

By the Committee on Health Policy; and Senator Flores

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1                                   A bill to be entitled  
2       An act relating to clinics and office surgery;  
3       amending s. 400.9905, F.S.; revising the definition of  
4       the term "clinic"; amending s. 400.991, F.S.;  
5       requiring a clinic to provide proof of its financial  
6       responsibility to pay certain claims and costs along  
7       with its application for licensure to the Agency for  
8       Health Care Administration; amending s. 400.9935,  
9       F.S.; requiring a medical director or a clinic  
10      director to ensure that the clinic complies with  
11      specified rules; amending s. 400.995, F.S.; requiring  
12      the agency to impose a specified administrative fine  
13      on an unregistered clinic that performs certain office  
14      surgeries; amending s. 456.004, F.S.; requiring the  
15      Department of Health to deny or revoke the  
16      registration of or impose certain penalties against a  
17      facility where certain office surgeries are performed  
18      under certain circumstances; specifying provisions  
19      that apply enforcement actions against such  
20      facilities; authorizing the department to deny certain  
21      persons associated with an office of which the  
22      registration was revoked from registering a new office  
23      to perform certain office surgery; amending s.  
24      456.074, F.S.; authorizing the department to issue an  
25      emergency order suspending or restricting the  
26      registration of a certain office if it makes certain  
27      findings; amending s. 458.305, F.S.; defining terms;  
28      amending s. 458.309, F.S.; requiring a physician who  
29      performs certain office surgery and the office in

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30 which the surgery is performed to maintain specified  
31 levels of financial responsibility; authorizing the  
32 department to adopt rules to administer the  
33 registration, inspection, and safety of offices that  
34 perform certain office surgery; requiring the Board of  
35 Medicine to adopt rules governing the standard of care  
36 for physicians practicing in such offices; requiring  
37 the board to impose a specified fine on physicians who  
38 perform certain office surgeries in an unregistered  
39 office; amending s. 458.331, F.S.; providing that a  
40 physician performing certain office surgeries in an  
41 unregistered office constitutes grounds for denial of  
42 a license or disciplinary action; amending s. 459.003,  
43 F.S.; defining terms; amending s. 459.005, F.S.;

44 requiring a physician who performs certain office  
45 surgery and the office in which the surgery is  
46 performed to maintain specified levels of financial  
47 responsibility; authorizing the department to adopt  
48 rules to administer the registration, inspection, and  
49 safety of offices that perform certain office surgery;  
50 requiring the Board of Osteopathic Medicine to adopt  
51 rules governing the standard of care for physicians  
52 practicing in such offices; requiring the board to  
53 impose a specified fine on physicians who perform  
54 certain office surgeries in an unregistered office;  
55 amending s. 459.015, F.S.; providing that a physician  
56 performing certain office surgeries in an unregistered  
57 office constitutes grounds for denial of a license or  
58 disciplinary action; amending s. 464.012, F.S.;

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59 authorizing a certified registered nurse anesthetist  
60 to provide specified services in a an office  
61 registered to perform office surgery within the  
62 framework of an established protocol with a licensed  
63 anesthesiologist; amending s. 766.101, F.S.;  
64 conforming a cross-reference; providing an effective  
65 date.

66

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

68

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

71 400.9905 Definitions.—

72 (4) "Clinic" means an entity that provides ~~where~~ health  
73 care services ~~are provided~~ to individuals and that receives  
74 compensation ~~and which tenders charges for reimbursement~~ for  
75 those such services, including a mobile clinic and a portable  
76 equipment provider. As used in this part, the term does not  
77 include and the licensure requirements of this part do not apply  
78 to:

79 (a) Entities licensed or registered by the state under  
80 chapter 395; entities licensed or registered by the state and  
81 providing only health care services within the scope of services  
82 authorized under their respective licenses under ss. 383.30-  
83 383.332, chapter 390, chapter 394, chapter 397, this chapter  
84 except part X, chapter 429, chapter 463, chapter 465, chapter  
85 466, chapter 478, chapter 484, or chapter 651; end-stage renal  
86 disease providers authorized under 42 C.F.R. part 405, subpart  
87 U; providers certified under 42 C.F.R. part 485, subpart B or

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88 subpart H; or any entity that provides neonatal or pediatric  
89 hospital-based health care services or other health care  
90 services by licensed practitioners solely within a hospital  
91 licensed under chapter 395.

92 (b) Entities that own, directly or indirectly, entities  
93 licensed or registered by the state pursuant to chapter 395;  
94 entities that own, directly or indirectly, entities licensed or  
95 registered by the state and providing only health care services  
96 within the scope of services authorized pursuant to their  
97 respective licenses under ss. 383.30-383.332, chapter 390,  
98 chapter 394, chapter 397, this chapter except part X, chapter  
99 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter  
100 484, or chapter 651; end-stage renal disease providers  
101 authorized under 42 C.F.R. part 405, subpart U; providers  
102 certified under 42 C.F.R. part 485, subpart B or subpart H; or  
103 any entity that provides neonatal or pediatric hospital-based  
104 health care services by licensed practitioners solely within a  
105 hospital licensed under chapter 395.

106 (c) Entities that are owned, directly or indirectly, by an  
107 entity licensed or registered by the state pursuant to chapter  
108 395; entities that are owned, directly or indirectly, by an  
109 entity licensed or registered by the state and providing only  
110 health care services within the scope of services authorized  
111 pursuant to their respective licenses under ss. 383.30-383.332,  
112 chapter 390, chapter 394, chapter 397, this chapter except part  
113 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter  
114 478, chapter 484, or chapter 651; end-stage renal disease  
115 providers authorized under 42 C.F.R. part 405, subpart U;  
116 providers certified under 42 C.F.R. part 485, subpart B or

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117 subpart H; or any entity that provides neonatal or pediatric  
118 hospital-based health care services by licensed practitioners  
119 solely within a hospital under chapter 395.

120 (d) Entities that are under common ownership, directly or  
121 indirectly, with an entity licensed or registered by the state  
122 pursuant to chapter 395; entities that are under common  
123 ownership, directly or indirectly, with an entity licensed or  
124 registered by the state and providing only health care services  
125 within the scope of services authorized pursuant to their  
126 respective licenses under ss. 383.30-383.332, chapter 390,  
127 chapter 394, chapter 397, this chapter except part X, chapter  
128 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter  
129 484, or chapter 651; end-stage renal disease providers  
130 authorized under 42 C.F.R. part 405, subpart U; providers  
131 certified under 42 C.F.R. part 485, subpart B or subpart H; or  
132 any entity that provides neonatal or pediatric hospital-based  
133 health care services by licensed practitioners solely within a  
134 hospital licensed under chapter 395.

135 (e) An entity that is exempt from federal taxation under 26  
136 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan  
137 under 26 U.S.C. s. 409 that has a board of trustees at least  
138 two-thirds of which are Florida-licensed health care  
139 practitioners and provides only physical therapy services under  
140 physician orders, any community college or university clinic,  
141 and any entity owned or operated by the federal or state  
142 government, including agencies, subdivisions, or municipalities  
143 thereof.

144 (f) A sole proprietorship, group practice, partnership, or  
145 corporation that provides health care services by physicians

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146 covered by s. 627.419, that is directly supervised by one or  
147 more of such physicians, and that is wholly owned by one or more  
148 of those physicians or by a physician and the spouse, parent,  
149 child, or sibling of that physician.

150 (g) A sole proprietorship, group practice, partnership, or  
151 corporation that provides health care services by licensed  
152 health care practitioners under chapter 457, chapter 458,  
153 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,  
154 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,  
155 chapter 490, chapter 491, or part I, part III, part X, part  
156 XIII, or part XIV of chapter 468, or s. 464.012, and that is  
157 wholly owned by one or more licensed health care practitioners,  
158 or the licensed health care practitioners set forth in this  
159 paragraph and the spouse, parent, child, or sibling of a  
160 licensed health care practitioner if one of the owners who is a  
161 licensed health care practitioner is supervising the business  
162 activities and is legally responsible for the entity's  
163 compliance with all federal and state laws. However, a health  
164 care practitioner may not supervise services beyond the scope of  
165 the practitioner's license, except that, for the purposes of  
166 this part, a clinic owned by a licensee in s. 456.053(3)(b)  
167 which provides only services authorized pursuant to s.  
168 456.053(3)(b) may be supervised by a licensee specified in s.  
169 456.053(3)(b).

170 (h) Clinical facilities affiliated with an accredited  
171 medical school at which training is provided for medical  
172 students, residents, or fellows.

173 (i) Entities that provide only oncology or radiation  
174 therapy services by physicians licensed under chapter 458 or

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175 chapter 459 or entities that provide oncology or radiation  
176 therapy services by physicians licensed under chapter 458 or  
177 chapter 459 which are owned by a corporation whose shares are  
178 publicly traded on a recognized stock exchange.

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

182 (k) Entities that provide licensed practitioners to staff  
183 emergency departments or to deliver anesthesia services in  
184 facilities licensed under chapter 395 and that derive at least  
185 90 percent of their gross annual revenues from the provision of  
186 such services. Entities claiming an exemption from licensure  
187 under this paragraph must provide documentation demonstrating  
188 compliance.

189 (l) Orthotic, prosthetic, pediatric cardiology, or  
190 perinatology clinical facilities or anesthesia clinical  
191 facilities that are not otherwise exempt under paragraph (a) or  
192 paragraph (k) and that are a publicly traded corporation or are  
193 wholly owned, directly or indirectly, by a publicly traded  
194 corporation. As used in this paragraph, a publicly traded  
195 corporation is a corporation that issues securities traded on an  
196 exchange registered with the United States Securities and  
197 Exchange Commission as a national securities exchange.

198 (m) Entities that are owned by a corporation that has \$250  
199 million or more in total annual sales of health care services  
200 provided by licensed health care practitioners where one or more  
201 of the persons responsible for the operations of the entity is a  
202 health care practitioner who is licensed in this state and who  
203 is responsible for supervising the business activities of the

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204 entity and is responsible for the entity's compliance with state  
205 law for purposes of this part.

206 (n) Entities that employ 50 or more licensed health care  
207 practitioners licensed under chapter 458 or chapter 459 where  
208 the billing for medical services is under a single tax  
209 identification number. The application for exemption under this  
210 subsection shall contain information that includes: the name,  
211 residence, and business address and phone number of the entity  
212 that owns the practice; a complete list of the names and contact  
213 information of all the officers and directors of the  
214 corporation; the name, residence address, business address, and  
215 medical license number of each licensed Florida health care  
216 practitioner employed by the entity; the corporate tax  
217 identification number of the entity seeking an exemption; a  
218 listing of health care services to be provided by the entity at  
219 the health care clinics owned or operated by the entity and a  
220 certified statement prepared by an independent certified public  
221 accountant which states that the entity and the health care  
222 clinics owned or operated by the entity have not received  
223 payment for health care services under personal injury  
224 protection insurance coverage for the preceding year. If the  
225 agency determines that an entity which is exempt under this  
226 subsection has received payments for medical services under  
227 personal injury protection insurance coverage, the agency may  
228 deny or revoke the exemption from licensure under this  
229 subsection.

230

231 Notwithstanding this subsection, an entity shall be deemed a  
232 clinic and must be licensed under this part in order to receive



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233 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.  
234 627.730-627.7405, unless exempted under s. 627.736(5)(h).

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

237 400.991 License requirements; background screenings;  
238 prohibitions.—

239 (4) In addition to the requirements of part II of chapter  
240 408, the applicant must file with the application satisfactory  
241 proof that the clinic is in compliance with this part and  
242 applicable rules, including:

243 (a) A listing of services to be provided either directly by  
244 the applicant or through contractual arrangements with existing  
245 providers;

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

248 (c) Proof of financial ability to operate as required under  
249 s. 408.810(8). As an alternative to submitting proof of  
250 financial ability to operate as required under s. 408.810(8),  
251 the applicant may file a surety bond of at least \$500,000 which  
252 guarantees that the clinic will act in full conformity with all  
253 legal requirements for operating a clinic, payable to the  
254 agency. The agency may adopt rules to specify related  
255 requirements for such surety bond; and

256 (d) Proof that the clinic maintains the financial  
257 responsibility in the manner set forth in s. 458.320(2) or s.  
258 459.0085(2), as applicable, to pay claims and costs ancillary  
259 thereto arising out of the rendering of or the failure to render  
260 medical care and services, for physicians and osteopathic  
261 physicians who perform liposuction procedures in which more than

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262 1,000 cubic centimeters of supernatant fat is removed, Level II  
263 office surgery, or Level III office surgery as those terms are  
264 defined in ss. 458.305(8) and 459.003(9), in an office setting.

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

267 400.9935 Clinic responsibilities.—

268 (1) Each clinic shall appoint a medical director or clinic  
269 director who shall agree in writing to accept legal  
270 responsibility for the following activities on behalf of the  
271 clinic. The medical director or the clinic director shall:

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

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

278 400.995 Agency administrative penalties.—

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

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

289 456.004 Department; powers and duties.—The department, for  
290 the professions under its jurisdiction, shall:

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291 (12) Deny or revoke the registration of, or impose any  
292 penalty set forth in s. 456.072(2) against, any facility where  
293 office surgery, as defined in ss. 458.305(8) and 459.003(9), is  
294 performed for failure of any of its physicians, owners, or  
295 operators to comply with rules adopted under ss. 458.309(3) and  
296 459.005(2). Section 456.073 applies to enforcement actions  
297 brought against such facilities. If a facility's registration is  
298 revoked, the department may deny any person named in the  
299 registration documents of the facility, including the persons  
300 who own or operate the facility, individually or as part of a  
301 group, from registering a facility to perform surgical  
302 procedures pursuant to s. 458.309(3) or s. 459.005(2) for 5  
303 years after the revocation date.

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

306 456.074 Certain health care practitioners; immediate  
307 suspension of license.-

308 (6) The department may issue an emergency order suspending  
309 or restricting the registration of a facility in which  
310 liposuction procedures in which more than 1,000 cubic  
311 centimeters of supernatant fat is removed, Level II office  
312 surgery, or Level III office surgery as those terms are defined  
313 in ss. 458.305(8) and 459.003(9), are performed upon a finding  
314 of probable cause that the facility or its surgeons are not in  
315 compliance with the standards of practice for office surgery  
316 adopted by the boards pursuant to s. 458.309(4) or s.  
317 459.005(3), as applicable, or are in violation of s.  
318 458.331(1)(v) or s. 459.015(1)(z) and that such noncompliance  
319 constitutes an immediate danger to the public.

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320 Section 7. Section 458.305, Florida Statutes, is amended to  
321 read:

322 458.305 Definitions.—As used in this chapter, the term:

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

324 (2) "Deep sedation and analgesia" means a drug-induced  
325 depression of consciousness during which all of the following  
326 apply:

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

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

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

333 (d) The patient's cardiovascular function is usually  
334 maintained.

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

337 (3)~~(2)~~ "Department" means the Department of Health.

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

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

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

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

348 (c) The patient has a level of depressed neuromuscular

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349 function.

350 (d) The patient may require assistance in maintaining a  
351 patent airway, and positive pressure ventilation may be  
352 required.

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

354 (6) "Minimal sedation" means a drug-induced state during  
355 which patients respond normally to verbal commands. Although  
356 cognitive function and physical coordination may be impaired,  
357 airway reflexes and respiratory and cardiovascular functions are  
358 unaffected.

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

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

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

366 (c) Cardiovascular function is maintained.

367 (d) Reflex withdrawal from a painful stimulus is not  
368 considered a purposeful response.

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

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

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

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378 (c) "Level III office surgery" includes any surgery in  
379 which the patient's level of sedation is that of deep sedation  
380 and analgesia or general anesthesia. The term includes any  
381 surgery that includes the use of spinal anesthesia or epidural  
382 anesthesia.

383 (10)~~(3)~~ "Practice of medicine" means the diagnosis,  
384 treatment, operation, or prescription for any human disease,  
385 pain, injury, deformity, or other physical or mental condition.

386 (11) "Spinal anesthesia" means anesthesia produced by the  
387 injection of an anesthetic agent into the subarachnoid space of  
388 the spinal cord.

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

390 (13) "Surgery" means any manual or operative procedure,  
391 including the use of lasers, performed upon the body of a living  
392 human being for the purposes of preserving health, diagnosing or  
393 curing disease, repairing injury, correcting deformity or  
394 defects, prolonging life, or relieving suffering or any elective  
395 procedure for aesthetic, reconstructive, or cosmetic purposes,  
396 including, but not limited to: incision or curettage of tissue  
397 or an organ; suture or other repair of tissue or organ,  
398 including a closed as well as an open reduction of a fracture;  
399 extraction of tissue including premature extraction of the  
400 products of conception from the uterus; insertion of natural or  
401 artificial implants; or an endoscopic procedure with use of  
402 local or general anesthetic.

403 (9)~~(4)~~ "Physician" means a person who is licensed to  
404 practice medicine in this state.

405 Section 8. Subsection (3) of section 458.309, Florida  
406 Statutes, is amended and subsection (4) is added to that

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407 section, to read:

408 458.309 Rulemaking authority.—

409 (3) A physician who performs any liposuction procedure  
410 ~~procedures~~ in which more than 1,000 cubic centimeters of  
411 supernatant fat is removed, any Level II office surgery ~~level 2~~  
412 ~~procedures lasting more than 5 minutes, or any Level III office~~  
413 surgery and all level 3 surgical procedures in an office setting  
414 must register the office with the department unless that office  
415 is licensed as a facility under chapter 395. The department  
416 shall inspect the physician's office annually unless the office  
417 is accredited by a nationally recognized accrediting agency or  
418 an accrediting organization ~~subsequently~~ approved by the Board  
419 of Medicine. The actual costs for registration and inspection or  
420 accreditation shall be paid by the person seeking to register  
421 and operate the office setting in which office surgery is  
422 performed. As a condition of registration, a physician who  
423 performs such surgical procedures in an office setting, and the  
424 office itself if it is a separate legal entity from the  
425 physician, must maintain the same levels of financial  
426 responsibility required in s. 458.320.

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

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

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436 458.331 Grounds for disciplinary action; action by the  
437 board and department.—

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

440 (vv) Performing a liposuction procedure in which more than  
441 1,000 cubic centimeters of supernatant fat is removed, a Level  
442 II office surgery, or a Level III office surgery in an office  
443 that is not registered with the department pursuant to s.  
444 458.309(3).

445 Section 10. Section 459.003, Florida Statutes, is amended  
446 to read:

447 459.003 Definitions.—As used in this chapter, the term:

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

449 (2) "Deep sedation and analgesia" means a drug-induced  
450 depression of consciousness during which all of the following  
451 apply:

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

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

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

458 (d) The patient's cardiovascular function is usually  
459 maintained.

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

462 (3)~~(2)~~ "Department" means the Department of Health.

463 (5) "Epidural anesthesia" means anesthesia produced by the  
464 injection of an anesthetic agent into the space on or around the



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465 dura mater of the spinal cord.

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

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

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

473 (c) The patient has a level of depressed neuromuscular  
474 function.

475 (d) The patient may require assistance in maintaining a  
476 patent airway, and positive pressure ventilation may be  
477 required.

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

479 (7) "Minimal sedation" means a drug-induced state during  
480 which patients respond normally to verbal commands. Although  
481 cognitive function and physical coordination may be impaired,  
482 airway reflexes, and respiratory and cardiovascular functions  
483 are unaffected.

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

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

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

491 (c) Cardiovascular function is maintained.

492 (d) Reflex withdrawal from a painful stimulus is not  
493 considered a purposeful response.

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

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

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

503 (c) "Level III office surgery" includes any surgery in  
504 which the patient's level of sedation is that of deep sedation  
505 and analgesia or general anesthesia. The term includes any  
506 surgery that includes the use of spinal anesthesia or epidural  
507 anesthesia.

508 (11)~~(3)~~ "Practice of osteopathic medicine" means the  
509 diagnosis, treatment, operation, or prescription for any human  
510 disease, pain, injury, deformity, or other physical or mental  
511 condition, which practice is based in part upon educational  
512 standards and requirements which emphasize the importance of the  
513 musculoskeletal structure and manipulative therapy in the  
514 maintenance and restoration of health.

515 (12) "Spinal anesthesia" means anesthesia produced by the  
516 injection of an anesthetic agent into the subarachnoid space of  
517 the spinal cord.

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

519 (14) "Surgery" means any manual or operative procedure,  
520 including the use of lasers, performed upon the body of a living  
521 human being for the purposes of preserving health, diagnosing or  
522 curing disease, repairing injury, correcting deformity or

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523 defects, prolonging life, or relieving suffering or any elective  
524 procedure for aesthetic, reconstructive, or cosmetic purposes,  
525 including, but not limited to: incision or curettage of tissue  
526 or an organ; suture or other repair of tissue or organ,  
527 including a closed as well as an open reduction of a fracture;  
528 extraction of tissue including premature extraction of the  
529 products of conception from the uterus; insertion of natural or  
530 artificial implants; or an endoscopic procedure with use of  
531 local or general anesthetic.

532 (10)~~(4)~~ "Osteopathic physician" means a person who is  
533 licensed to practice osteopathic medicine in this state.

534 (4)~~(5)~~ "Doctor of Osteopathy" and "Doctor of Osteopathic  
535 Medicine," when referring to degrees, shall be construed to be  
536 equivalent and equal degrees.

537 Section 11. Subsection (2) of section 459.005, Florida  
538 Statutes, is amended and subsection (3) is added to that  
539 section, to read:

540 459.005 Rulemaking authority.—

541 (2) A physician who performs any liposuction procedure  
542 ~~procedures~~ in which more than 1,000 cubic centimeters of  
543 supernatant fat is removed, any Level II office surgery level 2  
544 ~~procedures lasting more than 5 minutes, or any Level III office~~  
545 surgery and all level 3 surgical procedures in an office setting  
546 must register the office with the department unless that office  
547 is licensed as a facility under chapter 395. The department  
548 shall inspect the physician's office annually unless the office  
549 is accredited by a nationally recognized accrediting agency or  
550 an accrediting organization ~~subsequently~~ approved by the Board  
551 of Osteopathic Medicine. The actual costs for registration and

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552 inspection or accreditation shall be paid by the person seeking  
553 to register and operate the office setting in which office  
554 surgery is performed. As a condition of registration, a  
555 physician who performs such surgical procedures in an office  
556 setting, and the office itself if it is a separate legal entity  
557 from the physician, must maintain the same levels of financial  
558 responsibility required in s. 459.0085.

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

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

568 459.015 Grounds for disciplinary action; action by the  
569 board and department.—

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

572 (xx) Performing a liposuction procedure in which more than  
573 1,000 cubic centimeters of supernatant fat is removed, a Level  
574 II office surgery, or a Level III office surgery in an office  
575 that is not registered with the department pursuant to s.  
576 459.005(2).

577 Section 13. Paragraph (b) of subsection (4) of section  
578 464.012, Florida Statutes, is amended to read:

579 464.012 Licensure of advanced practice registered nurses;  
580 fees; controlled substance prescribing.—

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

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

588 1. Determine the health status of the patient as it relates  
589 to the risk factors and to the anesthetic management of the  
590 patient through the performance of the general functions.

591 2. Based on history, physical assessment, and supplemental  
592 laboratory results, determine, with the consent of the  
593 responsible physician, the appropriate type of anesthesia within  
594 the framework of the protocol.

595 3. Order under the protocol preanesthetic medication.

596 4. Perform under the protocol procedures commonly used to  
597 render the patient insensible to pain during the performance of  
598 surgical, obstetrical, therapeutic, or diagnostic clinical  
599 procedures. These procedures include ordering and administering  
600 regional, spinal, and general anesthesia; inhalation agents and  
601 techniques; intravenous agents and techniques; and techniques of  
602 hypnosis.

603 5. Order or perform monitoring procedures indicated as  
604 pertinent to the anesthetic health care management of the  
605 patient.

606 6. Support life functions during anesthesia health care,  
607 including induction and intubation procedures, the use of  
608 appropriate mechanical supportive devices, and the management of  
609 fluid, electrolyte, and blood component balances.

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610 7. Recognize and take appropriate corrective action for  
611 abnormal patient responses to anesthesia, adjunctive medication,  
612 or other forms of therapy.

613 8. Recognize and treat a cardiac arrhythmia while the  
614 patient is under anesthetic care.

615 9. Participate in management of the patient while in the  
616 postanesthesia recovery area, including ordering the  
617 administration of fluids and drugs.

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

620 11. Provide the services identified in subsections 1.-10.  
621 in an office registered to perform office surgery pursuant to s.  
622 458.309(3) or s. 459.005(2) within the framework of an  
623 established protocol with an anesthesiologist licensed under  
624 chapter 458 or chapter 459.

625 Section 14. Paragraph (a) of subsection (1) of section  
626 766.101, Florida Statutes, is amended to read:

627 766.101 Medical review committee, immunity from liability.-

628 (1) As used in this section:

629 (a) The term "medical review committee" or "committee"  
630 means:

631 1.a. A committee of a hospital or ambulatory surgical  
632 center licensed under chapter 395 or a health maintenance  
633 organization certificated under part I of chapter 641;

634 b. A committee of a physician-hospital organization, a  
635 provider-sponsored organization, or an integrated delivery  
636 system;

637 c. A committee of a state or local professional society of  
638 health care providers;

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639 d. A committee of a medical staff of a licensed hospital or  
640 nursing home, provided the medical staff operates pursuant to  
641 written bylaws that have been approved by the governing board of  
642 the hospital or nursing home;

643 e. A committee of the Department of Corrections or the  
644 Correctional Medical Authority as created under s. 945.602, or  
645 employees, agents, or consultants of either the department or  
646 the authority or both;

647 f. A committee of a professional service corporation formed  
648 under chapter 621 or a corporation organized under part I of  
649 chapter 607 or chapter 617, which is formed and operated for the  
650 practice of medicine as defined in s. 458.305 ~~s. 458.305(3)~~, and  
651 which has at least 25 health care providers who routinely  
652 provide health care services directly to patients;

653 g. A committee of the Department of Children and Families  
654 which includes employees, agents, or consultants to the  
655 department as deemed necessary to provide peer review,  
656 utilization review, and mortality review of treatment services  
657 provided pursuant to chapters 394, 397, and 916;

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

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

667 j. A peer review or utilization review committee organized

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668 under chapter 440;

669 k. A committee of the Department of Health, a county health  
670 department, healthy start coalition, or certified rural health  
671 network, when reviewing quality of care, or employees of these  
672 entities when reviewing mortality records; or

673 1. A continuous quality improvement committee of a pharmacy  
674 licensed pursuant to chapter 465,

675

676 which committee is formed to evaluate and improve the quality of  
677 health care rendered by providers of health service, to  
678 determine that health services rendered were professionally  
679 indicated or were performed in compliance with the applicable  
680 standard of care, or that the cost of health care rendered was  
681 considered reasonable by the providers of professional health  
682 services in the area; or

683 2. A committee of an insurer, self-insurer, or joint  
684 underwriting association of medical malpractice insurance, or  
685 other persons conducting review under s. 766.106.

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