

1 A bill to be entitled
2 An act relating to ambulatory care services; amending
3 s. 395.001, F.S.; revising legislative intent;
4 amending s. 395.002, F.S.; revising and providing
5 definitions; creating s. 395.0062, F.S.; authorizing
6 ambulatory surgical centers to provide advanced birth
7 services if specified requirements are met; amending
8 s. 395.003, F.S.; providing for licensure of recovery
9 care centers by the Agency for Health Care
10 Administration; creating s. 395.0171, F.S.; providing
11 criteria for the admission of patients to recovery
12 care centers; requiring recovery care centers to have
13 emergency care, transfer, and discharge protocols;
14 authorizing the agency to adopt rules; amending s.
15 395.1055, F.S.; requiring the agency to adopt rules
16 establishing separate, minimum standards for the care
17 and treatment of patients in recovery care centers;
18 amending s. 395.10973, F.S.; directing the agency to
19 enforce special-occupancy provisions of the Florida
20 Building Code applicable to recovery care centers;
21 amending s. 408.802, F.S.; providing applicability of
22 the Health Care Licensing Procedures Act to recovery
23 care centers; amending s. 408.820, F.S.; exempting
24 recovery care centers from specified minimum licensure
25 requirements; amending ss. 385.211, 394.4787, and

26 409.975, F.S.; conforming cross-references; providing
 27 an effective date.

28

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

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31 Section 1. Section 395.001, Florida Statutes, is amended
 32 to read:

33 395.001 Legislative intent.—It is the intent of the
 34 Legislature to provide for the protection of public health and
 35 safety in the establishment, construction, maintenance, and
 36 operation of hospitals, recovery care centers, and ambulatory
 37 surgical centers by providing for licensure of same and for the
 38 development, establishment, and enforcement of minimum standards
 39 with respect thereto.

40 Section 2. Subsections (2) through (23) of section
 41 395.002, Florida Statutes, are renumbered as subsections (3)
 42 through (24), respectively, subsections (24) through (32) are
 43 renumbered as subsections (27) through (35), respectively,
 44 present subsections (3), (16), and (22) are amended, and new
 45 subsections (2), (25), and (26) are added to that section, to
 46 read:

47 395.002 Definitions.—As used in this chapter:

48 (2) "Advanced birth services" means trial of labor after
 49 cesarean deliveries for screened patients who qualify, planned
 50 low-risk cesarean deliveries, and anticipated vaginal deliveries

51 for laboring patients from the beginning of the 37th week of
 52 gestation through the end of the 41st week of gestation.

53 (4)-(3) "Ambulatory surgical center" means a facility the
 54 primary purpose of which is to provide elective surgical care,
 55 in which the patient is admitted ~~to~~ and discharged ~~from such~~
 56 ~~facility~~ within 48 hours ~~the same working day and is not~~
 57 ~~permitted to stay overnight,~~ or provide advanced birth services,
 58 and which is not part of a hospital. However, a facility
 59 existing for the primary purpose of performing terminations of
 60 pregnancy, an office maintained by a physician for the practice
 61 of medicine, or an office maintained for the practice of
 62 dentistry may not be construed to be an ambulatory surgical
 63 center, provided that any facility or office that ~~which~~ is
 64 certified or seeks certification as a Medicare ambulatory
 65 surgical center shall be licensed as an ambulatory surgical
 66 center pursuant to s. 395.003.

67 (17)-(16) "Licensed facility" means a hospital, recovery
 68 care center, or ambulatory surgical center licensed in
 69 accordance with this chapter.

70 (23)-(22) "Premises" means those buildings, beds, and
 71 equipment located at the address of the licensed facility and
 72 all other buildings, beds, and equipment for the provision of
 73 hospital care, recovery care, or ambulatory surgical care
 74 located in such reasonable proximity to the address of the
 75 licensed facility as to appear to the public to be under the

76 | dominion and control of the licensee. For any licensee that is a
77 | teaching hospital as defined in s. 408.07, reasonable proximity
78 | includes any buildings, beds, services, programs, and equipment
79 | under the dominion and control of the licensee that are located
80 | at a site with a main address that is within 1 mile of the main
81 | address of the licensed facility; and all such buildings, beds,
82 | and equipment may, at the request of a licensee or applicant, be
83 | included on the facility license as a single premises.

84 | (25) "Recovery care center" means a facility the primary
85 | purpose of which is to provide recovery care services, in which
86 | a patient is admitted and discharged within 72 hours, and which
87 | is not part of a hospital.

88 | (26) "Recovery care services" means postsurgical and
89 | postdiagnostic medical and general nursing care provided to a
90 | patient for whom acute care hospitalization is not required and
91 | an uncomplicated recovery is reasonably expected. The term
92 | includes postsurgical rehabilitation services. The term does not
93 | include intensive care services, coronary care services, or
94 | critical care services.

95 | Section 3. Section 395.0062, Florida Statutes, is created
96 | to read:

97 | 395.0062 Ambulatory surgical centers providing advanced
98 | birth services.—An ambulatory surgical center may provide
99 | advanced birth services if it meets all of the following
100 | requirements:

101 (1) Is operated and staffed 24 hours per day, 7 days per
102 week.

103 (2) Employs or maintains an agreement with at least one
104 board-certified obstetrician who must be present in the facility
105 at all times during which a patient is in active labor in the
106 facility to attend deliveries, respond to emergencies and, when
107 necessary, be available to perform cesarean deliveries.

108 (3) At a minimum, employs a registered nurse who is
109 present in the facility at all times and has the ability to
110 stabilize and facilitate the transfer of patients and newborn
111 infants when appropriate.

112 (4) Has at least one properly equipped, dedicated surgical
113 suite for the performance of cesarean deliveries.

114 (5) Has entered into a written agreement with a blood bank
115 for emergency blood bank services and has written protocols for
116 the management of obstetrical hemorrhage that include provisions
117 of emergency blood transfusions. If a patient admitted to the
118 facility for obstetrical services receives an emergency blood
119 transfusion at the facility, the patient must immediately
120 thereafter be transferred to a hospital for further care.

121 (6) Has a clinical laboratory on site, which must, at a
122 minimum, be capable of providing laboratory testing for
123 hematology, metabolic screening, liver function, and coagulation
124 studies. The facility may collect specimens for those tests that
125 are requested under protocol. The facility may perform

126 laboratory tests as defined by rule of the agency. Laboratories
127 located in the facility must be appropriately certified by the
128 Centers for Medicare and Medicaid Services under the federal
129 Clinical Laboratory Improvement Amendments and the federal rules
130 adopted thereunder.

131 (7) In addition to surgical procedures authorized under s.
132 383.313, provides obstetrical surgical procedures for low-risk
133 cesarean deliveries and surgical management of immediate
134 complications. Postpartum sterilization may be performed before
135 discharge of the patient who has given birth during such
136 patient's admission. Circumcisions may be performed before
137 discharge of the newborn infant.

138 (8) Ensures the administration of general, conduction, and
139 local anesthesia by personnel who have the statutory authority
140 to do so. All general anesthesia shall be administered by an
141 anesthesiologist or a certified registered nurse anesthetist.
142 When administering general anesthesia, a physician or a
143 certified registered nurse anesthetist must be present in the
144 facility during the administration of anesthesia and during the
145 postanesthesia recovery period until the patient is fully alert.

146 (9) Allows for labor to be inhibited, stimulated, or
147 augmented with chemical agents during the first or second stage
148 of labor if ordered by personnel who have the statutory
149 authority to do so. Labor may be electively induced beginning at
150 the 39th week of gestation for a patient with a documented

151 Bishop score of 8 or greater.

152 (10) Has made arrangements with an ambulance service
153 licensed under chapter 401 for the transport of emergency
154 patients to a hospital, identifies neonatal-specific
155 transportation services, including ground and air ambulances,
156 and has the telephone numbers immediately available for facility
157 staff to access such services. Such arrangements shall be
158 documented in the facility's policy and procedures manual. The
159 facility's policy and procedures manual shall also contain
160 specific protocols for the transfer of any patient to a
161 hospital.

162 (11) Has entered into a written transfer agreement with a
163 hospital for the transfer and admission of emergency patients to
164 the hospital or a written agreement with an obstetrician who has
165 clinical privileges to provide coverage at all times and who has
166 agreed to accept the transfer of the facility's patients.

167 (12) Discharges a mother and her infant from the facility
168 within 48 hours after a vaginal delivery of the infant or within
169 72 hours after a delivery by cesarean section, except in unusual
170 circumstances as defined by rule of the agency.

171 (13) Files a report with the agency within 48 hours after
172 a scheduled discharge time if a mother or an infant is retained
173 at the facility for more than the timeframes set forth in
174 subsection (12). The report must describe the circumstances and
175 the reasons for the decision to extend the discharge timeframe.

176 (14) Provides all of the following postpartum care for the
177 mother and her infant:

178 (a) Instills a prophylactic in the eyes of each newborn
179 consistent with s. 383.04.

180 (b) Conducts a postpartum evaluation and provides followup
181 care consistent with s. 383.318(3).

182 (15) Ensures that a patient provides written informed
183 consent, on a form adopted by the agency, before admission. The
184 form shall inform the patient of the benefits and risks related
185 to childbirth outside of a hospital.

186 (16) Informs patients and their families of the facility's
187 policies and procedures for education and orientation consistent
188 with s. 383.311.

189 (17) Requires each patient to have adequate prenatal care,
190 as defined by rule of the agency, and serological tests that are
191 administered pursuant to chapter 383.

192 (18) Ensures that the facility's clinical records include,
193 at a minimum, all of the following information:

194 (a) Identifying information.

195 (b) Risk assessments.

196 (c) Information relating to prenatal care.

197 (d) Information relating to the course of labor and
198 intrapartum care.

199 (e) Information relating to consultation, referral, and
200 transport to a hospital.

201 (f) Newborn assessments, APGAR scores, treatments as
 202 required, and followup.

203 (g) Postpartum followup.

204 (19) Requires its clinical records to be available at the
 205 facility:

206 (a) At the time of admission.

207 (b) When transfer of care is necessary.

208 (c) For inspection by the agency.

209 (20) Audits its clinical records periodically, but no less
 210 frequently than every 3 months, to evaluate the process and
 211 outcome of care.

212 (21) Analyzes, at least semiannually, statistics on
 213 maternal and perinatal morbidity and mortality, maternal risk,
 214 consultant referrals, and transfers of care.

215 (22) Examines the results of the records audits and
 216 statistical analyses and makes such results available for
 217 inspection by the public and licensing authorities.

218 Section 4. Paragraphs (a) and (b) of subsection (1) of
 219 section 395.003, Florida Statutes, are amended to read:

220 395.003 Licensure; denial, suspension, and revocation.—

221 (1) (a) The requirements of part II of chapter 408 apply to
 222 the provision of services that require licensure pursuant to ss.
 223 395.001-395.1065 and part II of chapter 408 and to entities
 224 licensed by or applying for such licensure from the Agency for
 225 Health Care Administration pursuant to ss. 395.001-395.1065. A

226 | license issued by the agency is required in order to operate a
 227 | hospital, recovery care center, or ambulatory surgical center in
 228 | this state.

229 | (b)1. It is unlawful for a person to use or advertise to
 230 | the public, in any way or by any medium whatsoever, any facility
 231 | as a "hospital," "recovery care center," or "ambulatory surgical
 232 | center" unless such facility has first secured a license under
 233 | this part.

234 | 2. This part does not apply to veterinary hospitals or to
 235 | commercial business establishments using the word "hospital,"
 236 | "recovery care center," or "ambulatory surgical center" as a
 237 | part of a trade name if no treatment of human beings is
 238 | performed on the premises of such establishments.

239 | Section 5. Section 395.0171, Florida Statutes, is created
 240 | to read:

241 | 395.0171 Recovery care center admissions; emergency care
 242 | and transfer protocols; discharge planning and protocols.-

243 | (1) Admission to a recovery care center is restricted to a
 244 | patient who is in need of recovery care services and who has
 245 | been certified by his or her attending or referring physician,
 246 | or by a physician on staff at the facility, as medically stable
 247 | and not in need of acute care hospitalization before admission
 248 | to the recovery care center.

249 | (2) A patient may be admitted for recovery care services
 250 | postdiagnosis and posttreatment or upon discharge from a

251 hospital or an ambulatory surgical center.

252 (3) A recovery care center must have emergency care and
253 transfer protocols, including transportation arrangements, and
254 referral or admission agreements with at least one hospital.

255 (4) A recovery care center must have procedures for
256 discharge planning and discharge protocols.

257 (5) The agency may adopt rules to implement this section.

258 Section 6. Subsections (10) through (12) of section
259 395.1055, Florida Statutes, are renumbered as subsections (11)
260 through (13), respectively, subsections (2) and (8) are amended,
261 and a new subsection (10) is added to that section, to read:

262 395.1055 Rules and enforcement.—

263 (2) Separate standards may be provided for general and
264 specialty hospitals, ambulatory surgical centers, recovery care
265 centers, and statutory rural hospitals as defined in s. 395.602.

266 (8) The agency may not adopt any rule governing the
267 design, construction, erection, alteration, modification,
268 repair, or demolition of any public or private hospital,
269 intermediate residential treatment facility, recovery care
270 center, or ambulatory surgical center. It is the intent of the
271 Legislature to preempt that function to the Florida Building
272 Commission and the State Fire Marshal through adoption and
273 maintenance of the Florida Building Code and the Florida Fire
274 Prevention Code. However, the agency shall provide technical
275 assistance to the commission and the State Fire Marshal in

276 updating the construction standards of the Florida Building Code
 277 and the Florida Fire Prevention Code which govern hospitals,
 278 intermediate residential treatment facilities, recovery care
 279 centers, and ambulatory surgical centers.

280 (10) The agency shall adopt rules for recovery care
 281 centers which include fair and reasonable minimum standards for
 282 ensuring that recovery care centers have:

283 (a) A dietetic department, service, or other similarly
 284 titled unit, either on the premises or under contract, which
 285 shall be organized, directed, and staffed to ensure the
 286 provision of appropriate nutritional care and quality food
 287 service.

288 (b) Procedures to ensure the proper administration of
 289 medications. Such procedures shall address the prescribing,
 290 ordering, preparing, and dispensing of medications and
 291 appropriate monitoring of the effects of such medications on a
 292 patient.

293 (c) A pharmacy, pharmaceutical department, or
 294 pharmaceutical service, or other similarly titled unit, on the
 295 premises or under contract.

296 Section 7. Subsection (3) of section 395.10973, Florida
 297 Statutes, is amended to read:

298 395.10973 Powers and duties of the agency.—It is the
 299 function of the agency to:

300 (3) Enforce the special-occupancy provisions of the

301 Florida Building Code which apply to hospitals, intermediate
 302 residential treatment facilities, recovery care centers, and
 303 ambulatory surgical centers in conducting any inspection
 304 authorized by this chapter and part II of chapter 408.

305 Section 8. Subsection (27) is added to section 408.802,
 306 Florida Statutes, to read:

307 408.802 Applicability.—The provisions of this part apply
 308 to the provision of services that require licensure as defined
 309 in this part and to the following entities licensed, registered,
 310 or certified by the agency, as described in chapters 112, 383,
 311 390, 394, 395, 400, 429, 440, 483, and 765:

312 (27) Recovery care centers, as provided under part I of
 313 chapter 395.

314 Section 9. Subsection (26) is added to section 408.820,
 315 Florida Statutes, to read:

316 408.820 Exemptions.—Except as prescribed in authorizing
 317 statutes, the following exemptions shall apply to specified
 318 requirements of this part:

319 (26) Recovery care centers, as provided under part I of
 320 chapter 395, are exempt from s. 408.810(7)-(10).

321 Section 10. Subsection (2) of section 385.211, Florida
 322 Statutes, is amended to read:

323 385.211 Refractory and intractable epilepsy treatment and
 324 research at recognized medical centers.—

325 (2) Notwithstanding chapter 893, medical centers

326 recognized pursuant to s. 381.925, or an academic medical
 327 research institution legally affiliated with a licensed
 328 children's specialty hospital as defined in s. 395.002(30)
 329 ~~395.002(27)~~ that contracts with the Department of Health, may
 330 conduct research on cannabidiol and low-THC cannabis. This
 331 research may include, but is not limited to, the agricultural
 332 development, production, clinical research, and use of liquid
 333 medical derivatives of cannabidiol and low-THC cannabis for the
 334 treatment for refractory or intractable epilepsy. The authority
 335 for recognized medical centers to conduct this research is
 336 derived from 21 C.F.R. parts 312 and 316. Current state or
 337 privately obtained research funds may be used to support the
 338 activities described in this section.

339 Section 11. Subsection (7) of section 394.4787, Florida
 340 Statutes, is amended to read:

341 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,
 342 and 394.4789.—As used in this section and ss. 394.4786,
 343 394.4788, and 394.4789:

344 (7) "Specialty psychiatric hospital" means a hospital
 345 licensed by the agency pursuant to s. 395.002(30) ~~395.002(27)~~
 346 and part II of chapter 408 as a specialty psychiatric hospital.

347 Section 12. Paragraph (b) of subsection (1) of section
 348 409.975, Florida Statutes, is amended to read:

349 409.975 Managed care plan accountability.—In addition to
 350 the requirements of s. 409.967, plans and providers

351 participating in the managed medical assistance program shall
352 comply with the requirements of this section.

353 (1) PROVIDER NETWORKS.—Managed care plans must develop and
354 maintain provider networks that meet the medical needs of their
355 enrollees in accordance with standards established pursuant to
356 s. 409.967(2)(c). Except as provided in this section, managed
357 care plans may limit the providers in their networks based on
358 credentials, quality indicators, and price.

359 (b) Certain providers are statewide resources and
360 essential providers for all managed care plans in all regions.
361 All managed care plans must include these essential providers in
362 their networks. Statewide essential providers include:

- 363 1. Faculty plans of Florida medical schools.
- 364 2. Regional perinatal intensive care centers as defined in
365 s. 383.16(2).
- 366 3. Hospitals licensed as specialty children's hospitals as
367 defined in s. 395.002(30) ~~395.002(27)~~.
- 368 4. Accredited and integrated systems serving medically
369 complex children which comprise separately licensed, but
370 commonly owned, health care providers delivering at least the
371 following services: medical group home, in-home and outpatient
372 nursing care and therapies, pharmacy services, durable medical
373 equipment, and Prescribed Pediatric Extended Care.

374
375 Managed care plans that have not contracted with all statewide

376 essential providers in all regions as of the first date of
377 recipient enrollment must continue to negotiate in good faith.
378 Payments to physicians on the faculty of nonparticipating
379 Florida medical schools shall be made at the applicable Medicaid
380 rate. Payments for services rendered by regional perinatal
381 intensive care centers shall be made at the applicable Medicaid
382 rate as of the first day of the contract between the agency and
383 the plan. Except for payments for emergency services, payments
384 to nonparticipating specialty children's hospitals shall equal
385 the highest rate established by contract between that provider
386 and any other Medicaid managed care plan.

387 Section 13. This act shall take effect July 1, 2019.