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LEGISLATIVE ACTION

Senate

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House

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

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. Subsection (4) of section 400.9905, Florida  
Statutes, is amended to read:

400.9905 Definitions.—

(4) "Clinic" means an entity that provides ~~where~~ health  
care services ~~are provided~~ to individuals and that receives  
compensation ~~and which tenders charges for reimbursement~~ for



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11 those ~~such~~ services, including a mobile clinic and a portable  
12 equipment provider. As used in this part, the term does not  
13 include and the licensure requirements of this part do not apply  
14 to:

15 (a) Entities licensed or registered by the state under  
16 chapter 395; entities licensed or registered by the state and  
17 providing only health care services within the scope of services  
18 authorized under their respective licenses under ss. 383.30-  
19 383.332, chapter 390, chapter 394, chapter 397, this chapter  
20 except part X, chapter 429, chapter 463, chapter 465, chapter  
21 466, chapter 478, chapter 484, or chapter 651; end-stage renal  
22 disease providers authorized under 42 C.F.R. part 405, subpart  
23 U; providers certified under 42 C.F.R. part 485, subpart B or  
24 subpart H; or any entity that provides neonatal or pediatric  
25 hospital-based health care services or other health care  
26 services by licensed practitioners solely within a hospital  
27 licensed under chapter 395.

28 (b) Entities that own, directly or indirectly, entities  
29 licensed or registered by the state pursuant to chapter 395;  
30 entities that own, directly or indirectly, entities licensed or  
31 registered by the state and providing only health care services  
32 within the scope of services authorized pursuant to their  
33 respective licenses under ss. 383.30-383.332, chapter 390,  
34 chapter 394, chapter 397, this chapter except part X, chapter  
35 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter  
36 484, or chapter 651; end-stage renal disease providers  
37 authorized under 42 C.F.R. part 405, subpart U; providers  
38 certified under 42 C.F.R. part 485, subpart B or subpart H; or  
39 any entity that provides neonatal or pediatric hospital-based



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40 health care services by licensed practitioners solely within a  
41 hospital licensed under chapter 395.

42 (c) Entities that are owned, directly or indirectly, by an  
43 entity licensed or registered by the state pursuant to chapter  
44 395; entities that are owned, directly or indirectly, by an  
45 entity licensed or registered by the state and providing only  
46 health care services within the scope of services authorized  
47 pursuant to their respective licenses under ss. 383.30-383.332,  
48 chapter 390, chapter 394, chapter 397, this chapter except part  
49 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter  
50 478, chapter 484, or chapter 651; end-stage renal disease  
51 providers authorized under 42 C.F.R. part 405, subpart U;  
52 providers certified under 42 C.F.R. part 485, subpart B or  
53 subpart H; or any entity that provides neonatal or pediatric  
54 hospital-based health care services by licensed practitioners  
55 solely within a hospital under chapter 395.

56 (d) Entities that are under common ownership, directly or  
57 indirectly, with an entity licensed or registered by the state  
58 pursuant to chapter 395; entities that are under common  
59 ownership, directly or indirectly, with an entity licensed or  
60 registered by the state and providing only health care services  
61 within the scope of services authorized pursuant to their  
62 respective licenses under ss. 383.30-383.332, chapter 390,  
63 chapter 394, chapter 397, this chapter except part X, chapter  
64 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter  
65 484, or chapter 651; end-stage renal disease providers  
66 authorized under 42 C.F.R. part 405, subpart U; providers  
67 certified under 42 C.F.R. part 485, subpart B or subpart H; or  
68 any entity that provides neonatal or pediatric hospital-based



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69 health care services by licensed practitioners solely within a  
70 hospital licensed under chapter 395.

71 (e) An entity that is exempt from federal taxation under 26  
72 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan  
73 under 26 U.S.C. s. 409 that has a board of trustees at least  
74 two-thirds of which are Florida-licensed health care  
75 practitioners and provides only physical therapy services under  
76 physician orders, any community college or university clinic,  
77 and any entity owned or operated by the federal or state  
78 government, including agencies, subdivisions, or municipalities  
79 thereof.

80 (f) A sole proprietorship, group practice, partnership, or  
81 corporation that provides health care services by physicians  
82 covered by s. 627.419, that is directly supervised by one or  
83 more of such physicians, and that is wholly owned by one or more  
84 of those physicians or by a physician and the spouse, parent,  
85 child, or sibling of that physician.

86 (g) A sole proprietorship, group practice, partnership, or  
87 corporation that provides health care services by licensed  
88 health care practitioners under chapter 457, chapter 458,  
89 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,  
90 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,  
91 chapter 490, chapter 491, or part I, part III, part X, part  
92 XIII, or part XIV of chapter 468, or s. 464.012, and that is  
93 wholly owned by one or more licensed health care practitioners,  
94 or the licensed health care practitioners set forth in this  
95 paragraph and the spouse, parent, child, or sibling of a  
96 licensed health care practitioner if one of the owners who is a  
97 licensed health care practitioner is supervising the business



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98 activities and is legally responsible for the entity's  
99 compliance with all federal and state laws. However, a health  
100 care practitioner may not supervise services beyond the scope of  
101 the practitioner's license, except that, for the purposes of  
102 this part, a clinic owned by a licensee in s. 456.053(3)(b)  
103 which provides only services authorized pursuant to s.  
104 456.053(3)(b) may be supervised by a licensee specified in s.  
105 456.053(3)(b).

106 (h) Clinical facilities affiliated with an accredited  
107 medical school at which training is provided for medical  
108 students, residents, or fellows.

109 (i) Entities that provide only oncology or radiation  
110 therapy services by physicians licensed under chapter 458 or  
111 chapter 459 or entities that provide oncology or radiation  
112 therapy services by physicians licensed under chapter 458 or  
113 chapter 459 which are owned by a corporation whose shares are  
114 publicly traded on a recognized stock exchange.

115 (j) Clinical facilities affiliated with a college of  
116 chiropractic accredited by the Council on Chiropractic Education  
117 at which training is provided for chiropractic students.

118 (k) Entities that provide licensed practitioners to staff  
119 emergency departments or to deliver anesthesia services in  
120 facilities licensed under chapter 395 and that derive at least  
121 90 percent of their gross annual revenues from the provision of  
122 such services. Entities claiming an exemption from licensure  
123 under this paragraph must provide documentation demonstrating  
124 compliance.

125 (l) Orthotic, prosthetic, pediatric cardiology, or  
126 perinatology clinical facilities or anesthesia clinical



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127 facilities that are not otherwise exempt under paragraph (a) or  
128 paragraph (k) and that are a publicly traded corporation or are  
129 wholly owned, directly or indirectly, by a publicly traded  
130 corporation. As used in this paragraph, a publicly traded  
131 corporation is a corporation that issues securities traded on an  
132 exchange registered with the United States Securities and  
133 Exchange Commission as a national securities exchange.

134 (m) Entities that are owned by a corporation that has \$250  
135 million or more in total annual sales of health care services  
136 provided by licensed health care practitioners where one or more  
137 of the persons responsible for the operations of the entity is a  
138 health care practitioner who is licensed in this state and who  
139 is responsible for supervising the business activities of the  
140 entity and is responsible for the entity's compliance with state  
141 law for purposes of this part.

142 (n) Entities that employ 50 or more licensed health care  
143 practitioners licensed under chapter 458 or chapter 459 where  
144 the billing for medical services is under a single tax  
145 identification number. The application for exemption under this  
146 subsection shall contain information that includes: the name,  
147 residence, and business address and phone number of the entity  
148 that owns the practice; a complete list of the names and contact  
149 information of all the officers and directors of the  
150 corporation; the name, residence address, business address, and  
151 medical license number of each licensed Florida health care  
152 practitioner employed by the entity; the corporate tax  
153 identification number of the entity seeking an exemption; a  
154 listing of health care services to be provided by the entity at  
155 the health care clinics owned or operated by the entity and a



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156 certified statement prepared by an independent certified public  
157 accountant which states that the entity and the health care  
158 clinics owned or operated by the entity have not received  
159 payment for health care services under personal injury  
160 protection insurance coverage for the preceding year. If the  
161 agency determines that an entity which is exempt under this  
162 subsection has received payments for medical services under  
163 personal injury protection insurance coverage, the agency may  
164 deny or revoke the exemption from licensure under this  
165 subsection.

166  
167 Notwithstanding this subsection, an entity shall be deemed a  
168 clinic and must be licensed under this part in order to receive  
169 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.  
170 627.730-627.7405, unless exempted under s. 627.736(5)(h).

171 Section 2. Subsection (4) of section 400.991, Florida  
172 Statutes, is amended to read:

173 400.991 License requirements; background screenings;  
174 prohibitions.—

175 (4) In addition to the requirements of part II of chapter  
176 408, the applicant must file with the application satisfactory  
177 proof that the clinic is in compliance with this part and  
178 applicable rules, including:

179 (a) A listing of services to be provided either directly by  
180 the applicant or through contractual arrangements with existing  
181 providers;

182 (b) The number and discipline of each professional staff  
183 member to be employed; ~~and~~

184 (c) Proof of financial ability to operate as required under



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185 s. 408.810(8). As an alternative to submitting proof of  
186 financial ability to operate as required under s. 408.810(8),  
187 the applicant may file a surety bond of at least \$500,000 which  
188 guarantees that the clinic will act in full conformity with all  
189 legal requirements for operating a clinic, payable to the  
190 agency. The agency may adopt rules to specify related  
191 requirements for such surety bond; and

192 (d) Proof that the clinic maintains the financial  
193 responsibility in the manner set forth in s. 458.320(2) or s.  
194 459.0085(2), as applicable, to pay claims and costs ancillary  
195 thereto arising out of the rendering of or the failure to render  
196 medical care and services, for physicians and osteopathic  
197 physicians who perform liposuction procedures in which more than  
198 1,000 cubic centimeters of supernatant fat is removed, Level II  
199 office surgery, or Level III office surgery as those terms are  
200 defined in ss. 458.305(8) and 459.003(9), in an office setting.

201 Section 3. Paragraph (j) is added to subsection (1) of  
202 section 400.9935, Florida Statutes, to read:

203 400.9935 Clinic responsibilities.—

204 (1) Each clinic shall appoint a medical director or clinic  
205 director who shall agree in writing to accept legal  
206 responsibility for the following activities on behalf of the  
207 clinic. The medical director or the clinic director shall:

208 (j) If the clinic is registered with the department to  
209 perform office surgery, ensure that the clinic complies with the  
210 standards of practice for office surgery adopted by rule under  
211 ss. 458.309(4) and 459.005(3).

212 Section 4. Subsection (4) of section 400.995, Florida  
213 Statutes, is amended to read:





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214 400.995 Agency administrative penalties.—

215 (4) Any licensed clinic whose owner, medical director, or  
216 clinic director concurrently operates an unlicensed clinic or a  
217 clinic that is not registered with the department where any  
218 liposuction procedure in which more than 1,000 cubic centimeters  
219 of supernatant fat is removed or where any Level II office  
220 surgery or Level III office surgery, as those terms are defined  
221 in ss. 458.305(8) and 459.003(9), is performed, is ~~shall be~~  
222 subject to an administrative fine of \$5,000 per day.

223 Section 5. Subsection (12) is added to section 456.004,  
224 Florida Statutes, to read:

225 456.004 Department; powers and duties.—The department, for  
226 the professions under its jurisdiction, shall:

227 (12) Deny or revoke the registration of, or impose any  
228 penalty set forth in s. 456.072(2) against, any facility where  
229 office surgery, as defined in ss. 458.305(8) and 459.003(9), is  
230 performed for failure of any of its physicians, owners, or  
231 operators to comply with rules adopted under ss. 458.309(3) and  
232 459.005(2). Section 456.073 applies to enforcement actions  
233 brought against such facilities. If a facility's registration is  
234 revoked, the department may deny any person named in the  
235 registration documents of the facility, including the persons  
236 who own or operate the facility, individually or as part of a  
237 group, from registering a facility to perform surgical  
238 procedures pursuant to s. 458.309(3) or s. 459.005(2) for 5  
239 years after the revocation date.

240 Section 6. Subsection (6) is added to section 456.074,  
241 Florida Statutes, to read:

242 456.074 Certain health care practitioners; immediate



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243 suspension of license.-

244 (6) The department may issue an emergency order suspending  
245 or restricting the registration of a facility in which  
246 liposuction procedures in which more than 1,000 cubic  
247 centimeters of supernatant fat is removed, Level II office  
248 surgery, or Level III office surgery as those terms are defined  
249 in ss. 458.305(8) and 459.003(9), are performed upon a finding  
250 of probable cause that the facility or its surgeons are not in  
251 compliance with the standards of practice for office surgery  
252 adopted by the boards pursuant to s. 458.309(4) or s.  
253 459.005(3), as applicable, or are in violation of s.  
254 458.331(1)(v) or s. 459.015(1)(z) and that such noncompliance  
255 constitutes an immediate danger to the public.

256 Section 7. Section 458.305, Florida Statutes, is amended to  
257 read:

258 458.305 Definitions.—As used in this chapter, the term:

259 (1) "Board" means the Board of Medicine.

260 (2) "Deep sedation and analgesia" means a drug-induced  
261 depression of consciousness during which all of the following  
262 apply:

263 (a) The patient cannot be easily aroused but responds by  
264 purposefully following repeated or painful stimulation.

265 (b) The patient's ability to independently maintain  
266 ventilatory function may be impaired.

267 (c) The patient may require assistance in maintaining a  
268 patent airway, and spontaneous ventilation may be inadequate.

269 (d) The patient's cardiovascular function is usually  
270 maintained.

271 (e) The patient's reflex withdrawal from painful stimulus



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272 is not considered a purposeful response.

273 (3) ~~(2)~~ "Department" means the Department of Health.

274 (4) "Epidural anesthesia" means anesthesia produced by the  
275 injection of an anesthetic agent into the space on or around the  
276 dura mater of the spinal cord.

277 (5) "General anesthesia" means a drug-induced loss of  
278 consciousness administered by a qualified general anesthesia  
279 provider during which all of the following apply:

280 (a) The patient is not able to be aroused, even by painful  
281 stimulation.

282 (b) The patient's ability to independently maintain  
283 ventilatory function is often impaired.

284 (c) The patient has a level of depressed neuromuscular  
285 function.

286 (d) The patient may require assistance in maintaining a  
287 patent airway, and positive pressure ventilation may be  
288 required.

289 (e) The patient's cardiovascular function may be impaired.

290 (6) "Minimal sedation" means a drug-induced state during  
291 which patients respond normally to verbal commands. Although  
292 cognitive function and physical coordination may be impaired,  
293 airway reflexes and respiratory and cardiovascular functions are  
294 unaffected.

295 (7) "Moderate sedation and analgesia" or "conscious  
296 sedation" means drug-induced depression of consciousness and a  
297 state of consciousness during which all of the following apply:

298 (a) The patient responds purposefully to verbal commands,  
299 either alone or accompanied by light tactile stimulation.

300 (b) Interventions are not required to maintain a patent



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301 airway, and spontaneous ventilation is adequate.

302 (c) Cardiovascular function is maintained.

303 (d) Reflex withdrawal from a painful stimulus is not  
304 considered a purposeful response.

305 (8) "Office surgery" means a surgery that is performed in a  
306 physician's office or any facility that is not licensed under  
307 chapter 390 or chapter 395.

308 (a) "Level I office surgery" includes any surgery that  
309 consists of only minor procedures and in which anesthesia is  
310 limited to minimal sedation.

311 (b) "Level II office surgery" includes any surgery in which  
312 the patient's level of sedation is that of moderate sedation and  
313 analgesia or conscious sedation.

314 (c) "Level III office surgery" includes any surgery in  
315 which the patient's level of sedation is that of deep sedation  
316 and analgesia or general anesthesia. The term includes any  
317 surgery that includes the use of spinal anesthesia or epidural  
318 anesthesia.

319 (10) ~~(3)~~ "Practice of medicine" means the diagnosis,  
320 treatment, operation, or prescription for any human disease,  
321 pain, injury, deformity, or other physical or mental condition.

322 (11) "Spinal anesthesia" means anesthesia produced by the  
323 injection of an anesthetic agent into the subarachnoid space of  
324 the spinal cord.

325 (12) "Surgeon" means a physician who performs surgery.

326 (13) "Surgery" means any manual or operative procedure,  
327 including the use of lasers, performed upon the body of a living  
328 human being for the purposes of preserving health, diagnosing or  
329 curing disease, repairing injury, correcting deformity or



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330 defects, prolonging life, or relieving suffering or any elective  
331 procedure for aesthetic, reconstructive, or cosmetic purposes,  
332 including, but not limited to: incision or curettage of tissue  
333 or an organ; suture or other repair of tissue or organ,  
334 including a closed as well as an open reduction of a fracture;  
335 extraction of tissue including premature extraction of the  
336 products of conception from the uterus; insertion of natural or  
337 artificial implants; or an endoscopic procedure with use of  
338 local or general anesthetic.

339 (9)(4) "Physician" means a person who is licensed to  
340 practice medicine in this state.

341 Section 8. Subsection (3) of section 458.309, Florida  
342 Statutes, is amended and subsection (4) is added to that  
343 section, to read:

344 458.309 Rulemaking authority.—

345 (3) A physician who performs any liposuction procedure  
346 ~~procedures~~ in which more than 1,000 cubic centimeters of  
347 supernatant fat is removed, any Level II office surgery level 2  
348 ~~procedures lasting more than 5 minutes, or any Level III office~~  
349 surgery and all level 3 surgical procedures in an office setting  
350 must register the office with the department unless that office  
351 is licensed as a facility under chapter 395. The department  
352 shall inspect the physician's office annually unless the office  
353 is accredited by a nationally recognized accrediting agency or  
354 an accrediting organization ~~subsequently~~ approved by the Board  
355 of Medicine. The actual costs for registration and inspection or  
356 accreditation shall be paid by the person seeking to register  
357 and operate the office setting in which office surgery is  
358 performed. As a condition of registration, a physician who



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359 performs such surgical procedures in an office setting, and the  
360 office itself if it is a separate legal entity from the  
361 physician, must maintain the same levels of financial  
362 responsibility required in s. 458.320.

363 (4) The department may adopt rules to administer the  
364 registration, inspection, and safety of offices in which a  
365 physician performs office surgery. The board shall adopt by rule  
366 standards of practice for physicians who perform office surgery.  
367 The board shall impose a fine of \$5,000 per day on a physician  
368 who performs a surgical procedure identified in subsection (3)  
369 in an office that is not registered with the department.

370 Section 9. Paragraph (vv) is added to subsection (1) of  
371 section 458.331, Florida Statutes, to read:

372 458.331 Grounds for disciplinary action; action by the  
373 board and department.—

374 (1) The following acts constitute grounds for denial of a  
375 license or disciplinary action, as specified in s. 456.072(2):

376 (vv) Performing a liposuction procedure in which more than  
377 1,000 cubic centimeters of supernatant fat is removed, a Level  
378 II office surgery, or a Level III office surgery in an office  
379 that is not registered with the department pursuant to s.  
380 458.309(3).

381 Section 10. Section 459.003, Florida Statutes, is amended  
382 to read:

383 459.003 Definitions.—As used in this chapter, the term:

384 (1) "Board" means the Board of Osteopathic Medicine.

385 (2) "Deep sedation and analgesia" means a drug-induced  
386 depression of consciousness during which all of the following  
387 apply:



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388 (a) The patient cannot be easily aroused but responds by  
389 purposefully following repeated or painful stimulation.

390 (b) The patient's ability to independently maintain  
391 ventilatory function may be impaired.

392 (c) The patient may require assistance in maintaining a  
393 patent airway, and spontaneous ventilation may be inadequate.

394 (d) The patient's cardiovascular function is usually  
395 maintained.

396 (e) The patient's reflex withdrawal from painful stimulus  
397 is not considered a purposeful response.

398 (3)~~(2)~~ "Department" means the Department of Health.

399 (5) "Epidural anesthesia" means anesthesia produced by the  
400 injection of an anesthetic agent into the space on or around the  
401 dura mater of the spinal cord.

402 (6) "General anesthesia" means a drug-induced loss of  
403 consciousness administered by a qualified general anesthesia  
404 provider during which all of the following apply:

405 (a) The patient is not able to be aroused, even by painful  
406 stimulation.

407 (b) The patient's ability to independently maintain  
408 ventilatory function is often impaired.

409 (c) The patient has a level of depressed neuromuscular  
410 function.

411 (d) The patient may require assistance in maintaining a  
412 patent airway, and positive pressure ventilation may be  
413 required.

414 (e) The patient's cardiovascular function may be impaired.

415 (7) "Minimal sedation" means a drug-induced state during  
416 which patients respond normally to verbal commands. Although



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417 cognitive function and physical coordination may be impaired,  
418 airway reflexes, and respiratory and cardiovascular functions  
419 are unaffected.

420 (8) "Moderate sedation and analgesia" or "conscious  
421 sedation" means drug-induced depression of consciousness and a  
422 state of consciousness during which all of the following apply:

423 (a) The patient responds purposefully to verbal commands,  
424 either alone or accompanied by light tactile stimulation.

425 (b) Interventions are not required to maintain a patent  
426 airway, and spontaneous ventilation is adequate.

427 (c) Cardiovascular function is maintained.

428 (d) Reflex withdrawal from a painful stimulus is not  
429 considered a purposeful response.

430 (9) "Office surgery" means a surgery that is performed in a  
431 physician's office or any facility that is not licensed under  
432 chapter 390 or chapter 395.

433 (a) "Level I office surgery" includes any surgery that  
434 consists of only minor procedures and in which anesthesia is  
435 limited to minimal sedation.

436 (b) "Level II office surgery" includes any surgery in which  
437 the patient's level of sedation is that of moderate sedation and  
438 analgesia or conscious sedation.

439 (c) "Level III office surgery" includes any surgery in  
440 which the patient's level of sedation is that of deep sedation  
441 and analgesia or general anesthesia. The term includes any  
442 surgery that includes the use of spinal anesthesia or epidural  
443 anesthesia.

444 (11)~~(3)~~ "Practice of osteopathic medicine" means the  
445 diagnosis, treatment, operation, or prescription for any human





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446 disease, pain, injury, deformity, or other physical or mental  
447 condition, which practice is based in part upon educational  
448 standards and requirements which emphasize the importance of the  
449 musculoskeletal structure and manipulative therapy in the  
450 maintenance and restoration of health.

451 (12) "Spinal anesthesia" means anesthesia produced by the  
452 injection of an anesthetic agent into the subarachnoid space of  
453 the spinal cord.

454 (13) "Surgeon" means a physician who performs surgery.

455 (14) "Surgery" means any manual or operative procedure,  
456 including the use of lasers, performed upon the body of a living  
457 human being for the purposes of preserving health, diagnosing or  
458 curing disease, repairing injury, correcting deformity or  
459 defects, prolonging life, or relieving suffering or any elective  
460 procedure for aesthetic, reconstructive, or cosmetic purposes,  
461 including, but not limited to: incision or curettage of tissue  
462 or an organ; suture or other repair of tissue or organ,  
463 including a closed as well as an open reduction of a fracture;  
464 extraction of tissue including premature extraction of the  
465 products of conception from the uterus; insertion of natural or  
466 artificial implants; or an endoscopic procedure with use of  
467 local or general anesthetic.

468 (10)-(4) "Osteopathic physician" means a person who is  
469 licensed to practice osteopathic medicine in this state.

470 (4)-(5) "Doctor of Osteopathy" and "Doctor of Osteopathic  
471 Medicine," when referring to degrees, shall be construed to be  
472 equivalent and equal degrees.

473 Section 11. Subsection (2) of section 459.005, Florida  
474 Statutes, is amended and subsection (3) is added to that



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475 section, to read:

476 459.005 Rulemaking authority.—

477 (2) A physician who performs any liposuction procedure  
478 ~~procedures~~ in which more than 1,000 cubic centimeters of  
479 supernatant fat is removed, any Level II office surgery level 2  
480 ~~procedures lasting more than 5 minutes, or any Level III office~~  
481 surgery and all level 3 surgical procedures in an office setting  
482 must register the office with the department unless that office  
483 is licensed as a facility under chapter 395. The department  
484 shall inspect the physician's office annually unless the office  
485 is accredited by a nationally recognized accrediting agency or  
486 an accrediting organization ~~subsequently~~ approved by the Board  
487 of Osteopathic Medicine. The actual costs for registration and  
488 inspection or accreditation shall be paid by the person seeking  
489 to register and operate the office setting in which office  
490 surgery is performed. As a condition of registration, a  
491 physician who performs such surgical procedures in an office  
492 setting, and the office itself if it is a separate legal entity  
493 from the physician, must maintain the same levels of financial  
494 responsibility required in s. 459.0085.

495 (3) The department may adopt rules to administer the  
496 registration, inspection, and safety of offices in which a  
497 physician performs office surgery. The board shall adopt by rule  
498 standards of practice for physicians who perform office surgery.  
499 The board shall impose a fine of \$5,000 per day on a physician  
500 who performs a surgical procedure identified in subsection (2)  
501 in an office that is not registered with the department.

502 Section 12. Paragraph (xx) is added to subsection (1) of  
503 section 459.015, Florida Statutes, to read:



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504 459.015 Grounds for disciplinary action; action by the  
505 board and department.—

506 (1) The following acts constitute grounds for denial of a  
507 license or disciplinary action, as specified in s. 456.072(2):

508 (xx) Performing a liposuction procedure in which more than  
509 1,000 cubic centimeters of supernatant fat is removed, a Level  
510 II office surgery, or a Level III office surgery in an office  
511 that is not registered with the department pursuant to s.  
512 459.005(2).

513 Section 13. Paragraph (b) of subsection (4) of section  
514 464.012, Florida Statutes, is amended to read:

515 464.012 Licensure of advanced practice registered nurses;  
516 fees; controlled substance prescribing.—

517 (4) In addition to the general functions specified in  
518 subsection (3), an advanced practice registered nurse may  
519 perform the following acts within his or her specialty:

520 (b) The certified registered nurse anesthetist may, to the  
521 extent authorized by established protocol approved by the  
522 medical staff of the facility in which the anesthetic service is  
523 performed, perform any or all of the following:

524 1. Determine the health status of the patient as it relates  
525 to the risk factors and to the anesthetic management of the  
526 patient through the performance of the general functions.

527 2. Based on history, physical assessment, and supplemental  
528 laboratory results, determine, with the consent of the  
529 responsible physician, the appropriate type of anesthesia within  
530 the framework of the protocol.

531 3. Order under the protocol preanesthetic medication.

532 4. Perform under the protocol procedures commonly used to



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533 render the patient insensible to pain during the performance of  
534 surgical, obstetrical, therapeutic, or diagnostic clinical  
535 procedures. These procedures include ordering and administering  
536 regional, spinal, and general anesthesia; inhalation agents and  
537 techniques; intravenous agents and techniques; and techniques of  
538 hypnosis.

539 5. Order or perform monitoring procedures indicated as  
540 pertinent to the anesthetic health care management of the  
541 patient.

542 6. Support life functions during anesthesia health care,  
543 including induction and intubation procedures, the use of  
544 appropriate mechanical supportive devices, and the management of  
545 fluid, electrolyte, and blood component balances.

546 7. Recognize and take appropriate corrective action for  
547 abnormal patient responses to anesthesia, adjunctive medication,  
548 or other forms of therapy.

549 8. Recognize and treat a cardiac arrhythmia while the  
550 patient is under anesthetic care.

551 9. Participate in management of the patient while in the  
552 postanesthesia recovery area, including ordering the  
553 administration of fluids and drugs.

554 10. Place special peripheral and central venous and  
555 arterial lines for blood sampling and monitoring as appropriate.

556 11. Provide the services identified in subsections 1.-10.  
557 in an office registered to perform office surgery pursuant to s.  
558 458.309(3) or s. 459.005(2) within the framework of an  
559 established protocol with an anesthesiologist licensed under  
560 chapter 458 or chapter 459.

561 Section 14. Paragraph (a) of subsection (1) of section



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562 766.101, Florida Statutes, is amended to read:  
563       766.101 Medical review committee, immunity from liability.—  
564       (1) As used in this section:  
565       (a) The term "medical review committee" or "committee"  
566 means:  
567       1.a. A committee of a hospital or ambulatory surgical  
568 center licensed under chapter 395 or a health maintenance  
569 organization certificated under part I of chapter 641;  
570       b. A committee of a physician-hospital organization, a  
571 provider-sponsored organization, or an integrated delivery  
572 system;  
573       c. A committee of a state or local professional society of  
574 health care providers;  
575       d. A committee of a medical staff of a licensed hospital or  
576 nursing home, provided the medical staff operates pursuant to  
577 written bylaws that have been approved by the governing board of  
578 the hospital or nursing home;  
579       e. A committee of the Department of Corrections or the  
580 Correctional Medical Authority as created under s. 945.602, or  
581 employees, agents, or consultants of either the department or  
582 the authority or both;  
583       f. A committee of a professional service corporation formed  
584 under chapter 621 or a corporation organized under part I of  
585 chapter 607 or chapter 617, which is formed and operated for the  
586 practice of medicine as defined in s. 458.305 ~~s. 458.305(3)~~, and  
587 which has at least 25 health care providers who routinely  
588 provide health care services directly to patients;  
589       g. A committee of the Department of Children and Families  
590 which includes employees, agents, or consultants to the



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591 department as deemed necessary to provide peer review,  
592 utilization review, and mortality review of treatment services  
593 provided pursuant to chapters 394, 397, and 916;

594 h. A committee of a mental health treatment facility  
595 licensed under chapter 394 or a community mental health center  
596 as defined in s. 394.907, provided the quality assurance program  
597 operates pursuant to the guidelines that have been approved by  
598 the governing board of the agency;

599 i. A committee of a substance abuse treatment and education  
600 prevention program licensed under chapter 397 provided the  
601 quality assurance program operates pursuant to the guidelines  
602 that have been approved by the governing board of the agency;

603 j. A peer review or utilization review committee organized  
604 under chapter 440;

605 k. A committee of the Department of Health, a county health  
606 department, healthy start coalition, or certified rural health  
607 network, when reviewing quality of care, or employees of these  
608 entities when reviewing mortality records; or

609 l. A continuous quality improvement committee of a pharmacy  
610 licensed pursuant to chapter 465,

611  
612 which committee is formed to evaluate and improve the quality of  
613 health care rendered by providers of health service, to  
614 determine that health services rendered were professionally  
615 indicated or were performed in compliance with the applicable  
616 standard of care, or that the cost of health care rendered was  
617 considered reasonable by the providers of professional health  
618 services in the area; or

619 2. A committee of an insurer, self-insurer, or joint



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620 underwriting association of medical malpractice insurance, or  
621 other persons conducting review under s. 766.106.

622 Section 15. This act shall take effect upon becoming a law.

623

624 ===== T I T L E A M E N D M E N T =====

625 And the title is amended as follows:

626 Delete everything before the enacting clause

627 and insert:

628 A bill to be entitled

629 An act relating to clinics and office surgery;

630 amending s. 400.9905, F.S.; revising the definition of

631 the term "clinic"; amending s. 400.991, F.S.;

632 requiring a clinic to provide proof of its financial

633 responsibility to pay certain claims and costs along

634 with its application for licensure to the Agency for

635 Health Care Administration; amending s. 400.9935,

636 F.S.; requiring a medical director or a clinic

637 director to ensure that the clinic complies with

638 specified rules; amending s. 400.995, F.S.; requiring

639 the agency to impose a specified administrative fine

640 on an unregistered clinic that performs certain office

641 surgeries; amending s. 456.004, F.S.; requiring the

642 Department of Health to deny or revoke the

643 registration of or impose certain penalties against a

644 facility where certain office surgeries are performed

645 under certain circumstances; specifying provisions

646 that apply enforcement actions against such

647 facilities; authorizing the department to deny certain

648 persons associated with an office of which the



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649 registration was revoked from registering a new office  
650 to perform certain office surgery; amending s.  
651 456.074, F.S.; authorizing the department to issue an  
652 emergency order suspending or restricting the  
653 registration of a certain office if it makes certain  
654 findings; amending s. 458.305, F.S.; defining terms;  
655 amending s. 458.309, F.S.; requiring a physician who  
656 performs certain office surgery and the office in  
657 which the surgery is performed to maintain specified  
658 levels of financial responsibility; authorizing the  
659 department to adopt rules to administer the  
660 registration, inspection, and safety of offices that  
661 perform certain office surgery; requiring the Board of  
662 Medicine to adopt rules governing the standard of care  
663 for physicians practicing in such offices; requiring  
664 the board to impose a specified fine on physicians who  
665 perform certain office surgeries in an unregistered  
666 office; amending s. 458.331, F.S.; providing that a  
667 physician performing certain office surgeries in an  
668 unregistered office constitutes grounds for denial of  
669 a license or disciplinary action; amending s. 459.003,  
670 F.S.; defining terms; amending s. 459.005, F.S.;  
671 requiring a physician who performs certain office  
672 surgery and the office in which the surgery is  
673 performed to maintain specified levels of financial  
674 responsibility; authorizing the department to adopt  
675 rules to administer the registration, inspection, and  
676 safety of offices that perform certain office surgery;  
677 requiring the Board of Osteopathic Medicine to adopt





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678 rules governing the standard of care for physicians  
679 practicing in such offices; requiring the board to  
680 impose a specified fine on physicians who perform  
681 certain office surgeries in an unregistered office;  
682 amending s. 459.015, F.S.; providing that a physician  
683 performing certain office surgeries in an unregistered  
684 office constitutes grounds for denial of a license or  
685 disciplinary action; amending s. 464.012, F.S.;  
686 authorizing a certified registered nurse anesthetist  
687 to provide specified services in a an office  
688 registered to perform office surgery within the  
689 framework of an established protocol with a licensed  
690 anesthesiologist; amending s. 766.101, F.S.;  
691 conforming a cross-reference; providing an effective  
692 date.