
487 Employer Data and Information Set (HEDIS) measures, as specified
488 by the agency. These measures must be published on the plan's
489 website in a manner that allows recipients to reliably compare
490 the performance of plans. The agency shall use the HEDIS
491 measures as a tool to monitor plan performance.
492 3. Each managed care plan must be accredited by the
493 National Committee for Quality Assurance, the Joint Commission,
494 a national accrediting organization that is approved by the
495 Centers for Medicare and Medicaid Services and whose standards
496 incorporate comparable licensure regulations required by the
497 state, or another nationally recognized accrediting body, or
498 have initiated the accreditation process, within 1 year after
499 the contract is executed. The agency shall suspend automatic
500 assignment under ss. 409.977 and 409.984 for a ~~any~~ plan not
501 accredited within 18 months after executing the contract~~, the~~
502 ~~agency shall suspend automatic assignment under s. 409.977 and~~
503 ~~409.984~~.
504 4. By the end of the fourth year of the first contract
505 term, the agency shall issue a request for information to
506 determine whether cost savings could be achieved by contracting

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507 for plan oversight and monitoring, including analysis of
508 encounter data, assessment of performance measures, and
509 compliance with other contractual requirements.
510 Section 19. Paragraph (b) of subsection (3) of section
511 430.80, Florida Statutes, is amended to read:
512 430.80 Implementation of a teaching nursing home pilot
513 project.—
514 (3) To be designated as a teaching nursing home, a nursing
515 home licensee must, at a minimum:
516 (b) Participate in a nationally recognized accrediting
517 ~~accreditation~~ program and hold a valid accreditation, such as
518 the accreditation awarded by the Joint Commission ~~on~~
519 ~~Accreditation of Healthcare Organizations~~, a national
520 accrediting organization that is approved by the Centers for
521 Medicare and Medicaid Services and whose standards incorporate
522 comparable licensure regulations required by the state, or, at
523 the time of initial designation, possess a Gold Seal Award as
524 conferred by the state on its licensed nursing home;
525 Section 20. Paragraphs (b) and (d) of subsection (9) of
526 section 440.102, Florida Statutes, are amended to read:
527 440.102 Drug-free workplace program requirements.—The
528 following provisions apply to a drug-free workplace program
529 implemented pursuant to law or to rules adopted by the Agency
530 for Health Care Administration:
531 (9) DRUG-TESTING STANDARDS FOR LABORATORIES.—
532 (b) A laboratory may analyze ~~initial or~~ confirmation test
533 specimens only if:
534 1. The laboratory obtains a license under part II of
535 chapter 408 and s. 112.0455(17). Each applicant for licensure

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536 and each licensee must comply with all requirements of this
537 section, part II of chapter 408, and applicable rules.
538 2. The laboratory has written procedures to ensure the
539 chain of custody.
540 3. The laboratory follows proper quality control
541 procedures, including, but not limited to:
542 a. The use of internal quality controls, including the use
543 of samples of known concentrations which are used to check the
544 performance and calibration of testing equipment, and periodic
545 use of blind samples for overall accuracy.
546 b. An internal review and certification process for drug
547 test results, conducted by a person qualified to perform that
548 function in the testing laboratory.
549 c. Security measures implemented by the testing laboratory
550 to preclude adulteration of specimens and drug test results.
551 d. Other necessary and proper actions taken to ensure
552 reliable and accurate drug test results.
553 ~~(d) The laboratory shall submit to the Agency for Health~~
554 ~~Care Administration a monthly report with statistical~~
555 ~~information regarding the testing of employees and job~~
556 ~~applicants. The report must include information on the methods~~
557 ~~of analysis conducted, the drugs tested for, the number of~~
558 ~~positive and negative results for both initial tests and~~
559 ~~confirmation tests, and any other information deemed appropriate~~
560 ~~by the Agency for Health Care Administration. A monthly report~~
561 ~~must not identify specific employees or job applicants.~~
562 Section 21. Paragraph (a) of subsection (2) of section
563 440.13, Florida Statutes, is amended to read:
564 440.13 Medical services and supplies; penalty for

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565 violations; limitations.—
566 (2) MEDICAL TREATMENT; DUTY OF EMPLOYER TO FURNISH.—
567 (a) Subject to the limitations specified elsewhere in this
568 chapter, the employer shall furnish to the employee such
569 medically necessary remedial treatment, care, and attendance for
570 such period as the nature of the injury or the process of
571 recovery may require, which is in accordance with established
572 practice parameters and protocols of treatment as provided for
573 in this chapter, including medicines, medical supplies, durable
574 medical equipment, orthoses, prostheses, and other medically
575 necessary apparatus. Remedial treatment, care, and attendance,
576 including work-hardening programs or pain-management programs
577 accredited by CARF International, the Commission on
578 Accreditation of Rehabilitation Facilities or Joint Commission,
579 the American Osteopathic Association/Healthcare Facilities
580 Accreditation Program, or a national accrediting organization
581 that is approved by the Centers for Medicare and Medicaid
582 Services and whose standards incorporate comparable licensure
583 regulations required by the state, on the Accreditation of
584 Health Organizations or pain-management programs affiliated with
585 medical schools, shall be considered as covered treatment only
586 when such care is given based on a referral by a physician as
587 defined in this chapter. Medically necessary treatment, care,
588 and attendance does not include chiropractic services in excess
589 of 24 treatments or rendered 12 weeks beyond the date of the
590 initial chiropractic treatment, whichever comes first, unless
591 the carrier authorizes additional treatment or the employee is
592 catastrophically injured.
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594 Failure of the carrier to timely comply with this subsection
595 shall be a violation of this chapter and the carrier shall be
596 subject to penalties as provided for in s. 440.525.
597 Section 22. Section 456.0125, Florida Statutes, is created
598 to read:
599 456.0125 Standardized Credentials Collection and
600 Verification Program for physicians.—
601 (1) It is the intent of the Legislature to establish the
602 Standardized Credentials Collection and Verification Program to
603 designate an entity to act as a repository for the core
604 credentials data of physicians and to ensure that this
605 information is collected only once unless a correction, update,
606 or modification is required. The Legislature further intends
607 that the credentials collection and verification entity, the
608 department, health care entities, and physicians work
609 cooperatively to ensure the integrity and accuracy of the
610 program. A physician, an insurance company operating in
611 accordance with chapter 624 which offers health insurance
612 coverage under part VI of chapter 627, a health maintenance
613 organization as defined in s. 641.19, or an entity licensed
614 under chapter 395 must participate in the program.
615 (2) As used in this section, the term:
616 (a) "Accredited" or "certified" means approved by a
617 national accrediting organization as defined in this subsection,
618 another nationally recognized and accepted organization
619 authorized by the department to assess and certify a credentials
620 collection and verification program, or another entity or
621 organization that verifies the credentials of a physician.
622 (b) "Core credentials data" means data that are verified by

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623 a primary source as defined in this subsection and that include
624 professional education, professional training, licensure,
625 current Drug Enforcement Administration certification, specialty
626 board certification, Educational Commission for Foreign Medical
627 Graduates certification, and final disciplinary action reported
628 pursuant to s. 456.039(1)(a)8.
629 (c) "Credential" or "credentialing" means the process by
630 which the qualifications of a licensed physician or an applicant
631 for licensure as a physician are assessed and verified.
632 (d) "Credentials collection and verification entity" or
633 "CCVE" means an organization controlled by a statewide
634 association of physicians of all specialties licensed pursuant
635 to chapter 458 or chapter 459 which has been in existence since
636 July 1, 2003, and was selected by the department to collect and
637 store credentialing data, documents, and information.
638 (e) "Drug Enforcement Administration certification" means
639 certification issued by the Drug Enforcement Administration for
640 purposes of administration or prescription of controlled
641 substances. Submission of such certification under this section
642 must include evidence that the certification is current and must
643 also include all current addresses to which the certification is
644 issued.
645 (f) "Health care entity" means:
646 1. A health care facility licensed pursuant to chapter 395;
647 2. An entity licensed by the Department of Insurance as a
648 prepaid health care plan, a health maintenance organization, or
649 an insurer that provides coverage for health care services
650 through a network of health care providers or similar
651 organizations licensed under chapter 627, chapter 636, chapter

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652 641, or chapter 651; or
653 3. An accredited medical school in the state.
654 (g) “National accrediting organization” means an
655 organization that awards accreditation or certification to
656 hospitals, managed care organizations, CCVEs, or other health
657 care entities, including, but not limited to, the Joint
658 Commission, the American Osteopathic Association/Healthcare
659 Facilities Accreditation Program, URAC, and the National
660 Committee for Quality Assurance (NCQA).
661 (h) “Physician” means a person licensed or, for
662 credentialing purposes only, a person applying for licensure
663 pursuant to chapter 458 or chapter 459.
664 (i) “Primary source verification” means verification of
665 professional qualifications based on evidence obtained directly
666 from the issuing source of the applicable qualification, any
667 other source deemed as a primary source for verification by the
668 department, or an accrediting organization as defined in this
669 subsection approved by the department.
670 (j) “Professional training” means an internship, residency,
671 or fellowship related to the profession for which the physician
672 is licensed or seeking licensure.
673 (k) “Specialty board certification” means certification in
674 a specialty issued by a specialty board that is recognized by a
675 board as defined in s. 456.001 and that regulates the profession
676 for which the physician is licensed or seeking licensure.
677 (3) The Standardized Credentials Collection and
678 Verification Program is established and shall be administered by
679 the department, as follows:
680 (a) Each physician shall report all core credentials data

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681 to the CCVE and notify the CCVE within 45 days after any
682 corrections, updates, or modifications are made to the core
683 credentials data. Failure to report and update information as
684 required under this paragraph constitutes a ground for
685 disciplinary action under the respective licensing chapter and
686 s. 456.072(1)(k). If a licensee or person applying for initial
687 licensure fails to report and update information as required
688 under this paragraph, the department or board, as appropriate,
689 may:
690 1. For a person applying for initial licensure, refuse to
691 issue a license.
692 2. For a licensee, issue a citation pursuant to s. 456.077
693 and assess a fine, as determined by rule by the board or the
694 department.
695 (b) The department:
696 1. By January 1, 2014, shall contract with one CCVE to
697 collect and store credentialing data, documents, and
698 information. The CCVE must be fully accredited or certified by a
699 national accrediting organization. If a CCVE fails to maintain
700 full accreditation or certification or to provide data
701 authorized by a physician, the department may terminate the
702 contract with the CCVE.
703 2. Shall require the CCVE to maintain liability insurance
704 sufficient to meet the certification or accreditation
705 requirements established under this section.
706 3. May designate by rule additional elements of the core
707 credentials data required under this section.
708 (c) The CCVE shall:
709 1. Maintain a complete current file of applicable core

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710 credentials data on each physician.
711 2. If authorized by the physician, release the core
712 credentials data and any corrections, updates, and modifications
713 to the data that are otherwise confidential or exempt from the
714 provisions of s. 119.07(1) and s. 24(a), Art. I of the State
715 Constitution to a health care entity.
716 3. Develop standardized forms on which a physician may
717 initially report and authorize the release of core credentials
718 data and subsequently report corrections, updates, and
719 modifications to that data.
720 (d) A health care entity:
721 1. Shall use the CCVE to obtain core credentials data,
722 including corrections, updates, and modifications, on any
723 physician being considered for or renewing membership in,
724 privileges with, or participation in any plan or program with
725 the health care entity.
726 2. May not request core credentials data from the
727 physician.
728 (4) This section does not restrict the authority of a
729 health care entity to credential, approve, or deny an
730 application for hospital staff membership, clinical privileges,
731 or participation in a managed care network.
732 (5) A health care entity may rely upon any data that has
733 been verified by the CCVE to meet the primary source
734 verification requirements of a national accrediting
735 organization.
736 (6) The department shall adopt rules necessary to develop
737 and implement the program established under this section.
738 Section 23. Subsection (1) of section 627.645, Florida

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739 Statutes, is amended to read:
740 627.645 Denial of health insurance claims restricted.—
741 (1) A ~~No~~ claim for payment under a health insurance policy
742 or self-insured program of health benefits for treatment, care,
743 or services in a licensed hospital that ~~which~~ is accredited by
744 the Joint Commission, the American Osteopathic
745 Association/Healthcare Facilities Accreditation Program, a
746 national accrediting organization that is approved by the
747 Centers for Medicare and Medicaid Services and whose standards
748 incorporate comparable licensure regulations required by the
749 state, ~~on the Accreditation of Hospitals~~, the American
750 Osteopathic Association, or CARF International may not ~~the~~
751 ~~Commission on the Accreditation of Rehabilitative Facilities~~
752 ~~shall~~ be denied because such hospital lacks major surgical
753 facilities and is primarily of a rehabilitative nature, if such
754 rehabilitation is specifically for treatment of physical
755 disability.
756 Section 24. Paragraph (c) of subsection (2) of section
757 627.668, Florida Statutes, is amended to read:
758 627.668 Optional coverage for mental and nervous disorders
759 required; exception.—
760 (2) Under group policies or contracts, inpatient hospital
761 benefits, partial hospitalization benefits, and outpatient
762 benefits consisting of durational limits, dollar amounts,
763 deductibles, and coinsurance factors shall not be less favorable
764 than for physical illness generally, except that:
765 (c) Partial hospitalization benefits shall be provided
766 under the direction of a licensed physician. For purposes of
767 this part, the term “partial hospitalization services” is

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768 defined as those services offered by a program that is
769 accredited by the Joint Commission, the American Osteopathic
770 Association/Healthcare Facilities Accreditation Program, or a
771 national accrediting organization approved by the Centers for
772 Medicare and Medicaid Services and whose standards incorporate
773 comparable licensure regulations required by the state; ~~on~~
774 ~~Accreditation of Hospitals (JCAH)~~ or that is in compliance with
775 equivalent standards. Alcohol rehabilitation programs accredited
776 by the Joint Commission ~~on Accreditation of Hospitals~~ or
777 approved by the state and licensed drug abuse rehabilitation
778 programs shall also be qualified providers under this section.
779 In a given ~~any~~ benefit year, if partial hospitalization services
780 or a combination of inpatient and partial hospitalization are
781 used ~~utilized~~, the total benefits paid for all such services may
782 ~~shall~~ not exceed the cost of 30 days after ~~of~~ inpatient
783 hospitalization for psychiatric services, including physician
784 fees, which prevail in the community in which the partial
785 hospitalization services are rendered. If partial
786 hospitalization services benefits are provided beyond the limits
787 set forth in this paragraph, the durational limits, dollar
788 amounts, and coinsurance factors thereof need not be the same as
789 those applicable to physical illness generally.
790 Section 25. Subsection (3) of section 627.669, Florida
791 Statutes, is amended to read:
792 627.669 Optional coverage required for substance abuse
793 impaired persons; exception.—
794 (3) The benefits provided under this section are ~~shall be~~
795 applicable only if treatment is provided by, or under the
796 supervision of, or is prescribed by, a licensed physician or

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797 licensed psychologist and if services are provided in a program
798 that is accredited by the Joint Commission, the American
799 Osteopathic Association/Healthcare Facilities Accreditation
800 Program, or a national accrediting organization that is approved
801 by the Centers for Medicare and Medicaid Services and whose
802 standards incorporate comparable licensure regulations required
803 by the state ~~on Accreditation of Hospitals~~ or that is approved
804 by the state.
805 Section 26. Paragraph (a) of subsection (1) of section
806 627.736, Florida Statutes, is amended to read:
807 627.736 Required personal injury protection benefits;
808 exclusions; priority; claims.—
809 (1) REQUIRED BENEFITS.—An insurance policy complying with
810 the security requirements of s. 627.733 must provide personal
811 injury protection to the named insured, relatives residing in
812 the same household, persons operating the insured motor vehicle,
813 passengers in the motor vehicle, and other persons struck by the
814 motor vehicle and suffering bodily injury while not an occupant
815 of a self-propelled vehicle, subject to subsection (2) and
816 paragraph (4)(e), to a limit of $10,000 in medical and
817 disability benefits and $5,000 in death benefits resulting from
818 bodily injury, sickness, disease, or death arising out of the
819 ownership, maintenance, or use of a motor vehicle as follows:
820 (a) *Medical benefits.*—Eighty percent of all reasonable
821 expenses for medically necessary medical, surgical, X-ray,
822 dental, and rehabilitative services, including prosthetic
823 devices and medically necessary ambulance, hospital, and nursing
824 services if the individual receives initial services and care
825 pursuant to subparagraph 1. within 14 days after the motor

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826 vehicle accident. The medical benefits provide reimbursement
827 only for:
828 1. Initial services and care that are lawfully provided,
829 supervised, ordered, or prescribed by a physician licensed under
830 chapter 458 or chapter 459, a dentist licensed under chapter
831 466, or a chiropractic physician licensed under chapter 460 or
832 that are provided in a hospital or in a facility that owns, or
833 is wholly owned by, a hospital. Initial services and care may
834 also be provided by a person or entity licensed under part III
835 of chapter 401 which provides emergency transportation and
836 treatment.
837 2. Upon referral by a provider described in subparagraph
838 1., followup services and care consistent with the underlying
839 medical diagnosis rendered pursuant to subparagraph 1. which may
840 be provided, supervised, ordered, or prescribed only by a
841 physician licensed under chapter 458 or chapter 459, a
842 chiropractic physician licensed under chapter 460, a dentist
843 licensed under chapter 466, or, to the extent permitted by
844 applicable law and under the supervision of such physician,
845 osteopathic physician, chiropractic physician, or dentist, by a
846 physician assistant licensed under chapter 458 or chapter 459 or
847 an advanced registered nurse practitioner licensed under chapter
848 464. Followup services and care may also be provided by ~~any of~~
849 the following persons or entities:
850 a. A hospital or ambulatory surgical center licensed under
851 chapter 395.
852 b. An entity wholly owned by one or more physicians
853 licensed under chapter 458 or chapter 459, chiropractic
854 physicians licensed under chapter 460, or dentists licensed

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855 under chapter 466 or by such practitioners and the spouse,
856 parent, child, or sibling of such practitioners.
857 c. An entity that owns or is wholly owned, directly or
858 indirectly, by a hospital or hospitals.
859 d. A physical therapist licensed under chapter 486, based
860 upon a referral by a provider described in this subparagraph.
861 e. A health care clinic licensed under part X of chapter
862 400 which is accredited by the Joint Commission, the American
863 Osteopathic Association/Healthcare Facilities Accreditation
864 Program, a national accrediting organization that is approved by
865 the Centers for Medicare and Medicaid Services and whose
866 standards incorporate comparable licensure regulations required
867 by the state, ~~on Accreditation of Healthcare Organizations, the~~
868 ~~American Osteopathic Association,~~ CARF International ~~the~~
869 ~~Commission on Accreditation of Rehabilitation Facilities~~, or the
870 Accreditation Association for Ambulatory Health Care, Inc., or
871 (I) Has a medical director licensed under chapter 458,
872 chapter 459, or chapter 460;
873 (II) Has been continuously licensed for more than 3 years
874 or is a publicly traded corporation that issues securities
875 traded on an exchange registered with the United States
876 Securities and Exchange Commission as a national securities
877 exchange; and
878 (III) Provides at least four of the following medical
879 specialties:
880 (A) General medicine.
881 (B) Radiography.
882 (C) Orthopedic medicine.
883 (D) Physical medicine.

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884 (E) Physical therapy.
885 (F) Physical rehabilitation.
886 (G) Prescribing or dispensing outpatient prescription
887 medication.
888 (H) Laboratory services.
889 3. Reimbursement for services and care provided in
890 subparagraph 1. or subparagraph 2. up to $10,000 if a physician
891 licensed under chapter 458 or chapter 459, a dentist licensed
892 under chapter 466, a physician assistant licensed under chapter
893 458 or chapter 459, or an advanced registered nurse practitioner
894 licensed under chapter 464 has determined that the injured
895 person had an emergency medical condition.
896 4. Reimbursement for services and care provided in
897 subparagraph 1. or subparagraph 2. is limited to $2,500 if a ~~any~~
898 provider listed in subparagraph 1. or subparagraph 2. determines
899 that the injured person did not have an emergency medical
900 condition.
901 5. Medical benefits do not include massage as defined in s.
902 480.033 or acupuncture as defined in s. 457.102, regardless of
903 the person, entity, or licensee providing massage or
904 acupuncture, and a licensed massage therapist or licensed
905 acupuncturist may not be reimbursed for medical benefits under
906 this section.
907 6. The Financial Services Commission shall adopt by rule
908 the form that must be used by an insurer and a health care
909 provider specified in sub-subparagraph 2.b., sub-subparagraph
910 2.c., or sub-subparagraph 2.e. to document that the health care
911 provider meets the criteria of this paragraph. Such ~~, which~~ rule
912 must include a requirement for a sworn statement or affidavit.

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913
914 Only insurers writing motor vehicle liability insurance in this
915 state may provide the required benefits of this section, and
916 such insurer may not require the purchase of any other motor
917 vehicle coverage other than the purchase of property damage
918 liability coverage as required by s. 627.7275 as a condition for
919 providing such benefits. Insurers may not require that property
920 damage liability insurance in an amount greater than $10,000 be
921 purchased in conjunction with personal injury protection. Such
922 insurers shall make benefits and required property damage
923 liability insurance coverage available through normal marketing
924 channels. An insurer writing motor vehicle liability insurance
925 in this state who fails to comply with such availability
926 requirement as a general business practice violates part IX of
927 chapter 626, and such violation constitutes an unfair method of
928 competition or an unfair or deceptive act or practice involving
929 the business of insurance. An insurer committing such violation
930 is subject to the penalties provided under that part, as well as
931 those provided elsewhere in the insurance code.
932 Section 27. Subsection (12) of section 641.495, Florida
933 Statutes, is amended to read:
934 641.495 Requirements for issuance and maintenance of
935 certificate.—
936 (12) The provisions of part I of chapter 395 do not apply
937 to a health maintenance organization that, on or before January
938 1, 1991, provides not more than 10 outpatient holding beds for
939 short-term and hospice-type patients in an ambulatory care
940 facility for its members, provided that such health maintenance
941 organization maintains current accreditation by the Joint

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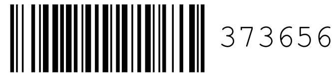
942 Commission ~~on Accreditation of Health Care Organizations~~, , a
943 national accrediting organization that is approved by the
944 Centers for Medicare and Medicaid Services and whose standards
945 incorporate comparable licensure regulations required by the
946 state, the Accreditation Association for Ambulatory Health Care,
947 Inc., or the National Committee for Quality Assurance.
948 Section 28. Subsection (2) of section 766.1015, Florida
949 Statutes, is amended to read:
950 766.1015 Civil immunity for members of or consultants to
951 certain boards, committees, or other entities.—
952 (2) Such committee, board, group, commission, or other
953 entity must be established in accordance with state law, ~~or~~ in
954 accordance with requirements of the Joint Commission, the
955 American Osteopathic Association/Healthcare Facilities
956 Accreditation Program, or a national accrediting organization
957 that is approved by the Centers for Medicare and Medicaid
958 Services and whose standards incorporate comparable licensure
959 regulations required by the state ~~on Accreditation of Healthcare~~
960 ~~Organizations~~, established and duly constituted by one or more
961 public or licensed private hospitals or behavioral health
962 agencies, or established by a governmental agency. To be
963 protected by this section, the act, decision, omission, or
964 utterance may not be made or done in bad faith or with malicious
965 intent.
966 Section 29. This act shall take effect July 1, 2013.
967
968 ================= T I T L E A M E N D M E N T ================
969 And the title is amended as follows:
970 Delete everything before the enacting clause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971 and insert:
972 A bill to be entitled
973 An act relating to health care; amending s. 112.0455,
974 F.S.; deleting a monthly reporting requirement for
975 laboratories; amending s. 154.11, F.S.; revising
976 references to certain accrediting organizations to
977 conform to changes made by the act; creating s.
978 385.2035, F.S.; designating the Florida Hospital
979 Sanford-Burnham Translational Research Institute for
980 Metabolism and Diabetes as a resource for diabetes
981 research in this state; amending s. 394.741, F.S.;
982 revising references to certain accrediting
983 organizations to conform to changes made by the act;
984 amending s. 395.0161, F.S.; deleting a requirement
985 that hospitals pay certain inspection fees at the time
986 of the inspection; repealing s. 395.1046, F.S.,
987 relating to the investigation by the Agency for Health
988 Care Administration of certain complaints against
989 hospitals; amending s. 395.3038, F.S.; deleting an
990 obsolete provision relating to stroke centers;
991 revising references to certain accrediting
992 organizations to conform; amending s. 395.701, F.S.;
993 revising the definition of the term “hospital” for
994 purposes of annual assessments on net operating
995 revenues for inpatient and outpatient services to fund
996 public medical assistance; repealing s. 395.7015,
997 F.S., relating to annual assessments on health care
998 entities; amending s. 397.7016, F.S.; revising a
999 cross-reference to conform to changes made by the act;

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1000 amending ss. 397.403, 400.925, 400.9935, and 402.7306,
1001 F.S.; revising references to certain accrediting
1002 organizations to conform to changes made by the act;
1003 amending s. 408.061, F.S.; exempting hospitals
1004 operated by state agencies from certain annual fiscal
1005 experience reporting requirements; amending s. 408.20,
1006 F.S.; exempting hospitals operated by state agencies
1007 from certain assessments; amending ss. 409.966,
1008 409.967, and 430.80, F.S.; revising references to
1009 certain accrediting organizations to conform to
1010 changes made by the act; amending s. 440.102, F.S.;
1011 revising certain drug-testing standards for
1012 laboratories; deleting a requirement that a laboratory
1013 must comply with certain criteria to conduct an
1014 initial analysis of test specimens; deleting a monthly
1015 reporting requirement for laboratories; amending s.
1016 440.13, F.S.; revising references to certain
1017 accrediting organizations to conform to changes made
1018 by the act; creating s. 456.0125, F.S.; providing
1019 legislative intent; providing definitions; creating
1020 the Standardized Credentials Collection and
1021 Verification Program for physicians; providing
1022 procedures and requirements with respect to the
1023 program; authorizing the Department of Health to adopt
1024 rules to develop and implement the program; amending
1025 ss. 627.645, 627.668, 627.669, 627.736, 641.495, and
1026 766.1015, F.S.; revising references to certain
1027 accrediting organizations to conform to changes made
1028 by the act; providing an effective date.