

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          requiring the agency to adopt rules establishing  
19          minimum standards for pediatric patient care and food  
20          handling and food service in certain ambulatory  
21          surgical centers; amending s. 395.10973, F.S.;  
22          directing the agency to enforce special-occupancy  
23          provisions of the Florida Building Code applicable to  
24          recovery care centers; amending s. 408.802, F.S.;  
25          providing applicability of the Health Care Licensing

26 Procedures Act to recovery care centers; amending s.  
27 408.820, F.S.; exempting recovery care centers from  
28 specified minimum licensure requirements; amending ss.  
29 385.211, 394.4787, and 409.975, F.S.; conforming  
30 cross-references; providing an effective date.  
31

32 Be It Enacted by the Legislature of the State of Florida:  
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34 Section 1. Section 395.001, Florida Statutes, is amended  
35 to read:

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

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

50 395.002 Definitions.—As used in this chapter:

51           (2) "Advanced birth services" means trial of labor after  
 52 cesarean deliveries for screened patients who qualify, planned  
 53 low-risk cesarean deliveries, and anticipated vaginal deliveries  
 54 for laboring patients from the beginning of the 37th week of  
 55 gestation through the end of the 41st week of gestation.

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

70           (17)~~(16)~~ "Licensed facility" means a hospital, recovery  
 71 care center, or ambulatory surgical center licensed in  
 72 accordance with this chapter.

73           (23)~~(22)~~ "Premises" means those buildings, beds, and  
 74 equipment located at the address of the licensed facility and  
 75 all other buildings, beds, and equipment for the provision of

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

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

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

98 Section 3. Section 395.0062, Florida Statutes, is created  
99 to read:

100 395.0062 Ambulatory surgical centers providing advanced

101 birth services.—An ambulatory surgical center may provide  
102 advanced birth services if it meets all of the following  
103 requirements:

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

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

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

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

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

124 (6) Has a clinical laboratory on site, which must, at a  
125 minimum, be capable of providing laboratory testing for

126 hematology, metabolic screening, liver function, and coagulation  
127 studies. The facility may collect specimens for those tests that  
128 are requested under protocol. The facility may perform  
129 laboratory tests as defined by rule of the agency. Laboratories  
130 located in the facility must be appropriately certified by the  
131 Centers for Medicare and Medicaid Services under the federal  
132 Clinical Laboratory Improvement Amendments and the federal rules  
133 adopted thereunder.

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

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

149 (9) Allows for labor to be inhibited, stimulated, or  
150 augmented with chemical agents during the first or second stage

151 of labor if ordered by personnel who have the statutory  
152 authority to do so. Labor may be electively induced beginning at  
153 the 39th week of gestation for a patient with a documented  
154 Bishop score of 8 or greater.

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

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

170 (12) Discharges a mother and her infant from the facility  
171 within 48 hours after a vaginal delivery of the infant or within  
172 72 hours after a delivery by cesarean section, except in unusual  
173 circumstances as defined by rule of the agency.

174 (13) Files a report with the agency within 48 hours after  
175 a scheduled discharge time if a mother or an infant is retained

176 at the facility for more than the timeframes set forth in  
177 subsection (12). The report must describe the circumstances and  
178 the reasons for the decision to extend the discharge timeframe.

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

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

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

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

189 (16) Informs patients and their families of the facility's  
190 policies and procedures for education and orientation consistent  
191 with s. 383.311.

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

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

197 (a) Identifying information.

198 (b) Risk assessments.

199 (c) Information relating to prenatal care.

200 (d) Information relating to the course of labor and



201 intrapartum care.

202 (e) Information relating to consultation, referral, and  
203 transport to a hospital.

204 (f) Newborn assessments, APGAR scores, treatments as  
205 required, and followup.

206 (g) Postpartum followup.

207 (19) Requires its clinical records to be available at the  
208 facility:

209 (a) At the time of admission.

210 (b) When transfer of care is necessary.

211 (c) For inspection by the agency.

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

215 (21) Analyzes, at least semiannually, statistics on  
216 maternal and perinatal morbidity and mortality, maternal risk,  
217 consultant referrals, and transfers of care.

218 (22) Examines the results of the records audits and  
219 statistical analyses and makes such results available for  
220 inspection by the public and licensing authorities.

221 (23) Ensures that at least two employees who are  
222 registered nurses, certified registered nurse anesthetists, or  
223 anesthesiologists are present in the facility and immediately  
224 available to the delivery room at all times and have the ability  
225 to perform coordinated neonatal resuscitation and to stabilize

226 | and facilitate the transfer of patients and newborn infants when  
 227 | appropriate.

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

230 | 395.003 Licensure; denial, suspension, and revocation.—

231 | (1) (a) The requirements of part II of chapter 408 apply to  
 232 | the provision of services that require licensure pursuant to ss.  
 233 | 395.001-395.1065 and part II of chapter 408 and to entities  
 234 | licensed by or applying for such licensure from the Agency for  
 235 | Health Care Administration pursuant to ss. 395.001-395.1065. A  
 236 | license issued by the agency is required in order to operate a  
 237 | hospital, recovery care center, or ambulatory surgical center in  
 238 | this state.

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

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

249 | Section 5. Section 395.0171, Florida Statutes, is created  
 250 | to read:

251 395.0171 Recovery care center admissions; emergency care  
252 and transfer protocols; discharge planning and protocols.-

253 (1) Admission to a recovery care center is restricted to a  
254 patient who is in need of recovery care services and who has  
255 been certified by his or her attending or referring physician,  
256 or by a physician on staff at the facility, as medically stable  
257 and not in need of acute care hospitalization before admission  
258 to the recovery care center.

259 (2) A patient may be admitted for recovery care services  
260 postdiagnosis and posttreatment or upon discharge from a  
261 hospital or an ambulatory surgical center.

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

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

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

268 Section 6. Subsection (12) of section 395.1055, Florida  
269 Statutes, is renumbered as subsection (15), subsections (2) and  
270 (8) are amended, and a new subsection (12) and subsections (13)  
271 and (14) are added to that section, to read:

272 395.1055 Rules and enforcement.-

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

276 (8) The agency may not adopt any rule governing the  
277 design, construction, erection, alteration, modification,  
278 repair, or demolition of any public or private hospital,  
279 intermediate residential treatment facility, recovery care  
280 center, or ambulatory surgical center. It is the intent of the  
281 Legislature to preempt that function to the Florida Building  
282 Commission and the State Fire Marshal through adoption and  
283 maintenance of the Florida Building Code and the Florida Fire  
284 Prevention Code. However, the agency shall provide technical  
285 assistance to the commission and the State Fire Marshal in  
286 updating the construction standards of the Florida Building Code  
287 and the Florida Fire Prevention Code which govern hospitals,  
288 intermediate residential treatment facilities, recovery care  
289 centers, and ambulatory surgical centers.

290 (12) The agency shall adopt rules for recovery care  
291 centers which include fair and reasonable minimum standards for  
292 ensuring that recovery care centers have:

293 (a) A dietetic department, service, or other similarly  
294 titled unit, either on the premises or under contract, which  
295 shall be organized, directed, and staffed to ensure the  
296 provision of appropriate nutritional care and quality food  
297 service.

298 (b) Procedures to ensure the proper administration of  
299 medications. Such procedures shall address the prescribing,  
300 ordering, preparing, and dispensing of medications and

301 appropriate monitoring of the effects of such medications on a  
 302 patient.

303 (c) A pharmacy, pharmaceutical department, or  
 304 pharmaceutical service, or other similarly titled unit, on the  
 305 premises or under contract.

306 (13) The agency shall adopt rules that establish minimum  
 307 standards for pediatric patient care in ambulatory surgical  
 308 centers to ensure the safe and effective delivery of surgical  
 309 care to children in ambulatory surgical centers. Such standards  
 310 must include quality of care, nurse staffing, physician  
 311 staffing, and equipment standards. Ambulatory surgical centers  
 312 may not provide operative procedures to children under 18 years  
 313 of age which require a length of stay past midnight until such  
 314 standards are established by rule.

315 (14) The agency shall adopt rules for food handling and  
 316 food service standards for ambulatory surgical centers that  
 317 provide advanced birth services or admit patients for an  
 318 overnight stay.

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

321 395.10973 Powers and duties of the agency.—It is the  
 322 function of the agency to:

323 (3) Enforce the special-occupancy provisions of the  
 324 Florida Building Code which apply to hospitals, intermediate  
 325 residential treatment facilities, recovery care centers, and

326 ambulatory surgical centers in conducting any inspection  
327 authorized by this chapter and part II of chapter 408.

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

330 408.802 Applicability.—The provisions of this part apply  
331 to the provision of services that require licensure as defined  
332 in this part and to the following entities licensed, registered,  
333 or certified by the agency, as described in chapters 112, 383,  
334 390, 394, 395, 400, 429, 440, 483, and 765:

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

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

339 408.820 Exemptions.—Except as prescribed in authorizing  
340 statutes, the following exemptions shall apply to specified  
341 requirements of this part:

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

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

346 385.211 Refractory and intractable epilepsy treatment and  
347 research at recognized medical centers.—

348 (2) Notwithstanding chapter 893, medical centers  
349 recognized pursuant to s. 381.925, or an academic medical  
350 research institution legally affiliated with a licensed

351 children's specialty hospital as defined in s. 395.002(30)  
352 ~~395.002(27)~~ that contracts with the Department of Health, may  
353 conduct research on cannabidiol and low-THC cannabis. This  
354 research may include, but is not limited to, the agricultural  
355 development, production, clinical research, and use of liquid  
356 medical derivatives of cannabidiol and low-THC cannabis for the  
357 treatment for refractory or intractable epilepsy. The authority  
358 for recognized medical centers to conduct this research is  
359 derived from 21 C.F.R. parts 312 and 316. Current state or  
360 privately obtained research funds may be used to support the  
361 activities described in this section.

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

364 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,  
365 and 394.4789.—As used in this section and ss. 394.4786,  
366 394.4788, and 394.4789:

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

370 Section 12. Paragraph (b) of subsection (1) of section  
371 409.975, Florida Statutes, is amended to read:

372 409.975 Managed care plan accountability.—In addition to  
373 the requirements of s. 409.967, plans and providers  
374 participating in the managed medical assistance program shall  
375 comply with the requirements of this section.

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

382 (b) Certain providers are statewide resources and  
383 essential providers for all managed care plans in all regions.  
384 All managed care plans must include these essential providers in  
385 their networks. Statewide essential providers include:

- 386 1. Faculty plans of Florida medical schools.
- 387 2. Regional perinatal intensive care centers as defined in  
388 s. 383.16(2).
- 389 3. Hospitals licensed as specialty children's hospitals as  
390 defined in s. 395.002(30) ~~395.002(27)~~.
- 391 4. Accredited and integrated systems serving medically  
392 complex children which comprise separately licensed, but  
393 commonly owned, health care providers delivering at least the  
394 following services: medical group home, in-home and outpatient  
395 nursing care and therapies, pharmacy services, durable medical  
396 equipment, and Prescribed Pediatric Extended Care.

397  
398 Managed care plans that have not contracted with all statewide  
399 essential providers in all regions as of the first date of  
400 recipient enrollment must continue to negotiate in good faith.



401 Payments to physicians on the faculty of nonparticipating  
402 Florida medical schools shall be made at the applicable Medicaid  
403 rate. Payments for services rendered by regional perinatal  
404 intensive care centers shall be made at the applicable Medicaid  
405 rate as of the first day of the contract between the agency and  
406 the plan. Except for payments for emergency services, payments  
407 to nonparticipating specialty children's hospitals shall equal  
408 the highest rate established by contract between that provider  
409 and any other Medicaid managed care plan.

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