

1 A bill to be entitled
2 An act relating to ambulatory surgical centers;
3 creating ch. 396, F.S., entitled "Ambulatory Surgical
4 Centers"; creating s. 396.201, F.S.; providing
5 legislative intent; creating s. 396.202, F.S.;
6 defining terms; creating s. 396.203, F.S.; specifying
7 requirements for issuance, denial, suspension, and
8 revocation of ambulatory surgical center licenses;
9 creating s. 396.204, F.S.; providing for application
10 fees; creating s. 396.205, F.S.; providing for minimum
11 standards for specified clinical and diagnostic
12 results as a condition for issuance or renewal of a
13 license; creating s. 396.206, F.S.; requiring the
14 Agency for Health Care Administration to make or cause
15 to be made specified inspections of licensed
16 facilities; requiring the agency to accept surveys or
17 inspections from certain accrediting organizations in
18 lieu of its own periodic inspections, provided certain
19 conditions are met; requiring the agency to develop
20 and adopt by rule certain criteria; requiring an
21 applicant or a licensee to pay certain fees at the
22 time of inspection; requiring the agency to coordinate
23 periodic inspections to minimize costs and disruption
24 of services; creating s. 396.207, F.S.; requiring each
25 licensed facility to maintain and provide upon request

26 records of all inspection reports pertaining to that
27 facility; providing that such reports be retained for
28 a specified timeframe; prohibiting the distribution of
29 specified records; requiring a licensed facility to
30 provide a copy of its most recent inspection report to
31 certain parties upon request; authorizing licensed
32 facilities to charge for such copies; creating s.
33 396.208, F.S.; providing that specified provisions
34 govern the design, construction, erection, alteration,
35 modification, repair, and demolition of licensed
36 facilities; requiring the agency to review facility
37 plans and survey the construction of licensed
38 facilities; requiring licensed facilities to submit
39 plans and specifications to the agency for review;
40 requiring the agency to make or cause to be made
41 certain inspections or investigations as it deems
42 necessary; authorizing the agency to adopt certain
43 rules; requiring the agency to approve or disapprove
44 facility plans and specifications within a specified
45 timeframe; providing an extension under certain
46 circumstances; deeming a facility plan or
47 specification approved if the agency fails to act
48 within the specified timeframe; requiring the agency
49 to set forth in writing its reasons for any
50 disapprovals; authorizing the agency to charge and

51 collect specified fees and costs; creating s. 396.209,
52 F.S.; prohibiting any person from paying or receiving
53 a commission, bonus, kickback, or rebate or engaging
54 in any split-fee arrangement for referring a patient
55 to a licensed facility; requiring agency enforcement;
56 providing administrative penalties; creating s.
57 396.211, F.S.; prohibiting a licensed facility from
58 denying, for a specified reason, the applications of
59 certain licensed health care practitioners for staff
60 membership and clinical privileges; requiring a
61 licensed facility to establish rules and procedures
62 for consideration of such applications; providing for
63 the termination of clinical privileges for physician
64 assistants under certain circumstances; authorizing
65 certain advanced practice registered nurses to
66 administer anesthesia subject to certain conditions;
67 requiring the presence of a circulating nurse in the
68 operating room for the duration of surgical
69 procedures; requiring a licensed facility to make
70 available specified membership or privileges to
71 certain physicians under certain circumstances;
72 providing construction; requiring the governing board
73 of a licensed facility to set standards and procedures
74 to be applied in considering and acting upon
75 applications; requiring that such standards and

76 | procedures be made available for public inspection;
77 | requiring a licensed facility to provide in writing,
78 | upon request of an applicant, the reasons for denial
79 | of staff membership or clinical privileges within a
80 | specified timeframe; requiring that a denial be
81 | submitted in writing to the applicant's respective
82 | regulatory board; providing immunity from monetary
83 | liability to certain persons and entities; providing
84 | that investigations, proceedings, and records produced
85 | or acquired by the governing board or its agent are
86 | not subject to discovery or introduction into evidence
87 | in certain proceedings under certain circumstances;
88 | prohibiting persons in attendance at such meetings
89 | from testifying in civil actions about the evidence
90 | presented or deliberations during such meetings;
91 | providing construction; providing for the award of
92 | specified fees and costs; requiring applicants who
93 | bring an action against certain persons or entities to
94 | post a bond or other security in a certain amount, as
95 | set by the court; creating s. 396.212, F.S.; providing
96 | legislative intent; requiring licensed facilities to
97 | provide for peer review of certain physicians and
98 | develop procedures to conduct such reviews; specifying
99 | requirements for such procedures; requiring that,
100 | under certain circumstances, a peer review panel

101 investigate and determine whether grounds for
102 discipline exist with respect to certain staff members
103 or physicians; requiring the governing board to take
104 specified actions if certain determinations are made;
105 providing grounds for such governing board actions;
106 requiring licensed facilities to report disciplinary
107 action to the Department of Health's Division of
108 Medical Quality Assurance within a specified
109 timeframe; providing requirements for the report;
110 requiring the division to review each report and make
111 certain determinations; providing that such reports
112 are exempt from public records requirements; providing
113 immunity from monetary liability to certain persons
114 and entities; providing construction; providing
115 administrative penalties; providing that certain
116 proceedings and records of peer review panels,
117 committees, and governing boards or agents thereof are
118 exempt from public records requirements and are not
119 subject to discovery or introduction into evidence in
120 certain proceedings; prohibiting persons in attendance
121 at certain meetings from testifying or being required
122 to testify in certain civil or administrative actions;
123 providing construction; providing for the award of
124 specified fees and costs; requiring persons who bring
125 an action against certain persons or entities to post

126 a bond or other security in a certain amount, as set
127 by the court; creating s. 396.213, F.S.; requiring
128 licensed facilities to establish an internal risk
129 management program; specifying requirements for such
130 program; providing that the governing board of the
131 licensed facility is responsible for the program;
132 requiring licensed facilities to hire a risk manager;
133 specifying requirements for such risk manager;
134 encouraging licensed facilities to implement certain
135 innovative approaches; requiring licensed facilities
136 to annually report specified information to the Agency
137 for Health Care Administration and the Department of
138 Health; requiring the agency and the department to
139 include certain statistical information in their
140 respective annual reports; requiring the agency to
141 adopt rules governing the establishment of internal
142 risk management programs; specifying requirements for
143 such programs; defining the term "adverse incident"
144 for certain purposes; requiring licensed facilities to
145 report specified information annually to the agency;
146 requiring the agency to review the reported
147 information and make certain determinations; providing
148 that the reported information is exempt from public
149 records requirements and is not discoverable or
150 admissible in civil or administrative actions, with

151 exceptions; requiring licensed facilities to report
152 certain adverse incidents to the agency within a
153 specified timeframe; providing requirements for such
154 reports; authorizing the agency to grant extensions of
155 the reporting requirement under certain circumstances
156 and subject to certain conditions; providing that such
157 reports are exempt from public records requirements
158 and are not discoverable or admissible in civil and
159 administrative actions, with exceptions; authorizing
160 the agency to investigate reported adverse incidents
161 and prescribe measures in response to such incidents;
162 requiring the agency to review adverse incidents and
163 make certain determinations; requiring the agency to
164 publish certain reports and summaries within certain
165 timeframes on its website; prohibiting certain
166 information from being included in such reports and
167 summaries; providing a purpose; specifying certain
168 investigative and reporting requirements for internal
169 risk managers relating to the investigation and
170 reporting of allegations of sexual misconduct or
171 sexual abuse at licensed facilities; specifying
172 requirements for witnesses to such alleged misconduct
173 or abuse; defining the term "sexual abuse"; providing
174 criminal penalties for making a false allegation of
175 sexual misconduct; requiring the agency to require a

176 written plan of correction from the licensed facility
177 for certain violations; requiring the agency to first
178 seek corrective action from a licensed facility for
179 certain nonwillful violations; providing
180 administrative penalties for a facility's failure to
181 timely correct the violation or for demonstrating a
182 pattern of such violations; requiring licensed
183 facilities to provide the agency with access to all
184 facility records needed for specified purposes;
185 providing that such records obtained by the agency are
186 exempt from public records requirements and are not
187 discoverable or admissible in civil and administrative
188 actions, with exceptions; providing an exemption from
189 public meeting and records requirements for certain
190 meetings of the committees and governing board of a
191 licensed facility; requiring the agency to review the
192 internal risk management program of each licensed
193 facility as part of its licensure review process;
194 providing risk managers with immunity from monetary
195 and civil liability in certain proceedings under
196 certain circumstances; providing immunity from civil
197 liability to risk managers and licensed facilities in
198 certain actions, with an exception; requiring the
199 agency to report certain investigative results to the
200 applicable regulatory board; prohibiting coercion,

201 intimidation, or preclusion of a risk manager;
202 providing for civil penalties; creating s. 396.214,
203 F.S.; requiring licensed facilities to comply with
204 specified requirements for the transportation of
205 biomedical waste; creating s. 396.215, F.S.; requiring
206 licensed facilities to adopt a patient safety plan,
207 appoint a patient safety officer and a patient safety
208 committee for specified purposes, and conduct a
209 patient safety culture survey at least biennially;
210 specifying requirements for such survey; authorizing
211 facilities to contract for administration of the
212 survey; requiring that survey data be submitted to the
213 agency in a certain format; authorizing licensed
214 facilities to develop an internal action plan for a
215 certain purpose and submit the plan to the agency;
216 requiring licensed facilities to develop and implement
217 policies and procedures for the rendering of certain
218 medical care; specifying requirements for the policies
219 and procedures; requiring licensed facilities to train
220 all nonphysician personnel on the policies and
221 procedures at least annually; defining the term
222 "nonphysician personnel"; creating s. 396.216, F.S.;
223 requiring licensed facilities to adopt specified
224 protocols for the treatment of victims of child abuse,
225 abandonment, or neglect; creating s. 396.217, F.S.;

226 providing requirements for notifying a patient or a
227 patient's proxy about adverse incidents; providing
228 construction; creating s. 396.218, F.S.; requiring the
229 agency to adopt specified rules relating to minimum
230 standards for licensed facilities; providing
231 construction; providing that certain licensed
232 facilities are allowed a specified timeframe in which
233 to comply with any newly adopted agency rules;
234 preempting the adoption of certain rules to the
235 Florida Building Commission and the State Fire
236 Marshal; requiring the agency to provide technical
237 assistance to the commission and the State Fire
238 Marshal in updating the construction standards
239 governing licensed facilities; creating s. 396.219,
240 F.S.; providing for criminal and administrative
241 penalties; requiring the agency to consider specified
242 factors in determining the amounts of administrative
243 fines levied; authorizing the agency to impose an
244 immediate moratorium on elective admissions to any
245 licensed facility under certain circumstances;
246 creating s. 396.221, F.S.; providing powers and duties
247 of the agency; creating s. 396.222, F.S.; requiring a
248 licensed facility to provide timely and accurate
249 financial information and quality of service measures
250 to certain individuals; requiring a licensed facility

251 to make available on its website certain information
252 on payments made to that facility for defined bundles
253 of services and procedures and other information for
254 consumers and patients; providing requirements for
255 such information; requiring that facility websites
256 provide specified information and notify and inform
257 patients or prospective patients of certain
258 information; defining the terms "shoppable health care
259 service" and "standard charge"; requiring a licensed
260 facility to provide a written or electronic good faith
261 estimate of certain charges to a patient or
262 prospective patient within a certain timeframe;
263 specifying requirements for such estimates; requiring
264 a licensed facility to provide to a patient or a
265 prospective patient specified information regarding
266 the facility's financial assistance policy; providing
267 a civil penalty for failing to timely provide an
268 estimate of charges to a patient or prospective
269 patient and the insurer; requiring licensed facilities
270 to make certain health-related data available on its
271 website; requiring licensed facilities to take action
272 to notify the public of the availability of such
273 information; requiring licensed facilities to provide
274 an itemized statement or bill to a patient or his or
275 her survivor or legal guardian within a specified

276 | timeframe upon request and after discharge; specifying
277 | requirements for the statement or bill; requiring
278 | licensed facilities to make available to a patient or
279 | his or her survivor or legal guardian certain records
280 | within a specified timeframe and in a specified
281 | manner; authorizing licensed facilities to charge fees
282 | in a specified amount for copies of such records;
283 | requiring licensed facilities to establish certain
284 | internal processes relating to itemized statements and
285 | bills and grievances; requiring licensed facilities to
286 | disclose certain information relating to the patient's
287 | cost-sharing obligation; providing an administrative
288 | penalty for failure to disclose such information;
289 | creating s. 396.223, F.S.; defining the term
290 | "extraordinary collection action"; prohibiting certain
291 | collection actions by a licensed facility; creating s.
292 | 396.224, F.S.; providing criminal penalties and
293 | disciplinary action for the fraudulent alteration,
294 | defacement, or falsification of medical records;
295 | creating s. 396.225, F.S.; requiring a licensed
296 | facility to furnish, in a timely manner, a true and
297 | correct copy of all patient records to certain
298 | persons; specifying authorized charges for copies of
299 | such records; providing an exception; providing for
300 | confidentiality of patient records; providing

301 exceptions; authorizing the department to examine
 302 certain records for certain purposes; providing
 303 criminal penalties for the unauthorized release of
 304 information from such records by department agents;
 305 providing content and use requirements and limitations
 306 for confidential patient records released under the
 307 exemptions; authorizing licensed facilities to
 308 prescribe the content and custody of limited-access
 309 records that the facility maintains on its employees;
 310 specifying the types of records that may be limited in
 311 this manner; providing requirements for the release of
 312 such limited-access records; providing an exemption
 313 from public records requirements for such records;
 314 providing exemptions from public records requirements
 315 for specified personal information relating to
 316 employees of licensed facilities who provide direct
 317 patient care or security services and their spouses
 318 and children, and for specified personal information
 319 relating to certain other employees of licensed
 320 facilities and their spouses and children upon their
 321 request; providing exceptions to the exemptions;
 322 amending ss. 39.304, 95.11, 222.26, 381.00316,
 323 381.0035, 381.026, 381.028, 381.915, 383.145, 385.202,
 324 385.211, 390.011, 390.025, 394.4787, 395.001, 395.002,
 325 395.003, 395.1055, 395.10973, 395.3025, 395.607,

326 395.701, 400.518, 400.93, 400.9905, 400.9935, 401.272,
 327 408.051, 408.07, 408.802, 408.820, 409.905, 409.906,
 328 409.975, 456.013, 456.0135, 456.041, 456.053, 456.056,
 329 456.0575, 456.072, 456.073, 458.3145, 458.320,
 330 458.3265, 458.328, 458.347, 458.351, 459.0085,
 331 459.0137, 459.0138, 459.015, 459.022, 459.026,
 332 460.413, 460.4167, 461.013, 464.012, 465.0125,
 333 465.016, 466.028, 468.505, 486.021, 499.003, 499.0295,
 334 553.80, 627.351, 627.357, 627.6056, 627.6387,
 335 627.6405, 627.64194, 627.6616, 627.6648, 627.736,
 336 627.912, 641.31076, 765.101, 766.101, 766.1016,
 337 766.106, 766.110, 766.1115, 766.118, 766.202, 766.316,
 338 790.338, 812.014, 893.05, 893.13, 945.6041, 985.6441,
 339 1001.42, and 1012.965, F.S.; conforming cross-
 340 references and provisions to changes made by the act;
 341 bifurcating fees applicable to ambulatory surgical
 342 centers under ch. 395, F.S., and transferring such
 343 fees to ch. 396, F.S.; authorizing the agency to
 344 maintain its current fees for ambulatory surgical
 345 centers and adopt certain rules; providing an
 346 effective date.

347
 348 Be It Enacted by the Legislature of the State of Florida:

349
 350 **Section 1. Chapter 396, Florida Statutes, consisting of**

351 ss. 396.201-396.225, Florida Statutes, is created and entitled
352 "Ambulatory Surgical Centers."

353 **Section 2. Section 396.201, Florida Statutes, is created**
354 **to read:**

355 396.201 Legislative intent.—It is the intent of the
356 Legislature to provide for the protection of public health and
357 safety in the establishment, construction, maintenance, and
358 operation of ambulatory surgical centers by providing for
359 licensure of the same and for the development, establishment,
360 and enforcement of minimum standards with respect thereto.

361 **Section 3. Section 396.202, Florida Statutes, is created**
362 **to read:**

363 396.202 Definitions.—As used in this chapter, the term:

364 (1) "Accrediting organization" means a national
365 accrediting organization approved by the Centers for Medicare
366 and Medicaid Services whose standards incorporate comparable
367 licensure regulations required by this state.

368 (2) "Agency" means the Agency for Health Care
369 Administration.

370 (3) "Ambulatory surgical center" means a facility, the
371 primary purpose of which is to provide elective surgical care,
372 in which the patient is admitted to and discharged from such
373 facility within 24 hours, and which is not part of a hospital.
374 The term does not include a facility existing for the primary
375 purpose of performing terminations of pregnancy, an office

376 maintained by a physician for the practice of medicine, or an
377 office maintained for the practice of dentistry, except that
378 that any such facility or office that is certified or seeks
379 certification as a Medicare ambulatory surgical center must be
380 licensed as an ambulatory surgical center under this chapter.

381 (4) "Biomedical waste" has the same meaning as provided in
382 s. 381.0098(2).

383 (5) "Clinical privileges" means the privileges granted to
384 a physician or other licensed health care practitioner to render
385 patient care services in a hospital, but does not include the
386 privilege of admitting patients.

387 (6) "Department" means the Department of Health.

388 (7) "Director" means any member of the official board of
389 directors as reported in the licensed facility owner's annual
390 corporate report to the Department of State or, if no such
391 report is made, any member of the operating board of directors.
392 The term does not include members of separate, restricted boards
393 who serve only in an advisory capacity to the operating board.

394 (8) "Emergency medical condition" means:

395 (a) A medical condition manifesting itself by acute
396 symptoms of sufficient severity, which may include severe pain,
397 such that the absence of immediate medical attention could
398 reasonably be expected to result in any of the following:

399 1. Serious jeopardy to patient health, including for a
400 pregnant woman or fetus.

401 2. Serious impairment to bodily functions.

402 3. Serious dysfunction of any bodily organ or part.

403 (b) With respect to a pregnant woman:

404 1. That there is inadequate time to effect safe transfer
405 to a hospital before delivery;

406 2. That a transfer may pose a threat to the health and
407 safety of the patient or fetus; or

408 3. That there is evidence of the onset and persistence of
409 uterine contractions or a rupture of the membranes.

410 (9) "Governmental unit" means the state or any county,
411 municipality, or other political subdivision, or any department,
412 division, board, or other agency of any of the foregoing.

413 (10) "Hospital" has the same meaning as in s. 395.002.

414 (11) "Licensed facility" means an ambulatory surgical
415 center licensed under this chapter.

416 (12) "Lifesafety" means the control and prevention of fire
417 and other life-threatening conditions on a premises for the
418 purpose of preserving human life.

419 (13) "Medical staff" means physicians licensed under
420 chapter 458 or chapter 459 with privileges in a licensed
421 facility, as well as other licensed health care practitioners
422 with clinical privileges as approved by a licensed facility's
423 governing board.

424 (14) "Person" means any individual, partnership,
425 corporation, association, or governmental unit.

426 (15) "Premises" means those buildings, beds, and equipment
427 located at the address of the licensed facility, and all other
428 buildings, beds, and equipment for the provision of ambulatory
429 surgical care located in such reasonable proximity to the
430 address of the licensed facility as to appear to the public to
431 be under the dominion and control of the licensee.

432 (16) "Validation inspection" means an inspection of the
433 premises of a licensed facility by the agency to assess whether
434 a review by an accrediting organization has adequately evaluated
435 the licensed facility according to minimum state standards.

436 **Section 4. Section 396.203, Florida Statutes, is created**
437 **to read:**

438 396.203 Licensure; denial, suspension, and revocation.—

439 (1) (a) The requirements of part II of chapter 408 apply to
440 the provision of services that require licensure pursuant to ss.
441 396.201-396.225 and part II of chapter 408 and to entities
442 licensed by or applying for such licensure from the Agency for
443 Health Care Administration pursuant to ss. 396.201-396.225. A
444 license issued by the agency is required in order to operate an
445 ambulatory surgical center in this state.

446 (b)1. It is unlawful for a person to use or advertise to
447 the public, in any way or by any medium whatsoever, any facility
448 as an ambulatory surgical center unless such facility has first
449 secured a license under this chapter.

450 2. This chapter does not apply to commercial business

451 establishments using the words "ambulatory surgical center" as a
452 part of a trade name if no treatment of human beings is
453 performed on the premises of such establishments.

454 (2) In addition to the requirements of s. 408.807, after a
455 change of ownership has been approved by the agency, the
456 transferee is liable for any liability due to the state,
457 regardless of when identified, resulting from changes to
458 allowable costs affecting provider reimbursement for Medicaid
459 participation and related administrative fines.

460 (3) An ambulatory surgical center must comply with ss.
461 627.64194 and 641.513 as a condition of licensure.

462 (4) In addition to the requirements of part II of chapter
463 408, whenever the agency finds that there has been a substantial
464 failure to comply with the requirements established under this
465 chapter or in rules, the agency is authorized to deny, modify,
466 suspend, or revoke a license.

467 **Section 5. Section 396.204, Florida Statutes, is created**
468 **to read:**

469 396.204 Application for license; fees.—In accordance with
470 s. 408.805, an applicant or a licensee shall pay a fee for each
471 license application submitted under this chapter, part II of
472 chapter 408, and applicable rules. The amount of the fee is
473 established by rule. The license fee required of a facility
474 licensed under this chapter is established by rule, except that
475 the minimum license fee is \$1,500.

476 **Section 6. Section 396.205, Florida Statutes, is created**
477 **to read:**

478 396.205 Minimum standards for clinical laboratory test
479 results and diagnostic X-ray results; prerequisite for issuance
480 or renewal of license.-

481 (1) As a requirement for issuance or renewal of its
482 license, each licensed facility shall require that all clinical
483 laboratory tests performed by or for the licensed facility be
484 performed by a clinical laboratory appropriately certified by
485 the Centers for Medicare and Medicaid Services under the federal
486 Clinical Laboratory Improvement Amendments and the federal rules
487 adopted thereunder.

488 (2) Each licensed facility, as a requirement for issuance
489 or renewal of its license, shall establish minimum standards for
490 acceptance of results of diagnostic X rays performed by or for
491 the licensed facility. Such standards must require licensure or
492 registration of the source of ionizing radiation under chapter
493 404.

494 (3) The results of clinical laboratory tests and
495 diagnostic X rays performed before admission which meet the
496 minimum standards required by law must be accepted in lieu of
497 routine examinations required upon admission and in lieu of
498 clinical laboratory tests and diagnostic X rays which may be
499 ordered by a physician for patients of the licensed facility.

500 **Section 7. Section 396.206, Florida Statutes, is created**

501 **to read:**

502 396.206 Licensure inspection.—

503 (1) In addition to the requirement of s. 408.811, the
504 agency shall make or cause to be made such inspections and
505 investigations as it deems necessary, including, but not limited
506 to:

507 (a) Inspections directed by the Centers for Medicare and
508 Medicaid Services.

509 (b) Validation inspections.

510 (c) Lifesafety inspections.

511 (d) Licensure complaint investigations, including full
512 licensure investigations with a review of all licensure
513 standards as outlined in the administrative rules. Complaints
514 received by the agency from individuals, organizations, or other
515 sources are subject to review and investigation by the agency.

516 (2) The agency shall accept, in lieu of its own periodic
517 inspections for licensure, the survey or inspection of an
518 accrediting organization, provided that the accreditation of the
519 licensed facility is not provisional and provided that the
520 licensed facility authorizes release of, and the agency receives
521 the report of, the accrediting organization. The agency shall
522 develop and adopt by rule criteria for accepting survey reports
523 of accrediting organizations in lieu of conducting a state
524 licensure inspection.

525 (3) In accordance with s. 408.805, an applicant or a

526 licensee must pay a fee for each license application submitted
527 under this chapter, part II of chapter 408, and applicable
528 rules. Each facility licensed under this chapter must pay to the
529 agency, at the time of inspection, the following fees:

530 (a) Inspection for licensure.—A fee of at least \$400 per
531 facility.

532 (b) Inspection for lifesafety only.—A fee of at least \$40
533 per facility.

534 (4) The agency shall coordinate all periodic inspections
535 for licensure made by the agency to ensure that the cost to the
536 facility of such inspections and the disruption of services by
537 such inspections are minimized.

538 **Section 8. Section 396.207, Florida Statutes, is created**
539 **to read:**

540 396.207 Inspection reports.—

541 (1) Each licensed facility shall maintain as public
542 information, available upon request, records of all inspection
543 reports pertaining to that facility. Copies of such reports must
544 be retained in its records for at least 5 years after the date
545 the reports are filed and issued.

546 (2) Any record, report, or document that is confidential
547 and exempt from s. 119.07(1) may not be distributed or made
548 available for purposes of compliance with this section unless or
549 until such confidential status expires.

550 (3) A licensed facility shall, upon the request of any

551 person who has completed a written application with intent to be
552 admitted to such facility, any person who is a patient of such
553 facility, or any relative, spouse, guardian, or surrogate of any
554 such person, furnish to the requester a copy of the last
555 inspection report filed with or issued by the agency pertaining
556 to the licensed facility, as provided in subsection (1),
557 provided that the person requesting such report agrees to pay a
558 reasonable charge to cover copying costs, not to exceed \$1 per
559 page.

560 **Section 9. Section 396.208, Florida Statutes, is created**
561 **to read:**

562 396.208 Construction inspections; plan submission and
563 approval; fees.—

564 (1) (a) The design, construction, erection, alteration,
565 modification, repair, and demolition of all licensed health care
566 facilities are governed by the Florida Building Code and the
567 Florida Fire Prevention Code under ss. 553.73 and 633.202.

568 (b) In addition to the requirements of ss. 553.79 and
569 553.80, the agency shall review facility plans and survey the
570 construction of any facility licensed under this chapter. All
571 licensed facilities shall submit plans and specifications to the
572 agency for review under this section. The agency shall make, or
573 cause to be made, such construction inspections and
574 investigations as it deems necessary. The agency may prescribe
575 by rule that any licensee or applicant desiring to make

576 specified types of alterations or additions to its facilities or
577 to construct new facilities shall, before commencing such
578 alteration, addition, or new construction, submit plans and
579 specifications therefor to the agency for preliminary inspection
580 and approval or recommendation with respect to compliance with
581 applicable provisions of the Florida Building Code or agency
582 rules and standards.

583 (c) The agency shall approve or disapprove the plans and
584 specifications within 60 days after receipt of the fee for
585 review of plans as required in subsection (2). The agency may be
586 granted one 15-day extension for the review period if the
587 director of the agency approves the extension. If the agency
588 fails to act within the specified timeframe, it is deemed to
589 have approved the plans and specifications. When the agency
590 disapproves plans and specifications, it must set forth in
591 writing the reasons for its disapproval. Conferences and
592 consultations may be provided as necessary.

593 (2) The agency may charge an initial fee of \$2,000 for
594 review of plans and construction on all projects, which is
595 nonrefundable. The agency may also collect a fee, not to exceed
596 1 percent of the estimated construction cost or the actual cost
597 of review, whichever is less, for the portion of the review
598 which encompasses initial review through the initial revised
599 construction document review. The agency is further authorized
600 to collect its actual costs on all subsequent portions of the

601 review and construction inspections. The initial fee payment
602 must accompany the initial submission of plans and
603 specifications. Any subsequent payment that is due is payable
604 upon receipt of the invoice from the agency.

605 **Section 10. Section 396.209, Florida Statutes, is created**
606 **to read:**

607 396.209 Rebates prohibited; penalties.—

608 (1) It is unlawful for any person to pay or receive any
609 commission, bonus, kickback, or rebate or engage in any split-
610 fee arrangement, in any form whatsoever, with any physician,
611 surgeon, organization, or person, either directly or indirectly,
612 for patients referred to a licensed facility.

613 (2) The agency shall enforce subsection (1). In the case
614 of an entity not licensed by the agency, administrative
615 penalties may include:

616 (a) A fine not to exceed \$1,000.

617 (b) If applicable, a recommendation by the agency to the
618 appropriate regulatory board that disciplinary action be taken.

619 **Section 11. Section 396.211, Florida Statutes, is created**
620 **to read:**

621 396.211 Staff membership and clinical privileges.—

622 (1) A licensed facility, in considering and acting upon an
623 application for staff membership or clinical privileges, may not
624 deny the application of a qualified doctor of medicine licensed
625 under chapter 458, a doctor of osteopathic medicine licensed

626 under chapter 459, a doctor of dentistry licensed under chapter
627 466, or a doctor of podiatric medicine licensed under chapter
628 461 for such staff membership or clinical privileges within the
629 scope of his or her respective licensure solely because the
630 applicant is licensed under any of such chapters.

631 (2) (a) Each licensed facility shall establish rules and
632 procedures for consideration of an application for clinical
633 privileges submitted by a physician assistant licensed pursuant
634 to s. 458.347 or s. 459.022. Clinical privileges granted to a
635 physician assistant pursuant to this subsection automatically
636 terminate upon termination of staff membership of the physician
637 assistant's supervising physician.

638 (b) An advanced practice registered nurse who is certified
639 as a registered nurse anesthetist licensed under part I of
640 chapter 464 may administer anesthesia under the onsite medical
641 direction of a professional licensed under chapter 458, chapter
642 459, or chapter 466, and in accordance with an established
643 protocol approved by the medical staff. The medical direction
644 must specifically address the needs of the individual patient.

645 (c) A circulating nurse must be present in the operating
646 room for the duration of a surgical procedure.

647 (3) When a licensed facility requires, as a precondition
648 to obtaining staff membership or clinical privileges, the
649 completion of, eligibility in, or graduation from any program or
650 society established by or relating to the American Medical

651 Association or the Liaison Committee on Medical Education, the
652 licensed facility must also make available such membership or
653 privileges to physicians who have attained completion of,
654 eligibility in, or graduation from any equivalent program
655 established by or relating to the American Osteopathic
656 Association.

657 (4) This section does not restrict in any way the
658 authority of the medical staff of a licensed facility to review
659 for approval or disapproval all applications for appointment and
660 reappointment to all categories of staff and to make
661 recommendations on each applicant to the governing board of the
662 facility, including the delineation of privileges to be granted
663 in each case. In making such recommendations and in the
664 delineation of privileges, each applicant must be considered
665 individually pursuant to criteria for a doctor licensed under
666 chapter 458, chapter 459, chapter 461, or chapter 466; or for an
667 advanced practice registered nurse licensed under part I of
668 chapter 464, as applicable. The applicant's eligibility for
669 staff membership or clinical privileges must be determined by
670 the applicant's background, experience, health, training, and
671 demonstrated competency; the applicant's adherence to applicable
672 professional ethics; the applicant's reputation; and the
673 applicant's ability to work with others, and by such other
674 elements as determined by the governing board consistent with
675 this chapter.

676 (5) The governing board of each licensed facility shall
677 set standards and procedures to be applied by the licensed
678 facility and its medical staff in considering and acting upon
679 applications for staff membership or clinical privileges. Such
680 standards and procedures must be made available for public
681 inspection.

682 (6) Upon the written request of the applicant, any
683 licensed facility that has denied staff membership or clinical
684 privileges to an applicant specified in subsection (1) or
685 subsection (2) must, within 30 days after such request, provide
686 the applicant with the reasons for such denial in writing. A
687 denial of staff membership or clinical privileges to any
688 applicant must be submitted, in writing, to the applicant's
689 respective regulatory board.

690 (7) There is no monetary liability on the part of, and no
691 cause of action for injunctive relief or damages may arise
692 against, any licensed facility, its governing board or governing
693 board members, medical staff, or disciplinary board or against
694 its agents, investigators, witnesses, or employees, or against
695 any other person, for any action arising out of or related to
696 carrying out this section, absent intentional fraud.

697 (8) The investigations, proceedings, and records of the
698 board, or its agent with whom there is a specific written
699 contract for the purposes of this section, as described in this
700 section are not subject to discovery or introduction into

701 evidence in any civil action against a provider of professional
702 health services arising out of matters that are the subject of
703 evaluation and review by such board, and any person who was in
704 attendance at a meeting of such board or its agent is not
705 permitted or required to testify in any such civil action as to
706 any evidence or other matters produced or presented during the
707 proceedings of such board or its agent or as to any findings,
708 recommendations, evaluations, opinions, or other actions of such
709 board or its agent or any members thereof. However, information,
710 documents, or records otherwise available from original sources
711 are not to be construed as immune from discovery or use in any
712 such civil action merely because they were presented during
713 proceedings of such board; nor may any person who testifies
714 before such board or who is a member of such board be prevented
715 from testifying as to matters within his or her knowledge, but
716 such witness cannot be asked about his or her testimony before
717 such a board or opinions formed by him or her as a result of
718 such board hearings.

719 (9) (a) If the defendant prevails in an action brought by
720 an applicant against any person or entity that initiated,
721 participated in, was a witness in, or conducted any review as
722 authorized by this section, the court must award reasonable
723 attorney fees and costs to the defendant.

724 (b) As a condition of an applicant bringing any action
725 against any person or entity that initiated, participated in,

726 was a witness in, or conducted any review as authorized by this
727 section and before any responsive pleading is due, the applicant
728 must post a bond or other security, as set by the court having
729 jurisdiction in the action, in an amount sufficient to pay the
730 costs and attorney fees.

731 **Section 12. Section 396.212, Florida Statutes, is created**
732 **to read:**

733 396.212 Licensed facilities; peer review; disciplinary
734 powers; agency or partnership with physicians.—

735 (1) It is the intent of the Legislature that good faith
736 participants in the process of investigating and disciplining
737 physicians pursuant to the state-mandated peer review process
738 shall, in addition to receiving immunity from retaliatory tort
739 suits pursuant to s. 456.073(12), be protected from federal
740 antitrust suits filed under the Sherman Antitrust Act, 15 U.S.C.
741 ss. 1 et seq. Such intent is within the public policy of the
742 state to secure the provision of quality medical services to the
743 public.

744 (2) Each licensed facility, as a condition of licensure,
745 shall provide for peer review of physicians who deliver health
746 care services at the facility. Each licensed facility shall
747 develop written, binding procedures by which such peer review
748 must be conducted. Such procedures must include all of the
749 following:

750 (a) A mechanism for choosing the membership of the body or

751 bodies that conduct peer review.

752 (b) Adoption of rules of order for the peer review
753 process.

754 (c) Fair review of the case with the physician involved.

755 (d) A mechanism to identify and avoid conflicts of
756 interest on the part of the peer review panel members.

757 (e) Recording of agendas and minutes that do not contain
758 confidential material, for review by the Division of Health
759 Quality Assurance of the agency.

760 (f) A review, at least annually, of the peer review
761 procedures by the governing board of the licensed facility.

762 (g) Focusing the peer review process on reviewing
763 professional practices at the facility to reduce morbidity and
764 mortality and to improve patient care.

765 (3) If reasonable belief exists that conduct by a staff
766 member or physician who delivers health care services at the
767 licensed facility may constitute one or more grounds for
768 discipline as provided in this subsection, a peer review panel
769 must investigate and determine whether grounds for discipline
770 exist with respect to such staff member or physician. The
771 governing board of a licensed facility, after considering the
772 recommendations of its peer review panel, shall suspend, deny,
773 revoke, or curtail the privileges, or reprimand, counsel, or
774 require education, of any such staff member or physician after a
775 final determination has been made that one or more of the

776 following grounds exist:

777 (a) Incompetence.

778 (b) Being found to be a habitual user of intoxicants or
779 drugs to the extent that the staff member or physician is deemed
780 dangerous to himself, herself, or others.

781 (c) Mental or physical impairment that may adversely
782 affect patient care.

783 (d) Being found liable by a court of competent
784 jurisdiction for medical negligence or malpractice involving
785 negligent conduct.

786 (e) One or more settlements exceeding \$10,000 for medical
787 negligence or malpractice involving negligent conduct by the
788 staff member or physician.

789 (f) Medical negligence other than as specified in
790 paragraph (d) or paragraph (e).

791 (g) Failure to comply with the policies, procedures, or
792 directives of the risk management program or any quality
793 assurance committees of any licensed facility.

794 (4) Pursuant to ss. 458.337 and 459.016, any disciplinary
795 action taken under subsection (3) must be reported in writing to
796 the Division of Medical Quality Assurance of the Department of
797 Health within 30 working days after its initial occurrence,
798 regardless of the pendency of appeals to the governing board of
799 the licensed facility. The report must identify the disciplined
800 practitioner, the action taken, and the reason for such action.

801 All final disciplinary actions taken under subsection (3), if
802 different from those reported to the agency within 30 days after
803 its initial occurrence, must be reported within 10 working days
804 to the Division of Medical Quality Assurance in writing and must
805 specify the disciplinary action taken and the specific grounds
806 therefor. The division shall review each report and determine
807 whether it potentially involved conduct by the licensee which is
808 subject to disciplinary action, in which case s. 456.073
809 applies. The reports are not subject to inspection under s.
810 119.07(1) even if the division's investigation results in a
811 finding of probable cause.

812 (5) There is no monetary liability on the part of, and no
813 cause of action for damages may rise against, any licensed
814 facility, its governing board or governing board members, peer
815 review panel, medical staff, or disciplinary body, or its
816 agents, investigators, witnesses, or employees; a committee of a
817 licensed facility; or any other person for any action taken
818 without intentional fraud in carrying out this section.

819 (6) For a single incident or series of isolated incidents
820 that are nonwillful violations of the reporting requirements of
821 this section or part II of chapter 408, the agency shall first
822 seek to obtain corrective action by the licensed facility. If
823 correction is not demonstrated within the timeframe established
824 by the agency or if there is a pattern of nonwillful violations
825 of this section or part II of chapter 408, the agency may impose

826 an administrative fine, not to exceed \$5,000 for any violation
827 of the reporting requirements of this section or part II of
828 chapter 408. The administrative fine for repeated nonwillful
829 violations may not exceed \$10,000 for any violation. The
830 administrative fine for each intentional and willful violation
831 may not exceed \$25,000 per violation, per day. The fine for an
832 intentional and willful violation of this section or part II of
833 chapter 408 may not exceed \$250,000. In determining the amount
834 of fine to be levied, the agency shall be guided by s.
835 396.219(2) (b).

836 (7) The proceedings and records of peer review panels,
837 committees, and governing boards or agents thereof which relate
838 solely to actions taken in carrying out this section are not
839 subject to inspection under s. 119.07(1); and meetings held
840 pursuant to achieving the objectives of such panels, committees,
841 and governing boards or agents thereof are not open to the
842 public under chapter 286.

843 (8) The investigations, proceedings, and records of the
844 peer review panel, a committee of an ambulatory surgical center,
845 a disciplinary board, or a governing board, or agents thereof
846 with whom there is a specific written contract for that purpose,
847 as described in this section, are not subject to discovery or
848 introduction into evidence in any civil or administrative action
849 against a provider of professional health services arising out
850 of the matters that are the subject of evaluation and review by

851 such group or its agent, and a person who was in attendance at a
852 meeting of such group or its agent is not permitted and may not
853 be required to testify in any such civil or administrative
854 action as to any evidence or other matters produced or presented
855 during the proceedings of such group or its agent or as to any
856 findings, recommendations, evaluations, opinions, or other
857 actions of such group or its agent or any members thereof.
858 However, information, documents, or records otherwise available
859 from original sources are not to be construed as immune from
860 discovery or use in any such civil or administrative action
861 merely because such information, documents, or records were
862 presented during proceedings of such group, and any person who
863 testifies before such group or who is a member of such group may
864 not be prevented from testifying as to matters within his or her
865 knowledge, but such witness may not be asked about his or her
866 testimony before such a group or opinions formed by him or her
867 as a result of such group hearings.

868 (9) (a) If the defendant prevails in an action brought by a
869 staff member or physician who delivers health care services at
870 the licensed facility against any person or entity that
871 initiated, participated in, was a witness in, or conducted any
872 review as authorized by this section, the court must award
873 reasonable attorney fees and costs to the defendant.

874 (b) As a condition of any staff member or physician
875 bringing any action against any person or entity that initiated,

876 participated in, was a witness in, or conducted any review as
877 authorized by this section and before any responsive pleading is
878 due, the staff member or physician must post a bond or other
879 security, as set by the court having jurisdiction in the action,
880 in an amount sufficient to pay the costs and attorney fees.

881 **Section 13. Section 396.213, Florida Statutes, is created**
882 **to read:**

883 396.213 Internal risk management program.—

884 (1) Every licensed facility shall, as a part of its
885 administrative functions, establish an internal risk management
886 program that includes all of the following components:

887 (a) The investigation and analysis of the frequency and
888 causes of general categories and specific types of adverse
889 incidents to patients.

890 (b) The development of appropriate measures to minimize
891 the risk of adverse incidents to patients, including, but not
892 limited to:

893 1. Risk management and risk prevention education and
894 training of all nonphysician personnel as follows:

895 a. Such education and training of all nonphysician
896 personnel as part of their initial orientation; and

897 b. At least 1 hour of such education and training annually
898 for all personnel of the licensed facility working in clinical
899 areas and providing patient care, except those persons licensed
900 as health care practitioners who are required to complete

901 continuing education coursework pursuant to chapter 456 or the
902 practitioner's respective practice act.

903 2. A prohibition, except when emergency circumstances
904 require otherwise, against a staff member of the licensed
905 facility attending a patient in the recovery room, unless the
906 staff member is authorized to attend the patient in the recovery
907 room and is in the company of at least one other person.

908 However, a licensed facility is exempt from the two-person
909 requirement if it has:

910 a. Live visual observation;

911 b. Electronic observation; or

912 c. Any other reasonable measure taken to ensure patient
913 protection and privacy.

914 3. A prohibition against an unlicensed person assisting or
915 participating in any surgical procedure unless the licensed
916 facility has authorized the person to do so following a
917 competency assessment, and such assistance or participation is
918 done under the direct and immediate supervision of a licensed
919 physician and is not otherwise an activity that may be performed
920 only by a licensed health care practitioner.

921 4. Development, implementation, and ongoing evaluation of
922 procedures, protocols, and systems to accurately identify
923 patients, planned procedures, and the correct site of planned
924 procedures so as to minimize the performance of a surgical
925 procedure on the wrong patient, a wrong surgical procedure, a

926 wrong-site surgical procedure, or a surgical procedure otherwise
927 unrelated to the patient's diagnosis or medical condition.

928 (c) The analysis of patient grievances that relate to
929 patient care and the quality of medical services.

930 (d) A system for informing a patient or an individual
931 identified pursuant to s. 765.401(1) that the patient was the
932 subject of an adverse incident, as defined in subsection (5).
933 Such notice must be given by an appropriately trained person
934 designated by the licensed facility as soon as practicable to
935 allow the patient an opportunity to minimize damage or injury.

936 (e) The development and implementation of an incident
937 reporting system based upon the affirmative duty of all health
938 care providers and all agents and employees of the licensed
939 facility to report adverse incidents to the risk manager, or to
940 his or her designee, within 3 business days after the occurrence
941 of such incidents.

942 (2) The internal risk management program is the
943 responsibility of the governing board of the licensed facility.
944 Each licensed facility shall hire a risk manager who is
945 responsible for implementation and oversight of the facility's
946 internal risk management program and who demonstrates
947 competence, through education or experience, in all of the
948 following areas:

949 (a) Applicable standards of health care risk management.

950 (b) Applicable federal, state, and local health and safety

951 laws and rules.

952 (c) General risk management administration.

953 (d) Patient care.

954 (e) Medical care.

955 (f) Personal and social care.

956 (g) Accident prevention.

957 (h) Departmental organization and management.

958 (i) Community interrelationships.

959 (j) Medical terminology.

960 (3) In addition to the programs mandated by this section,
961 other innovative approaches intended to reduce the frequency and
962 severity of medical malpractice and patient injury claims are
963 encouraged and their implementation and operation facilitated.
964 Such additional approaches may include extending internal risk
965 management programs to health care providers' offices and the
966 assuming of provider liability by a licensed facility for acts
967 or omissions occurring within the licensed facility. Each
968 licensed facility shall annually report to the agency and the
969 department the name and judgments entered against each health
970 care practitioner for which it assumes liability. The agency and
971 the department shall, in their respective annual reports,
972 include statistics that report the number of licensed facilities
973 that assume such liability and the number of health care
974 practitioners, by profession, for whom they assume liability.

975 (4) The agency shall adopt rules governing the

976 establishment of internal risk management programs to meet the
977 needs of individual licensed facilities. Each internal risk
978 management program shall include the use of incident reports to
979 be filed with a responsible individual who is competent in risk
980 management techniques in the employ of each licensed facility,
981 such as an insurance coordinator, or who is retained by the
982 licensed facility as a consultant. The individual responsible
983 for the risk management program shall have free access to all
984 medical records of the licensed facility. The incident reports
985 are part of the workpapers of the attorney defending the
986 licensed facility in litigation relating to the licensed
987 facility and are subject to discovery, but are not admissible as
988 evidence in court. A person filing an incident report is not
989 subject to civil suit by virtue of such incident report. As a
990 part of each internal risk management program, the incident
991 reports must be used to develop categories of incidents which
992 identify problem areas. Once identified, procedures must be
993 adjusted to correct the problem areas.

994 (5) For purposes of reporting to the agency pursuant to
995 this section, the term "adverse incident" means an event over
996 which health care personnel could exercise control and which is
997 associated in whole or in part with medical intervention, rather
998 than the condition for which such intervention occurred, and
999 which:

1000 (a) Results in one of the following outcomes:

- 1001 1. Death;
- 1002 2. Brain or spinal damage;
- 1003 3. Permanent disfigurement;
- 1004 4. Fracture or dislocation of bones or joints;
- 1005 5. A resulting limitation of neurological, physical, or
 1006 sensory function which continues after discharge from the
 1007 licensed facility; or
- 1008 6. Any condition that required specialized medical
 1009 attention or surgical intervention resulting from nonemergency
 1010 medical intervention, other than an emergency medical condition,
 1011 to which the patient has not given his or her informed consent;
- 1012 (b) Was the performance of a surgical procedure on the
 1013 wrong patient, a wrong surgical procedure, a wrong-site surgical
 1014 procedure, or a surgical procedure otherwise unrelated to the
 1015 patient's diagnosis or medical condition;
- 1016 (c) Required the surgical repair of damage resulting to a
 1017 patient from a planned surgical procedure, where the damage was
 1018 not a recognized specific risk, as disclosed to the patient and
 1019 documented through the informed-consent process; or
- 1020 (d) Was a procedure to remove unplanned foreign objects
 1021 remaining from a surgical procedure.
- 1022 (6) (a) Each licensed facility subject to this section
 1023 shall submit an annual report to the agency summarizing the
 1024 adverse incident reports that have been filed in the facility
 1025 for that year. The report must include:

- 1026 1. The total number of adverse incidents.
- 1027 2. A listing, by category, of the types of operations,
1028 diagnostic or treatment procedures, or other actions causing the
1029 injuries, and the number of incidents occurring within each
1030 category.
- 1031 3. A listing, by category, of the types of injuries caused
1032 and the number of incidents occurring within each category.
- 1033 4. A code number using the health care professional's
1034 licensure number and a separate code number identifying all
1035 other individuals directly involved in adverse incidents to
1036 patients, the relationship of the individual to the licensed
1037 facility, and the number of incidents in which each individual
1038 has been directly involved. Each licensed facility shall
1039 maintain names of the health care professionals and individuals
1040 identified by code numbers for purposes of this section.
- 1041 5. A description of all malpractice claims filed against
1042 the licensed facility, including the total number of pending and
1043 closed claims and the nature of the incident which led to, the
1044 persons involved in, and the status and disposition of each
1045 claim. Each report must update status and disposition for all
1046 prior claims pending.
- 1047 (b) The information reported to the agency pursuant to
1048 paragraph (a) which relates to persons licensed under chapter
1049 458, chapter 459, chapter 461, or chapter 466 must be reviewed
1050 by the agency. The agency shall determine whether any of the

1051 incidents potentially involved conduct by a health care
1052 professional who is subject to disciplinary action, in which
1053 case s. 456.073 applies.

1054 (c) The report submitted to the agency must also contain
1055 the name of the risk manager of the licensed facility, a copy of
1056 the policies and procedures governing the measures taken by the
1057 licensed facility and its risk manager to reduce the risk of
1058 injuries and adverse incidents, and the results of such
1059 measures. The annual report is confidential and is not available
1060 to the public pursuant to s. 119.07(1) or any other law
1061 providing access to public records. The annual report is not
1062 discoverable or admissible in any civil or administrative
1063 action, except in disciplinary proceedings by the agency or the
1064 appropriate regulatory board. The annual report is not available
1065 to the public as part of the record of investigation for and
1066 prosecution in disciplinary proceedings made available to the
1067 public by the agency or the appropriate regulatory board.
1068 However, the agency or the appropriate regulatory board shall
1069 make available, upon written request by a health care
1070 professional against whom probable cause has been found, any
1071 such records which form the basis of the determination of
1072 probable cause.

1073 (7) Any of the following adverse incidents, whether
1074 occurring in the licensed facility or arising from health care
1075 services administered before the patient's admission to the

1076 licensed facility, must be reported by the licensed facility to
 1077 the agency within 15 calendar days after its occurrence:

- 1078 (a) The death of a patient;
- 1079 (b) Brain or spinal damage to a patient;
- 1080 (c) The performance of a surgical procedure on the wrong
 1081 patient;
- 1082 (d) The performance of a wrong-site surgical procedure;
- 1083 (e) The performance of a wrong surgical procedure;
- 1084 (f) The performance of a surgical procedure that is
 1085 medically unnecessary or otherwise unrelated to the patient's
 1086 diagnosis or medical condition;
- 1087 (g) The surgical repair of damage resulting to a patient
 1088 from a planned surgical procedure, where the damage is not a
 1089 recognized specific risk, as disclosed to the patient and
 1090 documented through the informed-consent process; or
- 1091 (h) The performance of procedures to remove unplanned
 1092 foreign objects remaining from a surgical procedure.

1093

1094 The agency may grant extensions to this reporting requirement
 1095 for no more than 15 days upon justification submitted in writing
 1096 to the agency by the licensed facility administrator. The agency
 1097 may require an additional, final report. These reports are not
 1098 available to the public pursuant to s. 119.07(1) or any other
 1099 law providing access to public records, nor discoverable or
 1100 admissible in any civil or administrative action, except in

1101 disciplinary proceedings by the agency or the appropriate
1102 regulatory board, nor available to the public as part of the
1103 record of investigation for and prosecution in disciplinary
1104 proceedings made available to the public by the agency or the
1105 appropriate regulatory board. However, the agency or the
1106 appropriate regulatory board shall make available, upon written
1107 request by a health care professional against whom probable
1108 cause has been found, any such records that form the basis of
1109 the determination of probable cause. The agency may, as it deems
1110 appropriate, investigate any such incident and prescribe
1111 measures that must or may be taken in response to the incident.
1112 The agency shall review each incident and determine whether it
1113 potentially involved conduct by the health care professional,
1114 who would be subject to disciplinary action, in which case s.
1115 456.073 applies.

1116 (8) The agency shall publish on the agency's website, at
1117 least quarterly, a summary and trend analysis of adverse
1118 incident reports received pursuant to this section, which may
1119 not include information that would identify the patient, the
1120 reporting facility, or the health care practitioners involved.
1121 The agency shall publish on the agency's website an annual
1122 summary and trend analysis of all adverse incident reports and
1123 malpractice claims information provided by licensed facilities
1124 in their annual reports, which may not include information that
1125 would identify the patient, the reporting facility, or the

1126 practitioners involved. The purpose of the publication of the
1127 summary and trend analysis is to promote the rapid dissemination
1128 of information relating to adverse incidents and malpractice
1129 claims to assist licensed facilities in avoiding similar
1130 incidents and reduce morbidity and mortality.

1131 (9) The internal risk manager of each licensed facility
1132 shall:

1133 (a) Investigate every allegation of sexual misconduct
1134 which is made against a member of the licensed facility's staff
1135 who has direct patient contact, when the allegation is that the
1136 sexual misconduct occurred at the facility or on the grounds of
1137 the facility.

1138 (b) Report every allegation of sexual misconduct to the
1139 administrator of the licensed facility.

1140 (c) Notify the family or guardian of the victim, if a
1141 minor, that an allegation of sexual misconduct has been made and
1142 that an investigation is being conducted.

1143 (d) Report to the department every allegation of sexual
1144 misconduct by a licensed health care practitioner which involves
1145 a patient.

1146 (10) Any witness who witnessed or who possesses actual
1147 knowledge of the act that is the basis of an allegation of
1148 sexual abuse shall:

1149 (a) Notify the local police; and

1150 (b) Notify the risk manager and the administrator.

1151
1152 For purposes of this subsection, the term "sexual abuse" means
1153 acts of a sexual nature committed for the sexual gratification
1154 of anyone upon or in the presence of a vulnerable adult as
1155 defined in s. 415.102, without the vulnerable adult's informed
1156 consent, or upon or in the presence of a minor. The term
1157 includes, but is not limited to, the acts defined in s.
1158 794.011(1)(j), fondling, exposure of a vulnerable adult's or
1159 minor's sexual organs, or the use of the vulnerable adult or
1160 minor to solicit for or engage in prostitution or sexual
1161 performance. The term does not include any act intended for a
1162 valid medical purpose or any act which may reasonably be
1163 construed to be a normal caregiving action.

1164 (11) A person who, with malice or with intent to discredit
1165 or harm a licensed facility or any person, makes a false
1166 allegation of sexual misconduct against a member of a licensed
1167 facility's staff commits a misdemeanor of the second degree,
1168 punishable as provided in s. 775.082 or s. 775.083.

1169 (12) In addition to any penalty imposed pursuant to this
1170 section or part II of chapter 408, the agency shall require a
1171 written plan of correction from the licensed facility. For a
1172 single incident or series of isolated incidents that are
1173 nonwillful violations of the reporting requirements of this
1174 section or part II of chapter 408, the agency shall first seek
1175 to obtain corrective action by the licensed facility. If the

1176 correction is not demonstrated within the timeframe established
1177 by the agency or if there is a pattern of nonwillful violations
1178 of this section or part II of chapter 408, the agency may impose
1179 an administrative fine, not to exceed \$5,000 for any violation
1180 of the reporting requirements of this section or part II of
1181 chapter 408. The administrative fine for repeated nonwillful
1182 violations may not exceed \$10,000 for any violation. The
1183 administrative fine for each intentional and willful violation
1184 may not exceed \$25,000 per violation, per day. The fine for an
1185 intentional and willful violation of this section or part II of
1186 chapter 408 may not exceed \$250,000. In determining the amount
1187 of fine to be levied, the agency shall be guided by s.
1188 396.219(2)(b).

1189 (13) The agency shall be given access to all licensed
1190 facility records necessary to carry out this section. The
1191 records obtained by the agency under subsection (6), subsection
1192 (7), or subsection (9) are not available to the public under s.
1193 119.07(1), nor discoverable or admissible in any civil or
1194 administrative action, except in disciplinary proceedings by the
1195 agency or the appropriate regulatory board, nor are records
1196 obtained pursuant to s. 456.071 available to the public as part
1197 of the record of investigation for and prosecution in
1198 disciplinary proceedings made available to the public by the
1199 agency or the appropriate regulatory board. However, the agency
1200 or the appropriate regulatory board shall make available, upon

1201 written request by a health care practitioner against whom
 1202 probable cause has been found, any such records that form the
 1203 basis of the determination of probable cause, except that, with
 1204 respect to medical review committee records, s. 766.101
 1205 controls.

1206 (14) The meetings of the committees and governing board of
 1207 a licensed facility held solely for the purpose of achieving the
 1208 objectives of risk management as provided by this section may
 1209 not be open to the public under chapter 286. The records of such
 1210 meetings are confidential and exempt from s. 119.07(1), except
 1211 as provided in subsection (13).

1212 (15) The agency shall review, as part of its licensure
 1213 review process, the internal risk management program at each
 1214 licensed facility regulated by this section to determine whether
 1215 the program meets standards established in statutes and rules,
 1216 whether the program is being conducted in a manner designed to
 1217 reduce adverse incidents, and whether the program is
 1218 appropriately reporting incidents under this section.

1219 (16) There is no monetary liability on the part of, and no
 1220 cause of action for damages may arise against, any risk manager
 1221 for the implementation and oversight of the internal risk
 1222 management program in a facility licensed under this chapter as
 1223 required by this section, for any act or proceeding undertaken
 1224 or performed within the scope of the functions of such internal
 1225 risk management program, if the risk manager acts without

1226 intentional fraud.

1227 (17) A privilege against civil liability is granted to any
1228 risk manager or licensed facility with regard to information
1229 furnished pursuant to this chapter, unless the risk manager or
1230 facility acted in bad faith or with malice in providing such
1231 information.

1232 (18) If the agency, through its receipt of any report
1233 required under this section or through any investigation, has a
1234 reasonable belief that conduct by a staff member or employee of
1235 a licensed facility is grounds for disciplinary action by the
1236 appropriate regulatory board, the agency must report this fact
1237 to such regulatory board.

1238 (19) It is unlawful for any person to coerce, intimidate,
1239 or preclude a risk manager from lawfully executing his or her
1240 reporting obligations pursuant to this chapter. Such unlawful
1241 action is subject to civil monetary penalties not to exceed
1242 \$10,000 per violation.

1243 **Section 14. Section 396.214, Florida Statutes, is created**
1244 **to read:**

1245 396.214 Identification, segregation, and separation of
1246 biomedical waste.—Each licensed facility shall comply with the
1247 requirements in s. 381.0098 relating to biomedical waste. Any
1248 transporter or potential transporter of such waste must be
1249 notified of the existence and locations of such waste.

1250 **Section 15. Section 396.215, Florida Statutes, is created**

1251 **to read:**

1252 396.215 Patient safety.—

1253 (1) Each licensed facility shall adopt a patient safety
1254 plan. A plan adopted to implement the requirements of 42 C.F.R.
1255 s. 416.43 is deemed to comply with this requirement.

1256 (2) Each licensed facility shall appoint a patient safety
1257 officer and a patient safety committee, which must include at
1258 least one person who is neither employed by nor practicing at
1259 the facility, for the purpose of promoting the health and safety
1260 of patients, reviewing and evaluating the quality of patient
1261 safety measures used by the facility, and assisting in the
1262 implementation of the facility patient safety plan.

1263 (3) Each licensed facility shall, at least biennially,
1264 conduct a patient safety culture survey using the applicable
1265 Survey on Patient Safety Culture developed by the federal Agency
1266 for Healthcare Research and Quality. Each licensed facility
1267 shall conduct the survey anonymously to encourage completion of
1268 the survey by staff working in or employed by the facility. Each
1269 licensed facility may contract to administer the survey. Each
1270 licensed facility shall biennially submit the survey data to the
1271 agency in a format specified by rule, which must include the
1272 survey participation rate. Each licensed facility may develop an
1273 internal action plan between conducting surveys to identify
1274 measures to improve the survey and submit the plan to the
1275 agency.

1276 (4) Each licensed facility shall:

1277 (a) Develop and implement policies and procedures for the
1278 rendering of appropriate medical care for persons at risk of
1279 forming venous thromboembolisms which reflect evidence-based
1280 best practices relating to, at a minimum:

1281 1. Assessing patients for risk of venous thromboembolism
1282 using a nationally recognized risk assessment tool.

1283 2. Treatment options for a patient diagnosed with venous
1284 thromboembolism.

1285 (b) Train all nonphysician personnel at least annually on
1286 the policies and procedures developed under this subsection. For
1287 purposes of this subsection, the term "nonphysician personnel"
1288 means all personnel of the licensed facility working in clinical
1289 areas and providing patient care, except licensed health care
1290 practitioners.

1291 **Section 16. Section 396.216, Florida Statutes, is created**
1292 **to read:**

1293 396.216 Cases of child abuse, abandonment, or neglect;
1294 duties.—Each licensed facility shall adopt protocols that, at a
1295 minimum, require the facility to:

1296 (1) Incorporate a facility policy that every staff member
1297 has an affirmative duty to report, pursuant to chapter 39, any
1298 actual or suspected case of child abuse, abandonment, or
1299 neglect; and

1300 (2) In any case involving suspected child abuse,

1301 abandonment, or neglect, designate, at the request of the
 1302 Department of Children and Families, a staff physician to act as
 1303 a liaison between the licensed facility and the Department of
 1304 Children and Families office that is investigating the suspected
 1305 abuse, abandonment, or neglect, and the Child Protection Team,
 1306 as defined in s. 39.01, when the case is referred to such a
 1307 team.

1308 **Section 17. Section 396.217, Florida Statutes, is created**
 1309 **to read:**

1310 396.217 Duty to notify patients.—An appropriately trained
 1311 person designated by each licensed facility shall inform each
 1312 patient, or an individual identified pursuant to s. 765.401(1),
 1313 in person about adverse incidents that result in serious harm to
 1314 the patient. Notifications of outcomes of care that result in
 1315 harm to the patient under this section do not constitute an
 1316 acknowledgment or admission of liability, and may not be
 1317 introduced as evidence.

1318 **Section 18. Section 396.218, Florida Statutes, is created**
 1319 **to read:**

1320 396.218 Rules and enforcement.—
 1321 (1) The agency shall adopt rules pursuant to ss.
 1322 120.536(1) and 120.54 to implement this chapter, which must
 1323 include reasonable and fair minimum standards for ensuring that:
 1324 (a) Sufficient numbers and qualified types of personnel
 1325 and occupational disciplines are on duty and available at all

1326 times to provide necessary and adequate patient care and safety.

1327 (b) Infection control, housekeeping, sanitary conditions,
1328 and medical record procedures that will adequately protect
1329 patient care and safety are established and implemented.

1330 (c) A comprehensive emergency management plan is prepared
1331 and updated annually. Standards for such plans must be included
1332 in the rules adopted by the agency after consulting with the
1333 Division of Emergency Management. At a minimum, the rules must
1334 provide for plan components that address emergency evacuation
1335 transportation; adequate sheltering arrangements; postdisaster
1336 activities, including emergency power, food, and water;
1337 postdisaster transportation; supplies; staffing; emergency
1338 equipment; individual identification of residents and transfer
1339 of records; and responding to family inquiries. The
1340 comprehensive emergency management plan is subject to review and
1341 approval by the local emergency management agency. During its
1342 review, the local emergency management agency shall ensure that
1343 the following agencies, at a minimum, are given the opportunity
1344 to review the plan: the Agency for Health Care Administration,
1345 the Department of Elderly Affairs, the Department of Health, and
1346 the Division of Emergency Management. Also, appropriate
1347 volunteer organizations must be given the opportunity to review
1348 the plan. The local emergency management agency shall complete
1349 its review within 60 days and either approve the plan or advise
1350 the licensed facility of necessary revisions.

1351 (d) Licensed facilities are established, organized, and
1352 operated consistently with established standards and rules.

1353 (e) Licensed facility beds conform to minimum space,
1354 equipment, and furnishings standards as specified by the agency.

1355 (f) Each licensed facility has a quality improvement
1356 program designed to enhance quality of care and to emphasize
1357 quality patient outcomes, corrective action for problems,
1358 governing board review, and reporting to the agency of
1359 standardized data elements necessary to analyze quality of care
1360 outcomes. The agency shall use existing data, when available,
1361 and may not duplicate the efforts of other state agencies in
1362 order to obtain such data.

1363 (g) Licensed facilities make available on their websites,
1364 and in a hard copy format upon request, a description of and a
1365 link to the patient charge and performance outcome data
1366 collected from licensed facilities pursuant to s. 408.061.

1367 (2) The agency shall adopt rules that establish minimum
1368 standards for pediatric patient care in ambulatory surgical
1369 centers to ensure the safe and effective delivery of surgical
1370 care to children. Such standards must include quality of care,
1371 nurse staffing, physician staffing, and equipment standards.
1372 Ambulatory surgical centers may not provide operative procedures
1373 to children under 18 years of age which require a length of stay
1374 past midnight unless such standards are established by rule.

1375 (3) Any rule adopted under this chapter by the agency may

1376 not deny a license to a facility required to be licensed under
1377 this chapter solely by reason of the school or system of
1378 practice employed or permitted to be employed by physicians
1379 therein, provided that such school or system of practice is
1380 recognized by the laws of this state. However, this subsection
1381 does not limit the powers of the agency to provide and require
1382 minimum standards for the maintenance and operation of, and for
1383 the treatment of patients in, those licensed facilities that
1384 receive federal aid, in order to meet minimum standards related
1385 to such matters in such licensed facilities which may now or
1386 hereafter be required by appropriate federal officers or
1387 agencies pursuant to federal law or rules adopted pursuant
1388 thereto.

1389 (4) Any licensed facility that is in operation at the time
1390 of adoption of any applicable rule under this chapter must be
1391 given a reasonable time, under the particular circumstances, but
1392 not to exceed 1 year after the date of such adoption, within
1393 which to comply with such rule.

1394 (5) The agency may not adopt any rule governing the
1395 design, construction, erection, alteration, modification,
1396 repair, or demolition of any ambulatory surgical center. It is
1397 the intent of the Legislature to preempt that function to the
1398 Florida Building Commission and the State Fire Marshal through
1399 adoption and maintenance of the Florida Building Code and the
1400 Florida Fire Prevention Code. However, the agency shall provide

1401 technical assistance to the commission and the State Fire
 1402 Marshal in updating the construction standards of the Florida
 1403 Building Code and the Florida Fire Prevention Code which govern
 1404 ambulatory surgical centers.

1405 **Section 19. Section 396.219, Florida Statutes, is created**
 1406 **to read:**

1407 396.219 Criminal and administrative penalties;
 1408 moratorium.-

1409 (1) In addition to the penalties provided in s. 408.812, a
 1410 person establishing, conducting, managing, or operating any
 1411 facility without a license under this chapter commits a
 1412 misdemeanor and, upon conviction, shall be fined not more than
 1413 \$500 for the first offense and not more than \$1,000 for each
 1414 subsequent offense, and each day of continuing violation after
 1415 conviction is considered a separate offense.

1416 (2) (a) The agency may impose an administrative fine, not
 1417 to exceed \$1,000 per violation, per day, for the violation of
 1418 any provision of this chapter, part II of chapter 408, or
 1419 applicable rules. Each day of violation constitutes a separate
 1420 violation and is subject to a separate fine.

1421 (b) In determining the amount of fine to be levied for a
 1422 violation, as provided in paragraph (a), the following factors
 1423 must be considered:

1424 1. The severity of the violation, including the
 1425 probability that death or serious harm to the health or safety

1426 of any person will result or has resulted, the severity of the
1427 actual or potential harm, and the extent to which the provisions
1428 of this chapter were violated.

1429 2. Actions taken by the licensee to correct the violations
1430 or to remedy complaints.

1431 3. Any previous violations of the licensee.

1432 (c) The agency may impose an administrative fine for the
1433 violation of s. 641.3154 or, if sufficient claims due a provider
1434 from a health maintenance organization do not exist to enable
1435 the take-back of an overpayment, as provided under s.
1436 641.3155(5), for the violation of s. 641.3155(5). The
1437 administrative fine for a violation cited in this paragraph
1438 shall be in the amounts specified in s. 641.52(5), and paragraph
1439 (a) does not apply.

1440 (3) In accordance with part II of chapter 408, the agency
1441 may impose an immediate moratorium on elective admissions to any
1442 licensed facility, building, or portion thereof, or service,
1443 when the agency determines that any condition in the licensed
1444 facility presents a threat to public health or safety.

1445 (4) The agency shall impose a fine of \$500 for each
1446 instance of the licensed facility's failure to provide the
1447 information required by rules adopted pursuant to s.
1448 396.218(1)(g).

1449 **Section 20. Section 396.221, Florida Statutes, is created**
1450 **to read:**

1451 396.221 Powers and duties of the agency.—The agency shall:
 1452 (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to
 1453 implement this chapter and part II of chapter 408 conferring
 1454 duties upon it.

1455 (2) Enforce the special-occupancy provisions of the
 1456 Florida Building Code which apply to ambulatory surgical centers
 1457 in conducting any inspection authorized by this chapter and part
 1458 II of chapter 408.

1459 **Section 21. Section 396.222, Florida Statutes, is created**
 1460 **to read:**

1461 396.222 Price transparency; itemized patient statement or
 1462 bill; patient admission status notification.—

1463 (1) A facility licensed under this chapter shall provide
 1464 timely and accurate financial information and quality of service
 1465 measures to patients and prospective patients of the facility,
 1466 or to patients' survivors or legal guardians, as appropriate.
 1467 Such information must be provided in accordance with this
 1468 section and rules adopted by the agency pursuant to this chapter
 1469 and s. 408.05.

1470 (a) Each licensed facility shall make available to the
 1471 public on its website information on payments made to that
 1472 facility for defined bundles of services and procedures. The
 1473 payment data must be presented and searchable in accordance
 1474 with, and through a hyperlink to, the system established by the
 1475 agency and its vendor using the descriptive service bundles

1476 developed under s. 408.05(3)(c). At a minimum, the licensed
1477 facility shall provide the estimated average payment received
1478 from all payors, excluding Medicaid and Medicare, for the
1479 descriptive service bundles available at that facility and the
1480 estimated payment range for such bundles. Using plain language,
1481 comprehensible to an ordinary layperson, the licensed facility
1482 shall disclose that the information on average payments and the
1483 payment ranges is an estimate of costs that may be incurred by
1484 the patient or prospective patient and that actual costs will be
1485 based on the services actually provided to the patient. The
1486 licensed facility's website must:

1487 1. Provide information to prospective patients on the
1488 licensed facility's financial assistance policy, including the
1489 application process, payment plans, and discounts, and the
1490 facility's charity care policy and collection procedures.

1491 2. If applicable, notify patients and prospective patients
1492 that services may be provided in the licensed facility by that
1493 facility as well as by other health care providers who may
1494 separately bill the patient and that such health care providers
1495 may or may not participate with the same health insurers or
1496 health maintenance organizations as the facility.

1497 3. Inform patients and prospective patients that they may
1498 request from the licensed facility and other health care
1499 providers a more personalized estimate of charges and other
1500 information, and inform patients that they should contact each

1501 health care practitioner who will provide services in the
1502 facility to determine the health insurers and health maintenance
1503 organizations with which the health care practitioner
1504 participates as a network provider or preferred provider.

1505 4. Provide the names, mailing addresses, and telephone
1506 numbers of the health care practitioners and medical practice
1507 groups with which it contracts to provide services in the
1508 licensed facility and instructions on how to contact the
1509 practitioners and groups to determine the health insurers and
1510 health maintenance organizations with which they participate as
1511 network providers or preferred providers.

1512 (b) Each licensed facility shall post on its website a
1513 consumer-friendly list of standard charges for at least 300
1514 shoppable health care services, or an Internet-based price
1515 estimator tool that meets federal standards. If a licensed
1516 facility provides fewer than 300 distinct shoppable health care
1517 services, it must make available on its website the standard
1518 charges for each service it provides. As used in this paragraph,
1519 the term:

1520 1. "Shoppable health care service" means a service that
1521 can be scheduled by a health care consumer in advance. The term
1522 includes, but is not limited to, the services described in s.
1523 627.6387(2)(e) and any services defined in regulations or
1524 guidance issued by the United States Department of Health and
1525 Human Services.

1526 2. "Standard charge" has the same meaning as that term is
 1527 defined in regulations or guidance issued by the United States
 1528 Department of Health and Human Services for purposes of
 1529 ambulatory surgical center price transparency.

1530 (c)1. Before providing any nonemergency medical service,
 1531 each licensed facility shall provide in writing or by electronic
 1532 means a good faith estimate of reasonably anticipated charges
 1533 for the treatment of a patient's or prospective patient's
 1534 specific condition. The licensed facility is not required to
 1535 adjust the estimate for any potential insurance coverage. The
 1536 licensed facility must provide the estimate to the patient's
 1537 health insurer, as defined in s. 627.446(1), and the patient at
 1538 least 3 business days before the date such service is to be
 1539 provided, but no later than 1 business day after the date such
 1540 service is scheduled or, in the case of a service scheduled at
 1541 least 10 business days in advance, no later than 3 business days
 1542 after the date the service is scheduled. The licensed facility
 1543 shall provide the estimate to the patient no later than 3
 1544 business days after the date the patient requests an estimate.
 1545 The estimate may be based on the descriptive service bundles
 1546 developed by the agency under s. 408.05(3)(c) unless the patient
 1547 or prospective patient requests a more personalized and specific
 1548 estimate that accounts for the specific condition and
 1549 characteristics of the patient or prospective patient. The
 1550 licensed facility shall inform the patient or prospective

1551 patient that he or she may contact his or her health insurer for
1552 additional information concerning cost-sharing responsibilities.

1553 2. In the estimate, the licensed facility shall provide to
1554 the patient or prospective patient information on the facility's
1555 financial assistance policy, including the application process,
1556 payment plans, and discounts and the facility's charity care
1557 policy and collection procedures.

1558 3. The estimate must clearly identify any facility fee
1559 and, if applicable, include a statement notifying the patient or
1560 prospective patient that a facility fee is included in the
1561 estimate, the purpose of the fee, and that the patient may pay
1562 less for the procedure or service at another facility or in
1563 another health care setting.

1564 4. The licensed facility shall notify the patient or
1565 prospective patient of any revision to the estimate.

1566 5. In the estimate, the licensed facility shall notify the
1567 patient or prospective patient that services may be provided by
1568 the facility as well as by other health care providers that may
1569 separately bill the patient, if applicable.

1570 6. Failure to timely provide the estimate pursuant to this
1571 paragraph shall result in a daily fine of \$1,000 until the
1572 estimate is provided to the patient or prospective patient and
1573 the health insurer. The total fine per patient estimate may not
1574 exceed \$10,000.

1575 (d) Each licensed facility shall make available on its

1576 website a hyperlink to the health-related data, including
1577 quality measures and statistics that are disseminated by the
1578 agency pursuant to s. 408.05. The licensed facility shall also
1579 take action to notify the public that such information is
1580 electronically available and provide a hyperlink to the agency's
1581 website.

1582 (e)1. Upon request, and after the patient's discharge or
1583 release from a licensed facility, the facility shall provide to
1584 the patient or to the patient's survivor or legal guardian, as
1585 applicable, an itemized statement or a bill detailing in plain
1586 language, comprehensible to an ordinary layperson, the specific
1587 nature of charges or expenses incurred by the patient. The
1588 initial statement or bill must be provided within 7 days after
1589 the patient's discharge or release or after a request for such
1590 statement or bill, whichever is later. The initial statement or
1591 bill must contain a statement of specific services received and
1592 expenses incurred by date and provider for such services,
1593 enumerating in detail as prescribed by the agency the
1594 constituent components of the services received within each
1595 department of the licensed facility and including unit price
1596 data on rates charged by the licensed facility. The statement or
1597 bill must also clearly identify any facility fee and explain the
1598 purpose of the fee. The statement or bill must identify each
1599 item as paid, pending payment by a third party, or pending
1600 payment by the patient, and must include the amount due, if

1601 applicable. If an amount is due from the patient, a due date
1602 must be included. The initial statement or bill must direct the
1603 patient or the patient's survivor or legal guardian, as
1604 applicable, to contact the patient's insurer or health
1605 maintenance organization regarding the patient's cost-sharing
1606 responsibilities.

1607 2. Any subsequent statement or bill provided to a patient
1608 or to the patient's survivor or legal guardian, as applicable,
1609 relating to the episode of care must include all of the
1610 information required by subparagraph 1., with any revision
1611 clearly delineated.

1612 3. Each statement or bill provided pursuant to this
1613 subsection:

1614 a. Must include notice of physicians and other health care
1615 providers who bill separately.

1616 b. May not include any generalized category of expenses
1617 such as "other" or "miscellaneous" or similar categories.

1618 (2) Each itemized statement or bill must prominently
1619 display the telephone number of the licensed facility's patient
1620 liaison who is responsible for expediting the resolution of any
1621 billing dispute between the patient, or the patient's survivor
1622 or legal guardian, and the billing department.

1623 (3) A licensed facility shall make available to a patient
1624 or his or her survivor or legal guardian all records necessary
1625 for verification of the accuracy of the patient's statement or

1626 bill within 10 business days after the request for such records.
1627 The records must be made available in the licensed facility's
1628 offices and through electronic means that comply with the Health
1629 Insurance Portability and Accountability Act of 1996, 42 U.S.C.
1630 s. 1320d, as amended. Such records must be available before and
1631 after payment of the statement or bill. The licensed facility
1632 may not charge the patient or his or her survivor or legal
1633 guardian for making such verification records available;
1634 however, the facility may charge fees for providing copies of
1635 records as specified in s. 396.225(1).

1636 (4) Each licensed facility shall establish a method for
1637 reviewing and responding to questions from patients or their
1638 survivors or legal guardians concerning the patient's itemized
1639 statement or bill. Such response must be provided within 7
1640 business days after the date a question is received. If the
1641 patient is not satisfied with the response, the facility must
1642 provide the patient or his or her survivor or legal guardian
1643 with the contact information of the agency to which the issue
1644 may be sent for review.

1645 (5) Each licensed facility shall establish an internal
1646 process for reviewing and responding to grievances from
1647 patients. Such process must allow a patient or his or her
1648 survivor or legal guardian to dispute charges that appear on the
1649 patient's itemized statement or bill. The licensed facility
1650 shall prominently post on its website and indicate in bold print

1651 on each itemized statement or bill the instructions for
1652 initiating a grievance and the direct contact information
1653 required to initiate the grievance process. The licensed
1654 facility shall provide an initial response to a patient
1655 grievance within 7 business days after the patient or his or her
1656 survivor or legal guardian formally files a grievance disputing
1657 all or a portion of an itemized statement or bill.

1658 (6) Each licensed facility shall disclose to a patient, a
1659 prospective patient, or a patient's legal guardian whether a
1660 cost-sharing obligation for a particular covered health care
1661 service or item exceeds the charge that applies to an individual
1662 who pays cash or the cash equivalent for the same health care
1663 service or item in the absence of health insurance coverage.
1664 Failure to provide a disclosure in compliance with this
1665 subsection may result in a fine not to exceed \$500 per incident.

1666 **Section 22. Section 396.223, Florida Statutes, is created**
1667 **to read:**

1668 396.223 Billing and collection activities.—

1669 (1) As used in this section, the term "extraordinary
1670 collection action" means any of the following actions taken by a
1671 licensed facility against an individual in relation to obtaining
1672 payment of a bill for care:

1673 (a) Selling the individual's debt to another party.

1674 (b) Reporting adverse information about the individual to
1675 consumer credit reporting agencies or credit bureaus.

1676 (c) Actions that require a legal or judicial process,
 1677 including, but not limited to:
 1678 1. Placing a lien on the individual's property;
 1679 2. Foreclosing on the individual's real property;
 1680 3. Attaching or seizing the individual's bank account or
 1681 any other personal property;
 1682 4. Commencing a civil action against the individual;
 1683 5. Causing the individual's arrest; or
 1684 6. Garnishing the individual's wages.
 1685 (2) A licensed facility may not engage in an extraordinary
 1686 collection action against an individual to obtain payment for
 1687 services:
 1688 (a) Before the licensed facility has made reasonable
 1689 efforts to determine whether the individual is eligible for
 1690 assistance under its financial assistance policy for the care
 1691 provided and, if eligible, before a decision is made by the
 1692 facility on the patient's application for such financial
 1693 assistance.
 1694 (b) Before the licensed facility has provided the
 1695 individual with an itemized statement or bill.
 1696 (c) During an ongoing grievance process as described in s.
 1697 395.301(6) or an ongoing appeal of a claim adjudication.
 1698 (d) Before billing any applicable insurer and allowing the
 1699 insurer to adjudicate a claim.
 1700 (e) For 30 days after notifying the patient in writing, by

1701 certified mail or by other traceable delivery method, that a
1702 collection action will commence absent additional action by the
1703 patient. This paragraph does not apply to a sale of debt
1704 governed by a contract executed by the facility which provides
1705 that the debt may not incur interest or fees and that no other
1706 extraordinary collection actions may be taken by the purchaser
1707 of the debt which could otherwise be taken by the licensed
1708 facility, as described in subsection (1), and that the debt will
1709 be returned to the facility if the debt buyer determines the
1710 individual is eligible for assistance under the facility's
1711 financial assistance policy.

1712 (f) While the individual:

1713 1. Negotiates in good faith the final amount of a bill for
1714 services rendered; or

1715 2. Complies with all terms of a payment plan with the
1716 licensed facility.

1717 **Section 23. Section 396.224, Florida Statutes, is created**
1718 **to read:**

1719 396.224 Patient records; penalties for alteration.—

1720 (1) A person who fraudulently alters, defaces, or
1721 falsifies any medical record, or causes or procures any of these
1722 offenses to be committed, commits a misdemeanor of the second
1723 degree, punishable as provided in s. 775.082 or s. 775.083.

1724 (2) A conviction under subsection (1) is also grounds for
1725 restriction, suspension, or termination of a license.

1726 **Section 24. Section 396.225, Florida Statutes, is created**
1727 **to read:**

1728 396.225 Patient and personnel records; copies;
1729 examination.—

1730 (1) A licensed facility shall, upon written request, and
1731 only after discharge of the patient, furnish, in a timely
1732 manner, without delays for legal review, to any person admitted
1733 to the licensed facility for care and treatment or treated at
1734 the licensed facility, or to any such person's guardian,
1735 curator, or personal representative, or in the absence of one of
1736 those persons, to the next of kin of a decedent or the parent of
1737 a minor, or to anyone designated by such person in writing, a
1738 true and correct copy of all patient records, including X rays,
1739 and insurance information concerning such person, which records
1740 are in the possession of the licensed facility, provided that
1741 the person requesting such records agrees to pay a charge. The
1742 exclusive charge for copies of patient records may include sales
1743 tax and actual postage, and, except for nonpaper records that
1744 are subject to a charge not to exceed \$2, may not exceed \$1 per
1745 page. A fee of up to \$1 may be charged for each year of records
1746 requested. These charges apply to all records furnished, whether
1747 directly from the licensed facility or from a copy service
1748 providing these services on behalf of the licensed facility.
1749 However, a patient whose records are copied or searched for the
1750 purpose of continuing to receive medical care is not required to

1751 pay a charge for copying or for the search. The licensed
1752 facility shall further allow any such person to examine the
1753 original records in its possession, or microforms or other
1754 suitable reproductions of the records, upon such reasonable
1755 terms as must be imposed to ensure that the records will not be
1756 damaged, destroyed, or altered.

1757 (2) Patient records are confidential and may not be
1758 disclosed without the consent of the patient or his or her legal
1759 representative, but appropriate disclosure may be made without
1760 such consent to:

1761 (a) Licensed facility personnel, attending physicians, or
1762 other health care practitioners and providers currently involved
1763 in the care or treatment of the patient for use only in
1764 connection with the treatment of the patient.

1765 (b) Licensed facility personnel only for administrative
1766 purposes or risk management and quality assurance functions.

1767 (c) The agency, for purposes of health care cost
1768 containment.

1769 (d) In any civil or criminal action, unless otherwise
1770 prohibited by law, upon the issuance of a subpoena from a court
1771 of competent jurisdiction and proper notice by the party seeking
1772 such records to the patient or his or her legal representative.

1773 (e) The department upon a subpoena issued pursuant to s.
1774 456.071, but the records obtained must be used solely for the
1775 purpose of the department and the appropriate regulatory board

1776 in its investigation, prosecution, and appeal of disciplinary
1777 proceedings. If the department requests copies of the records,
1778 the licensed facility must charge no more than its actual
1779 copying costs, including reasonable staff time. The records must
1780 be sealed and must not be available to the public pursuant to s.
1781 119.07(1) or any other statute providing access to records, nor
1782 may they be available to the public as part of the record of
1783 investigation for and prosecution in disciplinary proceedings
1784 made available to the public by the department or the
1785 appropriate regulatory board. However, the department shall make
1786 available, upon written request by a health care practitioner
1787 against whom probable cause has been found, any such record that
1788 forms the basis of the determination of probable cause.

1789 (f) The Medicaid Fraud Control Unit in the Department of
1790 Legal Affairs pursuant to s. 409.920.

1791 (g) The Department of Financial Services, or an agent,
1792 employee, or independent contractor of the department who is
1793 auditing for unclaimed property pursuant to chapter 717.

1794 (h) If applicable to a licensed facility, a regional
1795 poison control center for purposes of treating a poison episode
1796 under evaluation, case management of poison cases, or compliance
1797 with data collection and reporting requirements of s. 395.1027
1798 and the professional organization that certifies poison control
1799 centers in accordance with federal law.

1800 (i) The Department of Children and Families, its agent, or

1801 its contracted entity, for the purposes of investigations of or
1802 services for cases of abuse, neglect, or exploitation of
1803 children or vulnerable adults.

1804 (j) Organ procurement organizations, tissue banks, and eye
1805 banks required to conduct death records reviews pursuant to s.
1806 395.2050.

1807 (3) The Department of Health may examine patient records
1808 of a licensed facility, whether held by the licensed facility or
1809 the agency, for the purpose of epidemiological investigations.
1810 The unauthorized release of information by agents of the
1811 department which would identify an individual patient is a
1812 misdemeanor of the first degree, punishable as provided in s.
1813 775.082 or s. 775.083.

1814 (4) Patient records must contain information required for
1815 completion of birth, death, and fetal death certificates.

1816 (5) (a) If the content of any record of patient treatment
1817 is provided under this section, the recipient, if other than the
1818 patient or the patient's representative, may use such
1819 information only for the purpose provided and may not further
1820 disclose any information to any other person or entity, unless
1821 expressly permitted by the written consent of the patient. A
1822 general authorization for the release of medical information is
1823 not sufficient for this purpose. The content of such patient
1824 treatment record is confidential and exempt from s. 119.07(1)
1825 and s. 24(a), Art. I of the State Constitution.

1826 (b) Absent a specific written release or authorization
1827 permitting utilization of patient information for solicitation
1828 or marketing the sale of goods or services, any use of patient
1829 information for those purposes is prohibited.

1830 (6) A licensed facility may prescribe the content and
1831 custody of limited-access records that the facility may maintain
1832 on its employees. Such records are limited to information
1833 regarding evaluations of employee performance, including records
1834 forming the basis for evaluation and subsequent actions, and
1835 must be open to inspection only by the employee and by officials
1836 of the licensed facility who are responsible for the supervision
1837 of the employee. The custodian of limited-access employee
1838 records shall release information from such records to other
1839 employers or only upon authorization in writing from the
1840 employee or upon order of a court of competent jurisdiction. Any
1841 licensed facility releasing such records pursuant to this
1842 chapter is considered to be acting in good faith and may not be
1843 held liable for information contained in such records, absent a
1844 showing that the facility maliciously falsified such records.
1845 Such limited-access employee records are exempt from s.
1846 119.07(1) for a period of 5 years after the date such records
1847 are designated limited-access records.

1848 (7) The home addresses, telephone numbers, and photographs
1849 of employees of any licensed facility who provide direct patient
1850 care or security services; the home addresses, telephone

1851 numbers, and places of employment of the spouses and children of
1852 such persons; and the names and locations of schools and day
1853 care facilities attended by the children of such persons are
1854 confidential and exempt from s. 119.07(1) and s. 24(a), Art. I
1855 of the State Constitution. However, any state or federal agency
1856 that is authorized to have access to such information by any
1857 provision of law shall be granted such access in the furtherance
1858 of its statutory duties, notwithstanding this subsection. The
1859 Department of Financial Services, or an agent, employee, or
1860 independent contractor of the department who is auditing for
1861 unclaimed property pursuant to chapter 717, shall be granted
1862 access to the name, address, and social security number of any
1863 employee owed unclaimed property.

1864 (8) The home addresses, telephone numbers, and photographs
1865 of employees of any licensed facility who have a reasonable
1866 belief, based upon specific circumstances that have been
1867 reported in accordance with the procedure adopted by the
1868 licensed facility, that release of the information may be used
1869 to threaten, intimidate, harass, inflict violence upon, or
1870 defraud the employee or any member of the employee's family; the
1871 home addresses, telephone numbers, and places of employment of
1872 the spouses and children of such persons; and the names and
1873 locations of schools and day care facilities attended by the
1874 children of such persons are confidential and exempt from s.
1875 119.07(1) and s. 24(a), Art. I of the State Constitution.

1876 However, any state or federal agency that is authorized to have
 1877 access to such information by any provision of law shall be
 1878 granted such access in the furtherance of its statutory duties,
 1879 notwithstanding this subsection. The licensed facility shall
 1880 maintain the confidentiality of the personal information only if
 1881 the employee submits a written request for confidentiality to
 1882 the licensed facility.

1883 **Section 25. Subsection (3) of section 39.304, Florida**
 1884 **Statutes, is amended to read:**

1885 39.304 Photographs, medical examinations, X rays, and
 1886 medical treatment of abused, abandoned, or neglected child.—

1887 (3) Any facility licensed under chapter 395 or chapter 396
 1888 shall provide to the department, its agent, or a Child
 1889 Protection Team that contracts with the department any
 1890 photograph or report on examinations made or X rays taken
 1891 pursuant to this section, or copies thereof, for the purpose of
 1892 investigation or assessment of cases of abuse, abandonment,
 1893 neglect, or exploitation of children.

1894 **Section 26. Subsection (4) of section 95.11, Florida**
 1895 **Statutes, is amended to read:**

1896 95.11 Limitations other than for the recovery of real
 1897 property.—Actions other than for recovery of real property shall
 1898 be commenced as follows:

1899 (4) WITHIN THREE YEARS.—An action to collect medical debt
 1900 for services rendered by a facility licensed under chapter 395

1901 or chapter 396, provided that the period of limitations shall
 1902 run from the date on which the facility refers the medical debt
 1903 to a third party for collection.

1904 **Section 27. Section 222.26, Florida Statutes, is amended**
 1905 **to read:**

1906 222.26 Additional exemptions from legal process concerning
 1907 medical debt.—If a debt is owed for medical services provided by
 1908 a facility licensed under chapter 395 or chapter 396, the
 1909 following property is exempt from attachment, garnishment, or
 1910 other legal process in an action on such debt:

1911 (1) A debtor's interest, not to exceed \$10,000 in value,
 1912 in a single motor vehicle as defined in s. 320.01(1).

1913 (2) A debtor's interest in personal property, not to
 1914 exceed \$10,000 in value, if the debtor does not claim or receive
 1915 the benefits of a homestead exemption under s. 4, Art. X of the
 1916 State Constitution.

1917 **Section 28. Paragraph (d) of subsection (3) of section**
 1918 **381.00316, Florida Statutes, is amended to read:**

1919 381.00316 Discrimination by governmental and business
 1920 entities based on health care choices; prohibition.—

1921 (3)

1922 (d) A hospital licensed under chapter 395 or an ambulatory
 1923 surgical center licensed under chapter 396 ~~licensed facility as~~
 1924 ~~defined in s. 395.002~~ may not discriminate in providing health
 1925 care to a patient based solely on that patient's vaccination

1926 status with a COVID-19 vaccine.

1927 **Section 29. Subsections (1) and (2) of section 381.0035,**
 1928 **Florida Statutes, are amended to read:**

1929 381.0035 Educational course on HIV and AIDS; employees and
 1930 clients of certain health care facilities.—

1931 (1) The Department of Health shall require all employees
 1932 and clients of facilities licensed under chapter 393, chapter
 1933 394, or chapter 397 and employees of facilities licensed under
 1934 chapter 395 or chapter 396, part II, part III, or part IV of
 1935 chapter 400, or part I of chapter 429 to complete a one-time
 1936 educational course on the modes of transmission, infection
 1937 control procedures, clinical management, and prevention of human
 1938 immunodeficiency virus and acquired immune deficiency syndrome
 1939 with an emphasis on appropriate behavior and attitude change.
 1940 Such instruction shall include information on current Florida
 1941 law and its impact on testing, confidentiality of test results,
 1942 and treatment of patients and any protocols and procedures
 1943 applicable to human immunodeficiency counseling and testing,
 1944 reporting, the offering of HIV testing to pregnant women, and
 1945 partner notification issues pursuant to ss. 381.004 and 384.25.
 1946 An employee who has completed the educational course required in
 1947 this subsection is not required to repeat the course upon
 1948 changing employment to a different facility licensed under
 1949 chapter 393, chapter 394, chapter 395, chapter 396, chapter 397,
 1950 part II, part III, or part IV of chapter 400, or part I of

1951 chapter 429.

1952 (2) Facilities licensed under chapter 393, chapter 394,
 1953 chapter 395, chapter 396, or chapter 397, part II, part III, or
 1954 part IV of chapter 400, or part I of chapter 429 shall maintain
 1955 a record of employees and dates of attendance at human
 1956 immunodeficiency virus and acquired immune deficiency syndrome
 1957 educational courses.

1958 **Section 30. Paragraph (b) of subsection (2) and subsection**
 1959 **(6) of section 381.026, Florida Statutes, are amended to read:**

1960 381.026 Florida Patient's Bill of Rights and
 1961 Responsibilities.—

1962 (2) DEFINITIONS.—As used in this section and s. 381.0261,
 1963 the term:

1964 (b) "Health care facility" means a facility licensed under
 1965 chapter 395 or chapter 396.

1966 (6) SUMMARY OF RIGHTS AND RESPONSIBILITIES.—Any health
 1967 care provider who treats a patient in an office or any health
 1968 care facility licensed under chapter 395 or chapter 396 that
 1969 provides emergency services and care or outpatient services and
 1970 care to a patient, or admits and treats a patient, shall adopt
 1971 and make available to the patient, in writing, a statement of
 1972 the rights and responsibilities of patients, including the
 1973 following:

1974
 1975 SUMMARY OF THE FLORIDA PATIENT'S BILL

OF RIGHTS AND RESPONSIBILITIES

1976
1977
1978 Florida law requires that your health care provider or
1979 health care facility recognize your rights while you are
1980 receiving medical care and that you respect the health care
1981 provider's or health care facility's right to expect certain
1982 behavior on the part of patients. You may request a copy of the
1983 full text of this law from your health care provider or health
1984 care facility. A summary of your rights and responsibilities
1985 follows:

1986 A patient has the right to be treated with courtesy and
1987 respect, with appreciation of his or her individual dignity, and
1988 with protection of his or her need for privacy.

1989 A patient has the right to a prompt and reasonable response
1990 to questions and requests.

1991 A patient has the right to know who is providing medical
1992 services and who is responsible for his or her care.

1993 A patient has the right to know what patient support
1994 services are available, including whether an interpreter is
1995 available if he or she does not speak English.

1996 A patient has the right to bring any person of his or her
1997 choosing to the patient-accessible areas of the health care
1998 facility or provider's office to accompany the patient while the
1999 patient is receiving inpatient or outpatient treatment or is
2000 consulting with his or her health care provider, unless doing so

2001 would risk the safety or health of the patient, other patients,
 2002 or staff of the facility or office or cannot be reasonably
 2003 accommodated by the facility or provider.

2004 A patient has the right to know what rules and regulations
 2005 apply to his or her conduct.

2006 A patient has the right to be given by the health care
 2007 provider information concerning diagnosis, planned course of
 2008 treatment, alternatives, risks, and prognosis.

2009 A patient has the right to refuse any treatment, except as
 2010 otherwise provided by law.

2011 A patient has the right to be given, upon request, full
 2012 information and necessary counseling on the availability of
 2013 known financial resources for his or her care.

2014 A patient who is eligible for Medicare has the right to
 2015 know, upon request and in advance of treatment, whether the
 2016 health care provider or health care facility accepts the
 2017 Medicare assignment rate.

2018 A patient has the right to receive, upon request, prior to
 2019 treatment, a reasonable estimate of charges for medical care.

2020 A patient has the right to receive a copy of a reasonably
 2021 clear and understandable, itemized bill and, upon request, to
 2022 have the charges explained.

2023 A patient has the right to impartial access to medical
 2024 treatment or accommodations, regardless of race, national
 2025 origin, religion, handicap, or source of payment.

2026 A patient has the right to treatment for any emergency
2027 medical condition that will deteriorate from failure to provide
2028 treatment.

2029 A patient has the right to know if medical treatment is for
2030 purposes of experimental research and to give his or her consent
2031 or refusal to participate in such experimental research.

2032 A patient has the right to express grievances regarding any
2033 violation of his or her rights, as stated in Florida law,
2034 through the grievance procedure of the health care provider or
2035 health care facility which served him or her and to the
2036 appropriate state licensing agency.

2037 A patient is responsible for providing to the health care
2038 provider, to the best of his or her knowledge, accurate and
2039 complete information about present complaints, past illnesses,
2040 hospitalizations, medications, and other matters relating to his
2041 or her health.

2042 A patient is responsible for reporting unexpected changes
2043 in his or her condition to the health care provider.

2044 A patient is responsible for reporting to the health care
2045 provider whether he or she comprehends a contemplated course of
2046 action and what is expected of him or her.

2047 A patient is responsible for following the treatment plan
2048 recommended by the health care provider.

2049 A patient is responsible for keeping appointments and, when
2050 he or she is unable to do so for any reason, for notifying the

2051 health care provider or health care facility.

2052 A patient is responsible for his or her actions if he or
 2053 she refuses treatment or does not follow the health care
 2054 provider's instructions.

2055 A patient is responsible for assuring that the financial
 2056 obligations of his or her health care are fulfilled as promptly
 2057 as possible.

2058 A patient is responsible for following health care facility
 2059 rules and regulations affecting patient care and conduct.

2060 **Section 31. Paragraph (f) of subsection (3), paragraph (a)**
 2061 **of subsection (6), and paragraph (b) of subsection (7) of**
 2062 **section 381.028, Florida Statutes, are amended to read:**

2063 381.028 Adverse medical incidents.—

2064 (3) DEFINITIONS.—As used in s. 25, Art. X of the State
 2065 Constitution and this act, the term:

2066 (f) "Health care facility" means a facility licensed under
 2067 chapter 395 or chapter 396.

2068 (6) USE OF RECORDS.—

2069 (a) This section does not repeal or otherwise alter any
 2070 existing restrictions on the discoverability or admissibility of
 2071 records relating to adverse medical incidents otherwise provided
 2072 by law, including, but not limited to, those contained in ss.
 2073 395.0191, 395.0193, 395.0197, 396.211, 396.212, 396.213,
 2074 766.101, and 766.1016, or repeal or otherwise alter any immunity
 2075 provided to, or prohibition against compelling testimony by,

2076 persons providing information or participating in any peer
2077 review panel, medical review committee, hospital committee, or
2078 other hospital board otherwise provided by law, including, but
2079 not limited to, ss. 395.0191, 395.0193, 396.211, 396.212,
2080 766.101, and 766.1016.

2081 (7) PRODUCTION OF RECORDS.—

2082 (b)1. Using the process provided in s. 395.0197 or s.
2083 396.213, as applicable, the health care facility shall be
2084 responsible for identifying records as records of an adverse
2085 medical incident, as defined in s. 25, Art. X of the State
2086 Constitution.

2087 2. Using the process provided in s. 458.351, the health
2088 care provider shall be responsible for identifying records as
2089 records of an adverse medical incident, as defined in s. 25,
2090 Art. X of the State Constitution, occurring in an office
2091 setting.

2092 **Section 32. Paragraph (b) of subsection (9) and paragraph**
2093 **(d) of subsection (12) of section 381.915, Florida Statutes, is**
2094 **amended to read:**

2095 381.915 Casey DeSantis Cancer Research Program.—

2096 (9)

2097 (b) To be eligible for grant funding under this
2098 subsection, a licensed or certified health care provider,
2099 facility, or entity must meet at least one of the following
2100 criteria:

2101 1. Operates as a licensed hospital that has a minimum of
2102 30 percent of its current cancer patients residing in rural or
2103 underserved areas.

2104 2. Operates as a licensed health care clinic or facility
2105 that employs or contracts with at least one physician licensed
2106 under chapter 458 or chapter 459 who is board certified in
2107 oncology and that administers chemotherapy treatments for
2108 cancer.

2109 3. Operates as a licensed facility that employs or
2110 contracts with at least one physician licensed under chapter 458
2111 or chapter 459 who is board certified in oncology and that
2112 administers radiation therapy treatments for cancer.

2113 4. Operates as a licensed health care clinic or facility
2114 that provides cancer screening services at no cost or a minimal
2115 cost to patients.

2116 5. Operates as a rural hospital as defined in s.
2117 395.602(2)(b).

2118 6. Operates as a critical access hospital as defined in s.
2119 408.07(14).

2120 7. Operates as a specialty hospital as defined in s.
2121 395.002(27)(a) ~~s. 395.002(28)(a)~~ which provides cancer treatment
2122 for patients from birth to 18 years of age.

2123 8. Operates as a licensed hospital that is accredited by
2124 the American College of Surgeons as a Comprehensive Community
2125 Cancer Program or Integrated Network Cancer Program.

2126 9. Engages in biomedical research intended to develop
 2127 therapies, medical pharmaceuticals, treatment protocols, or
 2128 medical procedures intended to cure cancer or improve the
 2129 quality of life of cancer patients.

2130 10. Educates or trains students, postdoctoral fellows, or
 2131 licensed or certified health care practitioners in the
 2132 screening, diagnosis, or treatment of cancer.

2133 (12)

2134 (d) Applications for incubator funding may be submitted by
 2135 any Florida-based specialty hospital as defined in s.
 2136 395.002(27)(a) ~~s. 395.002(28)(a)~~ which provides cancer treatment
 2137 for patients from birth to 18 years of age. All qualified
 2138 applicants must have equal access and opportunity to compete for
 2139 research funding. Incubator grants must be recommended by the
 2140 collaborative and awarded by the department on the basis of
 2141 scientific merit, as determined by a competitively open and
 2142 peer-reviewed process to ensure objectivity, consistency, and
 2143 high quality.

2144

2145 **Section 33. Paragraph (d) of subsection (2) of section**
 2146 **383.145, Florida Statutes, is amended to read:**

2147 383.145 Newborn, infant, and toddler hearing screening.—

2148 (2) DEFINITIONS.—As used in this section, the term:

2149 (d) "Hospital" means a facility as defined in s. 395.002
 2150 ~~s. 395.002(13)~~ and licensed under chapter 395 and part II of

2151 chapter 408.

2152 **Section 34. Subsection (1) of section 385.202, Florida**
 2153 **Statutes, is amended to read:**

2154 385.202 Statewide cancer registry.—

2155 (1) Each facility licensed under chapter 395 or chapter
 2156 396 and each freestanding radiation therapy center as defined in
 2157 s. 408.07 shall report to the Department of Health such
 2158 information, specified by the department, by rule, which
 2159 indicates diagnosis, stage of disease, medical history,
 2160 laboratory data, tissue diagnosis, and radiation, surgical, or
 2161 other methods of diagnosis or treatment for each cancer
 2162 diagnosed or treated by the facility or center. Failure to
 2163 comply with this requirement may be cause for registration or
 2164 licensure suspension or revocation.

2165 **Section 35. Subsection (2) of section 385.211, Florida**
 2166 **Statutes, is amended to read:**

2167 385.211 Refractory and intractable epilepsy treatment and
 2168 research at recognized medical centers.—

2169 (2) Notwithstanding chapter 893, medical centers
 2170 recognized pursuant to s. 381.925, or an academic medical
 2171 research institution legally affiliated with a licensed
 2172 children's specialty hospital as defined in s. 395.002 which ~~s.~~
 2173 ~~395.002(28)~~ that contracts with the Department of Health, may
 2174 conduct research on cannabidiol and low-THC cannabis. This
 2175 research may include, but is not limited to, the agricultural

2176 development, production, clinical research, and use of liquid
2177 medical derivatives of cannabidiol and low-THC cannabis for the
2178 treatment for refractory or intractable epilepsy. The authority
2179 for recognized medical centers to conduct this research is
2180 derived from 21 C.F.R. parts 312 and 316. Current state or
2181 privately obtained research funds may be used to support the
2182 activities described in this section.

2183 **Section 36. Subsection (8) of section 390.011, Florida**
2184 **Statutes, is amended to read:**

2185 390.011 Definitions.—As used in this chapter, the term:

2186 (8) "Hospital" means a facility as defined in s. 395.002
2187 ~~s. 395.002(12)~~ and licensed under chapter 395 and part II of
2188 chapter 408.

2189 **Section 37. Paragraphs (a) and (c) of subsection (4) of**
2190 **section 390.025, Florida Statutes, are amended to read:**

2191 390.025 Abortion referral or counseling agencies;
2192 penalties.—

2193 (4) The following are exempt from the requirement to
2194 register pursuant to subsection (3):

2195 (a) Facilities licensed pursuant to this chapter, chapter
2196 395, chapter 396, chapter 400, or chapter 408;

2197 (c) Health care practitioners, as defined in s. 456.001,
2198 who, in the course of their practice outside of a facility
2199 licensed pursuant to this chapter, chapter 395, chapter 396,
2200 chapter 400, or chapter 408, refer five or fewer patients for

2201 abortions each month.

2202 **Section 38. Subsection (7) of section 394.4787, Florida**
 2203 **Statutes, is amended to read:**

2204 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,
 2205 and 394.4789.—As used in this section and ss. 394.4786,
 2206 394.4788, and 394.4789:

2207 (7) "Specialty psychiatric hospital" means a hospital
 2208 licensed by the agency pursuant to s. 395.002 ~~s. 395.002(28)~~ and
 2209 part II of chapter 408 as a specialty psychiatric hospital.

2210 **Section 39. Section 395.001, Florida Statutes, is amended**
 2211 **to read:**

2212 395.001 Legislative intent.—It is the intent of the
 2213 Legislature to provide for the protection of public health and
 2214 safety in the establishment, construction, maintenance, and
 2215 operation of hospitals ~~and ambulatory surgical centers~~ by
 2216 providing for licensure of same and for the development,
 2217 establishment, and enforcement of minimum standards with respect
 2218 thereto.

2219 **Section 40. Subsections (4) through (33) of section**
 2220 **395.002 are renumbered as subsections (3) through (32),**
 2221 **respectively, and subsection (3) and present subsections (10),**
 2222 **(17), (23), and (28) of that section are amended, to read:**

2223 395.002 Definitions.—As used in this chapter:

2224 ~~(3) "Ambulatory surgical center" means a facility, the~~
 2225 ~~primary purpose of which is to provide elective surgical care,~~

2226 ~~in which the patient is admitted to and discharged from such~~
 2227 ~~facility within 24 hours, and which is not part of a hospital.~~
 2228 ~~However, a facility existing for the primary purpose of~~
 2229 ~~performing terminations of pregnancy, an office maintained by a~~
 2230 ~~physician for the practice of medicine, or an office maintained~~
 2231 ~~for the practice of dentistry may not be construed to be an~~
 2232 ~~ambulatory surgical center, provided that any facility or office~~
 2233 ~~which is certified or seeks certification as a Medicare~~
 2234 ~~ambulatory surgical center shall be licensed as an ambulatory~~
 2235 ~~surgical center pursuant to s. 395.003.~~

2236 (9) ~~(10)~~ "General hospital" means any facility which meets
 2237 the provisions of subsection (11) ~~(12)~~ and which regularly makes
 2238 its facilities and services available to the general population.

2239 (16) ~~(17)~~ "Licensed facility" means a hospital ~~or~~
 2240 ~~ambulatory surgical center~~ licensed in accordance with this
 2241 chapter.

2242 (22) ~~(23)~~ "Premises" means those buildings, beds, and
 2243 equipment located at the address of the licensed facility and
 2244 all other buildings, beds, and equipment for the provision of
 2245 hospital ~~or ambulatory surgical~~ care located in such reasonable
 2246 proximity to the address of the licensed facility as to appear
 2247 to the public to be under the dominion and control of the
 2248 licensee. For any licensee that is a teaching hospital as
 2249 defined in s. 408.07, reasonable proximity includes any
 2250 buildings, beds, services, programs, and equipment under the

2251 | dominion and control of the licensee that are located at a site
2252 | with a main address that is within 1 mile of the main address of
2253 | the licensed facility; and all such buildings, beds, and
2254 | equipment may, at the request of a licensee or applicant, be
2255 | included on the facility license as a single premises.

2256 | (27)~~(28)~~ "Specialty hospital" means any facility which
2257 | meets the provisions of subsection (11) ~~(12)~~, and which
2258 | regularly makes available either:

2259 | (a) The range of medical services offered by general
2260 | hospitals but restricted to a defined age or gender group of the
2261 | population;

2262 | (b) A restricted range of services appropriate to the
2263 | diagnosis, care, and treatment of patients with specific
2264 | categories of medical or psychiatric illnesses or disorders; or

2265 | (c) Intensive residential treatment programs for children
2266 | and adolescents as defined in subsection (15) ~~(16)~~.

2267 | **Section 41. Subsection (1) and paragraph (d) of subsection**
2268 | **(5) of section 395.003, Florida Statutes, are amended to read:**

2269 | 395.003 Licensure; denial, suspension, and revocation.—

2270 | (1) (a) The requirements of part II of chapter 408 apply to
2271 | the provision of services that require licensure pursuant to ss.
2272 | 395.001-395.1065 and part II of chapter 408 and to entities
2273 | licensed by or applying for such licensure from the Agency for
2274 | Health Care Administration pursuant to ss. 395.001-395.1065. A
2275 | license issued by the agency is required in order to operate a

2276 | hospital ~~or ambulatory surgical center~~ in this state.

2277 | (b)1. It is unlawful for a person to use or advertise to
 2278 | the public, in any way or by any medium whatsoever, any facility
 2279 | as a "hospital" ~~or "ambulatory surgical center"~~ unless such
 2280 | facility has first secured a license under this chapter ~~part~~.

2281 | 2. This part does not apply to veterinary hospitals or to
 2282 | commercial business establishments using the word "hospital" ~~or~~
 2283 | ~~"ambulatory surgical center"~~ as a part of a trade name if no
 2284 | treatment of human beings is performed on the premises of such
 2285 | establishments.

2286 | (5)

2287 | (d) A hospital, ~~an ambulatory surgical center,~~ a specialty
 2288 | hospital, or an urgent care center shall comply with ss.
 2289 | 627.64194 and 641.513 as a condition of licensure.

2290 | **Section 42. Subsections (4) through (19) of section**
 2291 | **395.1055, Florida Statutes, are renumbered as subsections (3)**
 2292 | **through (18), respectively, and subsections (2) and (3) and**
 2293 | **present subsection (9) of that section are amended, to read:**

2294 | 395.1055 Rules and enforcement.—

2295 | (2) Separate standards may be provided for general and
 2296 | specialty hospitals, ~~ambulatory surgical centers,~~ and statutory
 2297 | rural hospitals as defined in s. 395.602.

2298 | ~~(3) The agency shall adopt rules that establish minimum~~
 2299 | ~~standards for pediatric patient care in ambulatory surgical~~
 2300 | ~~centers to ensure the safe and effective delivery of surgical~~

2301 ~~care to children in ambulatory surgical centers. Such standards~~
 2302 ~~must include quality of care, nurse staffing, physician~~
 2303 ~~staffing, and equipment standards. Ambulatory surgical centers~~
 2304 ~~may not provide operative procedures to children under 18 years~~
 2305 ~~of age which require a length of stay past midnight until such~~
 2306 ~~standards are established by rule.~~

2307 (8)~~(9)~~ The agency may not adopt any rule governing the
 2308 design, construction, erection, alteration, modification,
 2309 repair, or demolition of any public or private hospital or~~7~~
 2310 intermediate residential treatment facility,~~or ambulatory~~
 2311 ~~surgical center~~. It is the intent of the Legislature to preempt
 2312 that function to the Florida Building Commission and the State
 2313 Fire Marshal through adoption and maintenance of the Florida
 2314 Building Code and the Florida Fire Prevention Code. However, the
 2315 agency shall provide technical assistance to the commission and
 2316 the State Fire Marshal in updating the construction standards of
 2317 the Florida Building Code and the Florida Fire Prevention Code
 2318 which govern hospitals and~~7~~ intermediate residential treatment
 2319 facilities,~~and ambulatory surgical centers~~.

2320 **Section 43. Subsection (3) of section 395.10973, Florida**
 2321 **Statutes, is amended to read:**

2322 395.10973 Powers and duties of the agency.—It is the
 2323 function of the agency to:

2324 (3) Enforce the special-occupancy provisions of the
 2325 Florida Building Code which apply to hospitals and~~7~~ intermediate

2326 residential treatment facilities, ~~and ambulatory surgical~~
 2327 ~~centers~~ in conducting any inspection authorized by this chapter
 2328 and part II of chapter 408.

2329 **Section 44. Subsection (8) of section 395.3025, Florida**
 2330 **Statutes, is amended to read:**

2331 395.3025 Patient and personnel records; copies;
 2332 examination.—

2333 (8) Patient records at hospitals ~~and ambulatory surgical~~
 2334 ~~centers~~ are exempt from disclosure under s. 119.07(1), except as
 2335 provided by subsections (1)-(5).

2336 **Section 45. Subsection (3) of section 395.607, Florida**
 2337 **Statutes, is amended to read:**

2338 395.607 Rural emergency hospitals.—

2339 (3) Notwithstanding s. 395.002 ~~s. 395.002(12)~~, a rural
 2340 emergency hospital is not required to offer acute inpatient care
 2341 or care beyond 24 hours, or to make available treatment
 2342 facilities for surgery, obstetrical care, or similar services in
 2343 order to be deemed a hospital as long as it maintains its
 2344 designation as a rural emergency hospital, and may be required
 2345 to make such services available only if it ceases to be
 2346 designated as a rural emergency hospital.

2347 **Section 46. Paragraph (c) of subsection (1) of section**
 2348 **395.701, Florida Statutes, is amended to read:**

2349 395.701 Annual assessments on net operating revenues for
 2350 inpatient and outpatient services to fund public medical

2351 assistance; administrative fines for failure to pay assessments
 2352 when due; exemption.—

2353 (1) For the purposes of this section, the term:

2354 (c) "Hospital" means a health care institution as defined
 2355 in s. 395.002 ~~s. 395.002(12)~~, but does not include any hospital
 2356 operated by a state agency.

2357 **Section 47. Paragraph (b) of subsection (3) of section**
 2358 **400.518, Florida Statutes, is amended to read:**

2359 400.518 Prohibited referrals to home health agencies.—

2360 (3)

2361 (b) A physician who violates this section is subject to
 2362 disciplinary action by the appropriate board under s. 458.331(2)
 2363 or s. 459.015(2). A hospital ~~or ambulatory surgical center~~ that
 2364 violates this section is subject to s. 395.0185(2). An
 2365 ambulatory surgical center that violates this section is subject
 2366 to s. 396.209.

2367 **Section 48. Paragraph (h) of subsection (5) of section**
 2368 **400.93, Florida Statutes, is amended to read:**

2369 400.93 Licensure required; exemptions; unlawful acts;
 2370 penalties.—

2371 (5) The following are exempt from home medical equipment
 2372 provider licensure, unless they have a separate company,
 2373 corporation, or division that is in the business of providing
 2374 home medical equipment and services for sale or rent to
 2375 consumers at their regular or temporary place of residence

2376 | pursuant to the provisions of this part:

2377 | (h) Hospitals licensed under chapter 395 and ambulatory
2378 | surgical centers licensed under chapter 396 ~~395~~.

2379 | **Section 49. Paragraphs (a) through (d) of subsection (4)**
2380 | **of section 400.9905, Florida Statutes, are amended to read:**

2381 | 400.9905 Definitions.—

2382 | (4) "Clinic" means an entity where health care services
2383 | are provided to individuals and which tenders charges for
2384 | reimbursement for such services, including a mobile clinic and a
2385 | portable equipment provider. As used in this part, the term does
2386 | not include and the licensure requirements of this part do not
2387 | apply to:

2388 | (a) Entities licensed or registered by the state under
2389 | chapter 395 or chapter 396; entities licensed or registered by
2390 | the state and providing only health care services within the
2391 | scope of services authorized under their respective licenses
2392 | under ss. 383.30–383.332, chapter 390, chapter 394, chapter 397,
2393 | this chapter except part X, chapter 429, chapter 463, chapter
2394 | 465, chapter 466, chapter 478, chapter 484, or chapter 651; end-
2395 | stage renal disease providers authorized under 42 C.F.R. part
2396 | 494; providers certified and providing only health care services
2397 | within the scope of services authorized under their respective
2398 | certifications under 42 C.F.R. part 485, subpart B, subpart H,
2399 | or subpart J; providers certified and providing only health care
2400 | services within the scope of services authorized under their

2401 respective certifications under 42 C.F.R. part 486, subpart C;
2402 providers certified and providing only health care services
2403 within the scope of services authorized under their respective
2404 certifications under 42 C.F.R. part 491, subpart A; providers
2405 certified by the Centers for Medicare and Medicaid services
2406 under the federal Clinical Laboratory Improvement Amendments and
2407 the federal rules adopted thereunder; or any entity that
2408 provides neonatal or pediatric hospital-based health care
2409 services or other health care services by licensed practitioners
2410 solely within a hospital licensed under chapter 395.

2411 (b) Entities that own, directly or indirectly, entities
2412 licensed or registered by the state pursuant to chapter 395 or
2413 chapter 396; entities that own, directly or indirectly, entities
2414 licensed or registered by the state and providing only health
2415 care services within the scope of services authorized pursuant
2416 to their respective licenses under ss. 383.30-383.332, chapter
2417 390, chapter 394, chapter 397, this chapter except part X,
2418 chapter 429, chapter 463, chapter 465, chapter 466, chapter 478,
2419 chapter 484, or chapter 651; end-stage renal disease providers
2420 authorized under 42 C.F.R. part 494; providers certified and
2421 providing only health care services within the scope of services
2422 authorized under their respective certifications under 42 C.F.R.
2423 part 485, subpart B, subpart H, or subpart J; providers
2424 certified and providing only health care services within the
2425 scope of services authorized under their respective

2426 | certifications under 42 C.F.R. part 486, subpart C; providers
2427 | certified and providing only health care services within the
2428 | scope of services authorized under their respective
2429 | certifications under 42 C.F.R. part 491, subpart A; providers
2430 | certified by the Centers for Medicare and Medicaid services
2431 | under the federal Clinical Laboratory Improvement Amendments and
2432 | the federal rules adopted thereunder; or any entity that
2433 | provides neonatal or pediatric hospital-based health care
2434 | services by licensed practitioners solely within a hospital
2435 | licensed under chapter 395.

2436 | (c) Entities that are owned, directly or indirectly, by an
2437 | entity licensed or registered by the state pursuant to chapter
2438 | 395 or chapter 396; entities that are owned, directly or
2439 | indirectly, by an entity licensed or registered by the state and
2440 | providing only health care services within the scope of services
2441 | authorized pursuant to their respective licenses under ss.
2442 | 383.30-383.332, chapter 390, chapter 394, chapter 397, this
2443 | chapter except part X, chapter 429, chapter 463, chapter 465,
2444 | chapter 466, chapter 478, chapter 484, or chapter 651; end-stage
2445 | renal disease providers authorized under 42 C.F.R. part 494;
2446 | providers certified and providing only health care services
2447 | within the scope of services authorized under their respective
2448 | certifications under 42 C.F.R. part 485, subpart B, subpart H,
2449 | or subpart J; providers certified and providing only health care
2450 | services within the scope of services authorized under their

2451 | respective certifications under 42 C.F.R. part 486, subpart C;
2452 | providers certified and providing only health care services
2453 | within the scope of services authorized under their respective
2454 | certifications under 42 C.F.R. part 491, subpart A; providers
2455 | certified by the Centers for Medicare and Medicaid services
2456 | under the federal Clinical Laboratory Improvement Amendments and
2457 | the federal rules adopted thereunder; or any entity that
2458 | provides neonatal or pediatric hospital-based health care
2459 | services by licensed practitioners solely within a hospital
2460 | under chapter 395.

2461 | (d) Entities that are under common ownership, directly or
2462 | indirectly, with an entity licensed or registered by the state
2463 | pursuant to chapter 395 or chapter 396; entities that are under
2464 | common ownership, directly or indirectly, with an entity
2465 | licensed or registered by the state and providing only health
2466 | care services within the scope of services authorized pursuant
2467 | to their respective licenses under ss. 383.30-383.332, chapter
2468 | 390, chapter 394, chapter 397, this chapter except part X,
2469 | chapter 429, chapter 463, chapter 465, chapter 466, chapter 478,
2470 | chapter 484, or chapter 651; end-stage renal disease providers
2471 | authorized under 42 C.F.R. part 494; providers certified and
2472 | providing only health care services within the scope of services
2473 | authorized under their respective certifications under 42 C.F.R.
2474 | part 485, subpart B, subpart H, or subpart J; providers
2475 | certified and providing only health care services within the

2476 | scope of services authorized under their respective
 2477 | certifications under 42 C.F.R. part 486, subpart C; providers
 2478 | certified and providing only health care services within the
 2479 | scope of services authorized under their respective
 2480 | certifications under 42 C.F.R. part 491, subpart A; providers
 2481 | certified by the Centers for Medicare and Medicaid services
 2482 | under the federal Clinical Laboratory Improvement Amendments and
 2483 | the federal rules adopted thereunder; or any entity that
 2484 | provides neonatal or pediatric hospital-based health care
 2485 | services by licensed practitioners solely within a hospital
 2486 | licensed under chapter 395.

2487 |
 2488 | Notwithstanding this subsection, an entity shall be deemed a
 2489 | clinic and must be licensed under this part in order to receive
 2490 | reimbursement under the Florida Motor Vehicle No-Fault Law, ss.
 2491 | 627.730-627.7405, unless exempted under s. 627.736(5)(h).

2492 | **Section 50. Paragraph (i) of subsection (1) of section**
 2493 | **400.9935, Florida Statutes, is amended to read:**

2494 | 400.9935 Clinic responsibilities.—

2495 | (1) Each clinic shall appoint a medical director or clinic
 2496 | director who shall agree in writing to accept legal
 2497 | responsibility for the following activities on behalf of the
 2498 | clinic. The medical director or the clinic director shall:

2499 | (i) Ensure that the clinic publishes a schedule of charges
 2500 | for the medical services offered to patients. The schedule must

2501 include the prices charged to an uninsured person paying for
2502 such services by cash, check, credit card, or debit card. The
2503 schedule may group services by price levels, listing services in
2504 each price level. The schedule must be posted in a conspicuous
2505 place in the reception area of any clinic that is considered an
2506 urgent care center as defined in s. 395.002 ~~s. 395.002(30)(b)~~
2507 and must include, but is not limited to, the 50 services most
2508 frequently provided by the clinic. The posting may be a sign
2509 that must be at least 15 square feet in size or through an
2510 electronic messaging board that is at least 3 square feet in
2511 size. The failure of a clinic, including a clinic that is
2512 considered an urgent care center, to publish and post a schedule
2513 of charges as required by this section shall result in a fine of
2514 not more than \$1,000, per day, until the schedule is published
2515 and posted.

2516 **Section 51. Paragraph (b) of subsection (2) of section**
2517 **401.272, Florida Statutes, is amended to read:**

2518 401.272 Emergency medical services community health care.—

2519 (2) Notwithstanding any other provision of law to the
2520 contrary:

2521 (b) Paramedics and emergency medical technicians shall
2522 operate under the medical direction of a physician through two-
2523 way communication or pursuant to established standing orders or
2524 protocols and within the scope of their training when a patient
2525 is not transported to an emergency department or is transported

2526 to a facility other than a hospital as defined in s. 395.002 ~~s.~~
 2527 ~~395.002(12)~~.

2528 **Section 52. Subsections (4) and (5) of section 408.051,**
 2529 **Florida Statutes, are amended to read:**

2530 408.051 Florida Electronic Health Records Exchange Act.—

2531 (4) EMERGENCY RELEASE OF IDENTIFIABLE HEALTH RECORD.—A
 2532 health care provider may release or access an identifiable
 2533 health record of a patient without the patient's consent for use
 2534 in the treatment of the patient for an emergency medical
 2535 condition, as defined in s. 395.002 ~~s. 395.002(8)~~, when the
 2536 health care provider is unable to obtain the patient's consent
 2537 or the consent of the patient representative due to the
 2538 patient's condition or the nature of the situation requiring
 2539 immediate medical attention. A health care provider who in good
 2540 faith releases or accesses an identifiable health record of a
 2541 patient in any form or medium under this subsection is immune
 2542 from civil liability for accessing or releasing an identifiable
 2543 health record.

2544 (5) HOSPITAL DATA.—A hospital as defined in s. 395.002 ~~s.~~
 2545 ~~395.002(12)~~ which maintains certified electronic health record
 2546 technology must make available admission, transfer, and
 2547 discharge data to the agency's Florida Health Information
 2548 Exchange program for the purpose of supporting public health
 2549 data registries and patient care coordination. The agency may
 2550 adopt rules to implement this subsection.

2551 **Section 53. Subsection (6) of section 408.07, Florida**
 2552 **Statutes, is amended to read:**

2553 408.07 Definitions.—As used in this chapter, with the
 2554 exception of ss. 408.031-408.045, the term:

2555 (6) "Ambulatory surgical center" means a facility licensed
 2556 as an ambulatory surgical center under chapter 396 ~~395~~.

2557 **Section 54. Subsection (9) of section 408.802, Florida**
 2558 **Statutes, is amended to read:**

2559 408.802 Applicability.—This part applies to the provision
 2560 of services that require licensure as defined in this part and
 2561 to the following entities licensed, registered, or certified by
 2562 the agency, as described in chapters 112, 383, 390, 394, 395,
 2563 400, 429, 440, and 765:

2564 (9) Ambulatory surgical centers, as provided under ~~part I~~
 2565 ~~of~~ chapter 396 ~~395~~.

2566 **Section 55. Subsection (9) of section 408.820, Florida**
 2567 **Statutes, is amended to read:**

2568 408.820 Exemptions.—Except as prescribed in authorizing
 2569 statutes, the following exemptions shall apply to specified
 2570 requirements of this part:

2571 (9) Ambulatory surgical centers, as provided under ~~part I~~
 2572 ~~of~~ chapter 396 ~~395~~, are exempt from s. 408.810(7)-(10).

2573 **Section 56. Subsection (8) of section 409.905, Florida**
 2574 **Statutes, is amended to read:**

2575 409.905 Mandatory Medicaid services.—The agency may make

2576 | payments for the following services, which are required of the
 2577 | state by Title XIX of the Social Security Act, furnished by
 2578 | Medicaid providers to recipients who are determined to be
 2579 | eligible on the dates on which the services were provided. Any
 2580 | service under this section shall be provided only when medically
 2581 | necessary and in accordance with state and federal law.
 2582 | Mandatory services rendered by providers in mobile units to
 2583 | Medicaid recipients may be restricted by the agency. Nothing in
 2584 | this section shall be construed to prevent or limit the agency
 2585 | from adjusting fees, reimbursement rates, lengths of stay,
 2586 | number of visits, number of services, or any other adjustments
 2587 | necessary to comply with the availability of moneys and any
 2588 | limitations or directions provided for in the General
 2589 | Appropriations Act or chapter 216.

2590 | (8) NURSING FACILITY SERVICES.—The agency shall pay for
 2591 | 24-hour-a-day nursing and rehabilitative services for a
 2592 | recipient in a nursing facility licensed under part II of
 2593 | chapter 400 or in a rural hospital, as defined in s. 395.602, or
 2594 | in a Medicare certified skilled nursing facility operated by a
 2595 | hospital, as defined in s. 395.002 ~~by s. 395.002(10)~~, that is
 2596 | licensed under part I of chapter 395, and in accordance with
 2597 | provisions set forth in s. 409.908(2)(a), which services are
 2598 | ordered by and provided under the direction of a licensed
 2599 | physician. However, if a nursing facility has been destroyed or
 2600 | otherwise made uninhabitable by natural disaster or other

2601 emergency and another nursing facility is not available, the
 2602 agency must pay for similar services temporarily in a hospital
 2603 licensed under part I of chapter 395 provided federal funding is
 2604 approved and available. The agency shall pay only for bed-hold
 2605 days if the facility has an occupancy rate of 95 percent or
 2606 greater. The agency is authorized to seek any federal waivers to
 2607 implement this policy.

2608 **Section 57. Subsection (3) of section 409.906, Florida**
 2609 **Statutes, is amended to read:**

2610 409.906 Optional Medicaid services.—Subject to specific
 2611 appropriations, the agency may make payments for services which
 2612 are optional to the state under Title XIX of the Social Security
 2613 Act and are furnished by Medicaid providers to recipients who
 2614 are determined to be eligible on the dates on which the services
 2615 were provided. Any optional service that is provided shall be
 2616 provided only when medically necessary and in accordance with
 2617 state and federal law. Optional services rendered by providers
 2618 in mobile units to Medicaid recipients may be restricted or
 2619 prohibited by the agency. Nothing in this section shall be
 2620 construed to prevent or limit the agency from adjusting fees,
 2621 reimbursement rates, lengths of stay, number of visits, or
 2622 number of services, or making any other adjustments necessary to
 2623 comply with the availability of moneys and any limitations or
 2624 directions provided for in the General Appropriations Act or
 2625 chapter 216. If necessary to safeguard the state's systems of

2626 providing services to elderly and disabled persons and subject
 2627 to the notice and review provisions of s. 216.177, the Governor
 2628 may direct the Agency for Health Care Administration to amend
 2629 the Medicaid state plan to delete the optional Medicaid service
 2630 known as "Intermediate Care Facilities for the Developmentally
 2631 Disabled." Optional services may include:

2632 (3) AMBULATORY SURGICAL CENTER SERVICES.—The agency may
 2633 pay for services provided to a recipient in an ambulatory
 2634 surgical center licensed under ~~part I of~~ chapter 396 ~~395~~, by or
 2635 under the direction of a licensed physician or dentist.

2636 **Section 58. Paragraph (b) of subsection (1) of section**
 2637 **409.975, Florida Statutes, is amended to read:**

2638 409.975 Managed care plan accountability.—In addition to
 2639 the requirements of s. 409.967, plans and providers
 2640 participating in the managed medical assistance program shall
 2641 comply with the requirements of this section.

2642 (1) PROVIDER NETWORKS.—Managed care plans must develop and
 2643 maintain provider networks that meet the medical needs of their
 2644 enrollees in accordance with standards established pursuant to
 2645 s. 409.967(2)(c). Except as provided in this section, managed
 2646 care plans may limit the providers in their networks based on
 2647 credentials, quality indicators, and price.

2648 (b) Certain providers are statewide resources and
 2649 essential providers for all managed care plans in all regions.
 2650 All managed care plans must include these essential providers in

2651 their networks. Statewide essential providers include:

2652 1. Faculty plans of Florida medical schools.

2653 2. Regional perinatal intensive care centers as defined in

2654 s. 383.16(2).

2655 3. Hospitals licensed as specialty children's hospitals as

2656 defined in s. 395.002 ~~s. 395.002(28)~~.

2657 4. Accredited and integrated systems serving medically

2658 complex children which comprise separately licensed, but

2659 commonly owned, health care providers delivering at least the

2660 following services: medical group home, in-home and outpatient

2661 nursing care and therapies, pharmacy services, durable medical

2662 equipment, and Prescribed Pediatric Extended Care.

2663 5. Florida cancer hospitals that meet the criteria in 42

2664 U.S.C. s. 1395ww(d) (1) (B) (v).

2665

2666 Managed care plans that have not contracted with all statewide

2667 essential providers in all regions as of the first date of

2668 recipient enrollment must continue to negotiate in good faith.

2669 Payments to physicians on the faculty of nonparticipating

2670 Florida medical schools shall be made at the applicable Medicaid

2671 rate. Payments for services rendered by regional perinatal

2672 intensive care centers shall be made at the applicable Medicaid

2673 rate as of the first day of the contract between the agency and

2674 the plan. Except for payments for emergency services, payments

2675 to nonparticipating specialty children's hospitals, and payments

2676 to nonparticipating Florida cancer hospitals that meet the
 2677 criteria in 42 U.S.C. s. 1395ww(d) (1) (B) (v), shall equal the
 2678 highest rate established by contract between that provider and
 2679 any other Medicaid managed care plan.

2680 **Section 59. Subsection (7) of section 456.013, Florida**
 2681 **Statutes, is amended to read:**

2682 456.013 Department; general licensing provisions.—

2683 (7) The boards, or the department when there is no board,
 2684 shall require the completion of a 2-hour course relating to
 2685 prevention of medical errors as part of the biennial renewal
 2686 process. The 2-hour course counts toward the total number of
 2687 continuing education hours required for the profession. The
 2688 course must be approved by the board or department, as
 2689 appropriate, and must include a study of root-cause analysis,
 2690 error reduction and prevention, and patient safety. In addition,
 2691 the course approved by the Board of Medicine and the Board of
 2692 Osteopathic Medicine must include information relating to the
 2693 five most misdiagnosed conditions during the previous biennium,
 2694 as determined by the board. If the course is being offered by a
 2695 facility licensed under ~~pursuant to~~ chapter 395 or chapter 396
 2696 for its employees, the board may approve up to 1 hour of the 2-
 2697 hour course to be specifically related to error reduction and
 2698 prevention methods used in that facility.

2699 **Section 60. Subsection (5) of section 456.0135, Florida**
 2700 **Statutes, is amended to read:**

2701 456.0135 General background screening provisions.—

2702 (5) In addition to the offenses listed in s. 435.04, all
2703 persons required to undergo background screening under this
2704 section, other than those licensed under s. 465.022, must not
2705 have an arrest awaiting final disposition for, must not have
2706 been found guilty of, regardless of adjudication, or entered a
2707 plea of nolo contendere or guilty to, and must not have been
2708 adjudicated delinquent and the record not have been sealed or
2709 expunged for an offense under s. 784.03 or any similar offense
2710 of another jurisdiction relating to battery, if the victim is a
2711 vulnerable adult as defined in s. 415.102 or a patient or
2712 resident of a facility licensed under chapter 395, chapter 396,
2713 chapter 400, or chapter 429.

2714 **Section 61. Subsection (5) of section 456.041, Florida**
2715 **Statutes, is amended to read:**

2716 456.041 Practitioner profile; creation.—

2717 (5) The Department of Health shall include the date of a
2718 hospital or ambulatory surgical center disciplinary action taken
2719 by a licensed hospital or an ambulatory surgical center, in
2720 accordance with the requirements of ss. 395.013 and 396.212 ~~s.~~
2721 ~~395.0193~~, in the practitioner profile. The department shall
2722 state whether the action related to professional competence and
2723 whether it related to the delivery of services to a patient.

2724 **Section 62. Paragraph (n) of subsection (3) of section**
2725 **456.053, Florida Statutes, is amended to read:**

2726 456.053 Financial arrangements between referring health
 2727 care providers and providers of health care services.—

2728 (3) DEFINITIONS.—For the purpose of this section, the
 2729 word, phrase, or term:

2730 (n) "Referral" means any referral of a patient by a health
 2731 care provider for health care services, including, without
 2732 limitation:

2733 1. The forwarding of a patient by a health care provider
 2734 to another health care provider or to an entity which provides
 2735 or supplies designated health services or any other health care
 2736 item or service; or

2737 2. The request or establishment of a plan of care by a
 2738 health care provider, which includes the provision of designated
 2739 health services or other health care item or service.

2740 3. The following orders, recommendations, or plans of care
 2741 do shall not constitute a referral by a health care provider:

2742 a. By a radiologist for diagnostic-imaging services.

2743 b. By a physician specializing in the provision of
 2744 radiation therapy services for such services.

2745 c. By a medical oncologist for drugs and solutions to be
 2746 prepared and administered intravenously to such oncologist's
 2747 patient, as well as for the supplies and equipment used in
 2748 connection therewith to treat such patient for cancer and the
 2749 complications thereof.

2750 d. By a cardiologist for cardiac catheterization services.

2751 e. By a pathologist for diagnostic clinical laboratory
2752 tests and pathological examination services, if furnished by or
2753 under the supervision of such pathologist pursuant to a
2754 consultation requested by another physician.

2755 f. By a health care provider who is the sole provider or
2756 member of a group practice for designated health services or
2757 other health care items or services that are prescribed or
2758 provided solely for such referring health care provider's or
2759 group practice's own patients, and that are provided or
2760 performed by or under the supervision of such referring health
2761 care provider or group practice if such supervision complies
2762 with all applicable Medicare payment and coverage rules for
2763 services; provided, however, a physician licensed pursuant to
2764 chapter 458, chapter 459, chapter 460, or chapter 461 or an
2765 advanced practice registered nurse registered under s. 464.0123
2766 may refer a patient to a sole provider or group practice for
2767 diagnostic imaging services, excluding radiation therapy
2768 services, for which the sole provider or group practice billed
2769 both the technical and the professional fee for or on behalf of
2770 the patient, if the referring physician or advanced practice
2771 registered nurse registered under s. 464.0123 has no investment
2772 interest in the practice. The diagnostic imaging service
2773 referred to a group practice or sole provider must be a
2774 diagnostic imaging service normally provided within the scope of
2775 practice to the patients of the group practice or sole provider.

2776 The group practice or sole provider may accept no more than 15
2777 percent of their patients receiving diagnostic imaging services
2778 from outside referrals, excluding radiation therapy services.
2779 However, the 15 percent limitation of this sub-subparagraph and
2780 the requirements of subparagraph (4)(a)2. do not apply to a
2781 group practice entity that owns an accountable care organization
2782 or an entity operating under an advanced alternative payment
2783 model according to federal regulations if such entity provides
2784 diagnostic imaging services and has more than 30,000 patients
2785 enrolled per year.

2786 g. By a health care provider for services provided by an
2787 ambulatory surgical center licensed under chapter 396 ~~395~~.

2788 h. By a urologist for lithotripsy services.

2789 i. By a dentist for dental services performed by an
2790 employee of or health care provider who is an independent
2791 contractor with the dentist or group practice of which the
2792 dentist is a member.

2793 j. By a physician for infusion therapy services to a
2794 patient of that physician or a member of that physician's group
2795 practice.

2796 k. By a nephrologist for renal dialysis services and
2797 supplies, except laboratory services.

2798 l. By a health care provider whose principal professional
2799 practice consists of treating patients in their private
2800 residences for services to be rendered in such private

2801 residences, except for services rendered by a home health agency
2802 licensed under chapter 400. For purposes of this sub-
2803 subparagraph, the term "private residences" includes patients'
2804 private homes, independent living centers, and assisted living
2805 facilities, but does not include skilled nursing facilities.

2806 m. By a health care provider for sleep-related testing.

2807 **Section 63. Subsection (3) of section 456.056, Florida**
2808 **Statutes, is amended to read:**

2809 456.056 Treatment of Medicare beneficiaries; refusal,
2810 emergencies, consulting physicians.—

2811 (3) If treatment is provided to a beneficiary for an
2812 emergency medical condition as defined in s. 395.002 ~~s.~~
2813 ~~395.002(8)(a)~~, the physician must accept Medicare assignment
2814 provided that the requirement to accept Medicare assignment for
2815 an emergency medical condition does ~~shall~~ not apply to treatment
2816 rendered after the patient is stabilized, ~~or the treatment that~~ that
2817 is unrelated to the original emergency medical condition. For
2818 the purpose of this subsection, the term "stabilized" means ~~is~~
2819 ~~defined to mean~~ with respect to an emergency medical condition,
2820 that no material deterioration of the condition is likely within
2821 reasonable medical probability.

2822 **Section 64. Subsection (2) of section 456.0575, Florida**
2823 **Statutes, is amended to read:**

2824 456.0575 Duty to notify patients.—

2825 (2) Upon request by a patient, before providing

2826 nonemergency medical services in a facility licensed under
2827 chapter 395 or chapter 396, a health care practitioner shall
2828 provide, in writing or by electronic means, a good faith
2829 estimate of reasonably anticipated charges to treat the
2830 patient's condition at the facility. The health care
2831 practitioner shall provide the estimate to the patient within 7
2832 business days after receiving the request and is not required to
2833 adjust the estimate for any potential insurance coverage. The
2834 health care practitioner shall inform the patient that the
2835 patient may contact his or her health insurer or health
2836 maintenance organization for additional information concerning
2837 cost-sharing responsibilities. The health care practitioner
2838 shall provide information to uninsured patients and insured
2839 patients for whom the practitioner is not a network provider or
2840 preferred provider which discloses the practitioner's financial
2841 assistance policy, including the application process, payment
2842 plans, discounts, or other available assistance, and the
2843 practitioner's charity care policy and collection procedures.
2844 Such estimate does not preclude the actual charges from
2845 exceeding the estimate. Failure to provide the estimate in
2846 accordance with this subsection, without good cause, shall
2847 result in disciplinary action against the health care
2848 practitioner and a daily fine of \$500 until the estimate is
2849 provided to the patient. The total fine may not exceed \$5,000.

2850 **Section 65. Paragraph (t) of subsection (1) of section**

2851 **456.072, Florida Statutes, is amended to read:**

2852 456.072 Grounds for discipline; penalties; enforcement.—

2853 (1) The following acts shall constitute grounds for which
 2854 the disciplinary actions specified in subsection (2) may be
 2855 taken:

2856 (t) Failing to identify through written notice, which may
 2857 include the wearing of a name tag, or orally to a patient the
 2858 type of license under which the practitioner is practicing. Any
 2859 advertisement for health care services naming the practitioner
 2860 must identify the type of license the practitioner holds. This
 2861 paragraph does not apply to a practitioner while the
 2862 practitioner is providing services in a facility licensed under
 2863 chapter 394, chapter 395, chapter 396, chapter 400, or chapter
 2864 429. Each board, or the department where there is no board, is
 2865 authorized by rule to determine how its practitioners may comply
 2866 with this disclosure requirement.

2867 **Section 66. Paragraph (b) of subsection (12) of section**
 2868 **456.073, Florida Statutes, is amended to read:**

2869 456.073 Disciplinary proceedings.—Disciplinary proceedings
 2870 for each board shall be within the jurisdiction of the
 2871 department.

2872 (12)

2873 (b) No facility licensed under chapter 395 or chapter 396,
 2874 health maintenance organization certificated under part I of
 2875 chapter 641, physician licensed under chapter 458, or

2876 osteopathic physician licensed under chapter 459 shall
 2877 discharge, threaten to discharge, intimidate, or coerce any
 2878 employee or staff member by reason of such employee's or staff
 2879 member's report to the department about a physician licensed
 2880 under chapter 458, chapter 459, chapter 460, chapter 461, or
 2881 chapter 466 who may be guilty of incompetence, impairment, or
 2882 unprofessional conduct so long as such report is given without
 2883 intentional fraud or malice.

2884 **Section 67. Subsection (3) of section 458.3145, Florida**
 2885 **Statutes, is amended to read:**

2886 458.3145 Medical faculty certificate.—

2887 (3) The holder of a medical faculty certificate issued
 2888 under this section has all rights and responsibilities
 2889 prescribed by law for the holder of a license issued under s.
 2890 458.311, except as specifically provided otherwise by law. Such
 2891 responsibilities include compliance with continuing medical
 2892 education requirements as set forth by rule of the board. A
 2893 hospital licensed under chapter 395, an ~~or~~ ambulatory surgical
 2894 center licensed under chapter 396 ~~395~~, a health maintenance
 2895 organization certified under chapter 641, an insurer as defined
 2896 in s. 624.03, a multiple-employer welfare arrangement as defined
 2897 in s. 624.437, or any other entity in this state, in considering
 2898 and acting upon an application for staff membership, clinical
 2899 privileges, or other credentials as a health care provider, may
 2900 not deny the application of an otherwise qualified physician for

2901 such staff membership, clinical privileges, or other credentials
 2902 solely because the applicant is a holder of a medical faculty
 2903 certificate under this section.

2904 **Section 68. Subsection (2) of section 458.320, Florida**
 2905 **Statutes, is amended to read:**

2906 458.320 Financial responsibility.—

2907 (2) Physicians who perform surgery in an ambulatory
 2908 surgical center licensed under chapter 396 ~~395~~ and, as a
 2909 continuing condition of hospital staff privileges, physicians
 2910 who have staff privileges must also establish financial
 2911 responsibility by one of the following methods:

2912 (a) Establishing and maintaining an escrow account
 2913 consisting of cash or assets eligible for deposit in accordance
 2914 with s. 625.52 in the per claim amounts specified in paragraph
 2915 (b). The required escrow amount set forth in this paragraph may
 2916 not be used for litigation costs or attorney ~~attorney's~~ fees for
 2917 the defense of any medical malpractice claim.

2918 (b) Obtaining and maintaining professional liability
 2919 coverage in an amount not less than \$250,000 per claim, with a
 2920 minimum annual aggregate of not less than \$750,000 from an
 2921 authorized insurer as defined under s. 624.09, from a surplus
 2922 lines insurer as defined under s. 626.914(2), from a risk
 2923 retention group as defined under s. 627.942, from the Joint
 2924 Underwriting Association established under s. 627.351(4),
 2925 through a plan of self-insurance as provided in s. 627.357, or

2926 through a plan of self-insurance which meets the conditions
2927 specified for satisfying financial responsibility in s. 766.110.
2928 The required coverage amount set forth in this paragraph may not
2929 be used for litigation costs or attorney ~~attorney's~~ fees for the
2930 defense of any medical malpractice claim.

2931 (c) Obtaining and maintaining an unexpired irrevocable
2932 letter of credit, established pursuant to chapter 675, in an
2933 amount not less than \$250,000 per claim, with a minimum
2934 aggregate availability of credit of not less than \$750,000. The
2935 letter of credit must be payable to the physician as beneficiary
2936 upon presentment of a final judgment indicating liability and
2937 awarding damages to be paid by the physician or upon presentment
2938 of a settlement agreement signed by all parties to such
2939 agreement when such final judgment or settlement is a result of
2940 a claim arising out of the rendering of, or the failure to
2941 render, medical care and services. The letter of credit may not
2942 be used for litigation costs or attorney ~~attorney's~~ fees for the
2943 defense of any medical malpractice claim. The letter of credit
2944 must be nonassignable and nontransferable. The letter of credit
2945 must be issued by any bank or savings association organized and
2946 existing under the laws of this state or any bank or savings
2947 association organized under the laws of the United States which
2948 has its principal place of business in this state or has a
2949 branch office that is authorized under the laws of this state or
2950 of the United States to receive deposits in this state.

2951
 2952 This subsection shall be inclusive of the coverage in subsection
 2953 (1).

2954 **Section 69. Paragraph (a) of subsection (1) of section**
 2955 **458.3265, Florida Statutes, is amended to read:**

2956 458.3265 Pain-management clinics.—

2957 (1) REGISTRATION.—

2958 (a)1. As used in this section, the term:

2959 a. "Board eligible" means successful completion of an
 2960 anesthesia, physical medicine and rehabilitation, rheumatology,
 2961 or neurology residency program approved by the Accreditation
 2962 Council for Graduate Medical Education or the American
 2963 Osteopathic Association for a period of 6 years from successful
 2964 completion of such residency program.

2965 b. "Chronic nonmalignant pain" means pain unrelated to
 2966 cancer which persists beyond the usual course of disease or the
 2967 injury that is the cause of the pain or more than 90 days after
 2968 surgery.

2969 c. "Pain-management clinic" or "clinic" means any publicly
 2970 or privately owned facility:

2971 (I) That advertises in any medium for any type of pain-
 2972 management services; or

2973 (II) Where in any month a majority of patients are
 2974 prescribed opioids, benzodiazepines, barbiturates, or
 2975 carisoprodol for the treatment of chronic nonmalignant pain.

2976 2. Each pain-management clinic must register with the
 2977 department or hold a valid certificate of exemption pursuant to
 2978 subsection (2).

2979 3. The following clinics are exempt from the registration
 2980 requirement of paragraphs (c)-(m) and must apply to the
 2981 department for a certificate of exemption:

2982 a. A clinic licensed as a hospital under ~~facility pursuant~~
 2983 ~~to~~ chapter 395 or an ambulatory surgical center under chapter
 2984 396;

2985 b. A clinic in which the majority of the physicians who
 2986 provide services in the clinic primarily provide surgical
 2987 services;

2988 c. A clinic owned by a publicly held corporation whose
 2989 shares are traded on a national exchange or on the over-the-
 2990 counter market and whose total assets at the end of the
 2991 corporation's most recent fiscal quarter exceeded \$50 million;

2992 d. A clinic affiliated with an accredited medical school
 2993 at which training is provided for medical students, residents,
 2994 or fellows;

2995 e. A clinic that does not prescribe controlled substances
 2996 for the treatment of pain;

2997 f. A clinic owned by a corporate entity exempt from
 2998 federal taxation under 26 U.S.C. s. 501(c)(3);

2999 g. A clinic wholly owned and operated by one or more
 3000 board-eligible or board-certified anesthesiologists,

3001 | physiatrists, rheumatologists, or neurologists; or
 3002 | h. A clinic wholly owned and operated by a physician
 3003 | multispecialty practice where one or more board-eligible or
 3004 | board-certified medical specialists, who have also completed
 3005 | fellowships in pain medicine approved by the Accreditation
 3006 | Council for Graduate Medical Education or who are also board-
 3007 | certified in pain medicine by the American Board of Pain
 3008 | Medicine or a board approved by the American Board of Medical
 3009 | Specialties, the American Board of Physician Specialties, or the
 3010 | American Osteopathic Association, perform interventional pain
 3011 | procedures of the type routinely billed using surgical codes.

3012 | **Section 70. Paragraph (a) of subsection (1) and paragraph**
 3013 | **(a) of subsection (2) of section 458.328, Florida Statutes, are**
 3014 | **amended to read:**

3015 | 458.328 Office surgeries.—

3016 | (1) REGISTRATION.—

3017 | (a)1. An office in which a physician performs a
 3018 | liposuction procedure in which more than 1,000 cubic centimeters
 3019 | of supernatant fat is temporarily or permanently removed, a
 3020 | Level II office surgery, or a Level III office surgery must
 3021 | register with the department. A facility licensed under chapter
 3022 | 390, ~~or~~ chapter 395, or chapter 396 may not be registered under
 3023 | this section.

3024 | 2. The department must complete an inspection of any
 3025 | office seeking registration under this section before the office

3026 may be registered.

3027 (2) STANDARDS OF PRACTICE.—

3028 (a) A physician may not perform any surgery or procedure
3029 identified in paragraph (1)(a) in a setting other than an office
3030 surgery setting registered under this section or a facility
3031 licensed under chapter 390, ~~or~~ chapter 395, or chapter 396, as
3032 applicable. The board shall impose a fine of \$5,000 per incident
3033 on a physician who violates this paragraph.

3034 **Section 71. Paragraph (g) of subsection (4) of section**
3035 **458.347, Florida Statutes, is amended to read:**

3036 458.347 Physician assistants.—

3037 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

3038 (g) A supervisory physician may delegate to a licensed
3039 physician assistant the authority to, and the licensed physician
3040 assistant acting under the direction of the supervisory
3041 physician may, order any medication for administration to the
3042 supervisory physician's patient in a facility licensed under
3043 chapter 395, chapter 396, or part II of chapter 400,
3044 notwithstanding any provisions in chapter 465 or chapter 893
3045 which may prohibit this delegation.

3046 **Section 72. Paragraph (f) of subsection (4) of section**
3047 **458.351, Florida Statutes, is amended to read:**

3048 458.351 Reports of adverse incidents in office practice
3049 settings.—

3050 (4) For purposes of notification to the department

3051 | pursuant to this section, the term "adverse incident" means an
 3052 | event over which the physician or licensee could exercise
 3053 | control and which is associated in whole or in part with a
 3054 | medical intervention, rather than the condition for which such
 3055 | intervention occurred, and which results in the following
 3056 | patient injuries:

3057 | (f) Any condition that required the transfer of a patient
 3058 | to a hospital licensed under chapter 395 from an ambulatory
 3059 | surgical center licensed under chapter 396 ~~395~~ or any facility
 3060 | or any office maintained by a physician for the practice of
 3061 | medicine which is not licensed under chapter 395.

3062 | **Section 73. Subsection (2) of section 459.0085, Florida**
 3063 | **Statutes, is amended to read:**

3064 | 459.0085 Financial responsibility.—

3065 | (2) Osteopathic physicians who perform surgery in an
 3066 | ambulatory surgical center licensed under chapter 396 ~~395~~ and,
 3067 | as a continuing condition of hospital staff privileges,
 3068 | osteopathic physicians who have staff privileges must also
 3069 | establish financial responsibility by one of the following
 3070 | methods:

3071 | (a) Establishing and maintaining an escrow account
 3072 | consisting of cash or assets eligible for deposit in accordance
 3073 | with s. 625.52 in the per-claim amounts specified in paragraph

3074 | (b). The required escrow amount set forth in this paragraph may
 3075 | not be used for litigation costs or attorney ~~attorney's~~ fees for

3076 the defense of any medical malpractice claim.

3077 (b) Obtaining and maintaining professional liability
3078 coverage in an amount not less than \$250,000 per claim, with a
3079 minimum annual aggregate of not less than \$750,000 from an
3080 authorized insurer as defined under s. 624.09, from a surplus
3081 lines insurer as defined under s. 626.914(2), from a risk
3082 retention group as defined under s. 627.942, from the Joint
3083 Underwriting Association established under s. 627.351(4),
3084 through a plan of self-insurance as provided in s. 627.357, or
3085 through a plan of self-insurance that meets the conditions
3086 specified for satisfying financial responsibility in s. 766.110.
3087 The required coverage amount set forth in this paragraph may not
3088 be used for litigation costs or attorney ~~attorney's~~ fees for the
3089 defense of any medical malpractice claim.

3090 (c) Obtaining and maintaining an unexpired, irrevocable
3091 letter of credit, established pursuant to chapter 675, in an
3092 amount not less than \$250,000 per claim, with a minimum
3093 aggregate availability of credit of not less than \$750,000. The
3094 letter of credit must be payable to the osteopathic physician as
3095 beneficiary upon presentment of a final judgment indicating
3096 liability and awarding damages to be paid by the osteopathic
3097 physician or upon presentment of a settlement agreement signed
3098 by all parties to such agreement when such final judgment or
3099 settlement is a result of a claim arising out of the rendering
3100 of, or the failure to render, medical care and services. The

3101 letter of credit may not be used for litigation costs or
 3102 attorney ~~attorney's~~ fees for the defense of any medical
 3103 malpractice claim. The letter of credit must be nonassignable
 3104 and nontransferable. The letter of credit must be issued by any
 3105 bank or savings association organized and existing under the
 3106 laws of this state or any bank or savings association organized
 3107 under the laws of the United States which has its principal
 3108 place of business in this state or has a branch office that is
 3109 authorized under the laws of this state or of the United States
 3110 to receive deposits in this state.

3111
 3112 This subsection shall be inclusive of the coverage in subsection
 3113 (1).

3114 **Section 74. Paragraph (a) of subsection (1) of section**
 3115 **459.0137, Florida Statutes, is amended to read:**

3116 459.0137 Pain-management clinics.—

3117 (1) REGISTRATION.—

3118 (a)1. As used in this section, the term:

3119 a. "Board eligible" means successful completion of an
 3120 anesthesia, physical medicine and rehabilitation, rheumatology,
 3121 or neurology residency program approved by the Accreditation
 3122 Council for Graduate Medical Education or the American
 3123 Osteopathic Association for a period of 6 years from successful
 3124 completion of such residency program.

3125 b. "Chronic nonmalignant pain" means pain unrelated to

3126 cancer which persists beyond the usual course of disease or the
 3127 injury that is the cause of the pain or more than 90 days after
 3128 surgery.

3129 c. "Pain-management clinic" or "clinic" means any publicly
 3130 or privately owned facility:

3131 (I) That advertises in any medium for any type of pain-
 3132 management services; or

3133 (II) Where in any month a majority of patients are
 3134 prescribed opioids, benzodiazepines, barbiturates, or
 3135 carisoprodol for the treatment of chronic nonmalignant pain.

3136 2. Each pain-management clinic must register with the
 3137 department or hold a valid certificate of exemption pursuant to
 3138 subsection (2).

3139 3. The following clinics are exempt from the registration
 3140 requirement of paragraphs (c)-(m) and must apply to the
 3141 department for a certificate of exemption:

3142 a. A clinic licensed as a hospital under ~~facility pursuant~~
 3143 ~~to~~ chapter 395 or an ambulatory surgical center under chapter
 3144 396;

3145 b. A clinic in which the majority of the physicians who
 3146 provide services in the clinic primarily provide surgical
 3147 services;

3148 c. A clinic owned by a publicly held corporation whose
 3149 shares are traded on a national exchange or on the over-the-
 3150 counter market and whose total assets at the end of the

3151 corporation's most recent fiscal quarter exceeded \$50 million;

3152 d. A clinic affiliated with an accredited medical school
3153 at which training is provided for medical students, residents,
3154 or fellows;

3155 e. A clinic that does not prescribe controlled substances
3156 for the treatment of pain;

3157 f. A clinic owned by a corporate entity exempt from
3158 federal taxation under 26 U.S.C. s. 501(c)(3);

3159 g. A clinic wholly owned and operated by one or more
3160 board-eligible or board-certified anesthesiologists,
3161 physiatrists, rheumatologists, or neurologists; or

3162 h. A clinic wholly owned and operated by a physician
3163 multispecialty practice where one or more board-eligible or
3164 board-certified medical specialists, who have also completed
3165 fellowships in pain medicine approved by the Accreditation
3166 Council for Graduate Medical Education or the American
3167 Osteopathic Association or who are also board-certified in pain
3168 medicine by the American Board of Pain Medicine or a board
3169 approved by the American Board of Medical Specialties, the
3170 American Board of Physician Specialties, or the American
3171 Osteopathic Association, perform interventional pain procedures
3172 of the type routinely billed using surgical codes.

3173 **Section 75. Paragraph (a) of subsection (1) and paragraph**
3174 **(a) of subsection (2) of section 459.0138, Florida Statutes, are**
3175 **amended to read:**

3176 459.0138 Office surgeries.—

3177 (1) REGISTRATION.—

3178 (a)1. An office in which a physician performs a
 3179 liposuction procedure in which more than 1,000 cubic centimeters
 3180 of supernatant fat is temporarily or permanently removed, a
 3181 Level II office surgery, or a Level III office surgery must
 3182 register with the department. A facility licensed under chapter
 3183 390, ~~or~~ chapter 395, or chapter 396 may not be registered under
 3184 this section.

3185 2. The department must complete an inspection of any
 3186 office seeking registration under this section before the office
 3187 may be registered.

3188 (2) STANDARDS OF PRACTICE.—

3189 (a) A physician may not perform any surgery or procedure
 3190 identified in paragraph (1)(a) in a setting other than an office
 3191 surgery setting registered under this section or a facility
 3192 licensed under chapter 390, ~~or~~ chapter 395, or chapter 396, as
 3193 applicable. The board shall impose a fine of \$5,000 per incident
 3194 on a physician who violates this paragraph.

3195 **Section 76. Paragraph (11) of subsection (1) and**
 3196 **subsections (7) and (9) of section 459.015, Florida Statutes,**
 3197 **are amended to read:**

3198 459.015 Grounds for disciplinary action; action by the
 3199 board and department.—

3200 (1) The following acts constitute grounds for denial of a

3201 license or disciplinary action, as specified in s. 456.072(2):

3202 (11) Failing to report to the department any licensee
3203 under chapter 458 or under this chapter who the osteopathic
3204 physician or physician assistant knows has violated the grounds
3205 for disciplinary action set out in the law under which that
3206 person is licensed and who provides health care services in a
3207 facility licensed under chapter 395 or chapter 396, or a health
3208 maintenance organization certificated under part I of chapter
3209 641, in which the osteopathic physician or physician assistant
3210 also provides services.

3211 (7) Upon the department's receipt from the Agency for
3212 Health Care Administration pursuant to s. 395.0197 or s. 396.213
3213 of the name of an osteopathic physician whose conduct may
3214 constitute grounds for disciplinary action by the department,
3215 the department shall investigate the occurrences upon which the
3216 report was based and determine if action by the department
3217 against the osteopathic physician is warranted.

3218 (9) When an investigation of an osteopathic physician is
3219 undertaken, the department shall promptly furnish to the
3220 osteopathic physician or his or her attorney a copy of the
3221 complaint or document which resulted in the initiation of the
3222 investigation. For purposes of this subsection, such documents
3223 include, but are not limited to: the pertinent portions of an
3224 annual report submitted to the department pursuant to s.
3225 395.0197(6) or s. 396.213(6); a report of an adverse incident

3226 | which is provided to the department pursuant to s. 395.0197 or
 3227 | s. 396.213; a report of peer review disciplinary action
 3228 | submitted to the department pursuant to s. 395.0193(4), s.
 3229 | 396.212(4), or s. 459.016, provided that the investigations,
 3230 | proceedings, and records relating to such peer review
 3231 | disciplinary action shall continue to retain their privileged
 3232 | status even as to the licensee who is the subject of the
 3233 | investigation, as provided by ss. 395.0193(8), 396.212(8), and
 3234 | 459.016(3); a report of a closed claim submitted pursuant to s.
 3235 | 627.912; a presuit notice submitted pursuant to s. 766.106(2);
 3236 | and a petition brought under the Florida Birth-Related
 3237 | Neurological Injury Compensation Plan, pursuant to s.
 3238 | 766.305(2). The osteopathic physician may submit a written
 3239 | response to the information contained in the complaint or
 3240 | document which resulted in the initiation of the investigation
 3241 | within 45 days after service to the osteopathic physician of the
 3242 | complaint or document. The osteopathic physician's written
 3243 | response shall be considered by the probable cause panel.

3244 | **Section 77. Paragraph (f) of subsection (4) of section**
 3245 | **459.022, Florida Statutes, is amended to read:**

3246 | 459.022 Physician assistants.—

3247 | (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

3248 | (f) A supervisory physician may delegate to a licensed
 3249 | physician assistant the authority to, and the licensed physician
 3250 | assistant acting under the direction of the supervisory

3251 physician may, order any medication for administration to the
3252 supervisory physician's patient in a facility licensed under
3253 chapter 395, chapter 396, or part II of chapter 400,
3254 notwithstanding any provisions in chapter 465 or chapter 893
3255 which may prohibit this delegation.

3256 **Section 78. Paragraph (f) of subsection (4) of section**
3257 **459.026, Florida Statutes, is amended to read:**

3258 459.026 Reports of adverse incidents in office practice
3259 settings.—

3260 (4) For purposes of notification to the department
3261 pursuant to this section, the term "adverse incident" means an
3262 event over which the physician or licensee could exercise
3263 control and which is associated in whole or in part with a
3264 medical intervention, rather than the condition for which such
3265 intervention occurred, and which results in the following
3266 patient injuries:

3267 (f) Any condition that required the transfer of a patient
3268 to a hospital licensed under chapter 395 from an ambulatory
3269 surgical center licensed under chapter 396 ~~395~~ or any facility
3270 or any office maintained by a physician for the practice of
3271 medicine which is not licensed under chapter 395.

3272 **Section 79. Paragraph (ee) of subsection (1) of section**
3273 **460.413, Florida Statutes, is amended to read:**

3274 460.413 Grounds for disciplinary action; action by board
3275 or department.—

3276 (1) The following acts constitute grounds for denial of a
 3277 license or disciplinary action, as specified in s. 456.072(2):

3278 (ee) Failing to report to the department any licensee
 3279 under chapter 458 or under chapter 459 who the chiropractic
 3280 physician or chiropractic physician's assistant knows has
 3281 violated the grounds for disciplinary action set out in the law
 3282 under which that person is licensed and who provides health care
 3283 services in a facility licensed under chapter 395 or chapter
 3284 396, or a health maintenance organization certificated under
 3285 part I of chapter 641, in which the chiropractic physician or
 3286 chiropractic physician's assistant also provides services.

3287 **Section 80. Paragraph (c) of subsection (1) of section**
 3288 **460.4167, Florida Statutes, is amended to read:**

3289 460.4167 Proprietorship by persons other than licensed
 3290 chiropractic physicians.—

3291 (1) A person may not employ a chiropractic physician
 3292 licensed under this chapter or engage a chiropractic physician
 3293 licensed under this chapter as an independent contractor to
 3294 provide services that chiropractic physicians are authorized to
 3295 offer under this chapter, unless the person is any of the
 3296 following:

3297 (c) An entity that is wholly owned, directly or
 3298 indirectly, by an entity licensed or registered by the state
 3299 under chapter 395 or chapter 396.

3300 **Section 81. Paragraph (aa) of subsection (1) and paragraph**

3301 **(b) of subsection (5) of section 461.013, Florida Statutes, are**
 3302 **amended to read:**

3303 461.013 Grounds for disciplinary action; action by the
 3304 board; investigations by department.—

3305 (1) The following acts constitute grounds for denial of a
 3306 license or disciplinary action, as specified in s. 456.072(2):

3307 (aa) Failing to report to the department any licensee
 3308 under chapter 458 or chapter 459 who the podiatric physician
 3309 knows has violated the grounds for disciplinary action set out
 3310 in the law under which that person is licensed and who provides
 3311 health care services in a facility licensed under chapter 395 or
 3312 chapter 396, or a health maintenance organization certificated
 3313 under part I of chapter 641, in which the podiatric physician
 3314 also provides services.

3315 (5)

3316 (b) Upon the department's receipt from the Agency for
 3317 Health Care Administration pursuant to s. 395.0197 or s. 396.213
 3318 of the name of the podiatric physician whose conduct may
 3319 constitute grounds for disciplinary action by the department,
 3320 the department shall investigate the occurrences upon which the
 3321 report was based and determine if action by the department
 3322 against the podiatric physician is warranted.

3323 **Section 82. Paragraph (e) of subsection (3) of section**
 3324 **464.012, Florida Statutes, is amended to read:**

3325 464.012 Licensure of advanced practice registered nurses;

3326 fees; controlled substance prescribing.—

3327 (3) An advanced practice registered nurse shall perform
 3328 those functions authorized in this section within the framework
 3329 of an established protocol that must be maintained on site at
 3330 the location or locations at which an advanced practice
 3331 registered nurse practices, unless the advanced practice
 3332 registered nurse is registered and practicing under s. 464.0123.
 3333 In the case of multiple supervising physicians in the same
 3334 group, an advanced practice registered nurse must enter into a
 3335 supervisory protocol with at least one physician within the
 3336 physician group practice. A practitioner currently licensed
 3337 under chapter 458, chapter 459, or chapter 466 shall maintain
 3338 supervision for directing the specific course of medical
 3339 treatment. Within the established framework, an advanced
 3340 practice registered nurse may:

3341 (e) Order any medication for administration to a patient
 3342 in a facility licensed under chapter 395, chapter 396, or part
 3343 II of chapter 400, notwithstanding any provisions in chapter 465
 3344 or chapter 893.

3345 **Section 83. Paragraph (e) of subsection (1) of section**
 3346 **465.0125, Florida Statutes, is amended to read:**

3347 465.0125 Consultant pharmacist license; application,
 3348 renewal, fees; responsibilities; rules.—

3349 (1) The department shall issue or renew a consultant
 3350 pharmacist license upon receipt of an initial or renewal

3351 application that conforms to the requirements for consultant
 3352 pharmacist initial licensure or renewal as adopted by the board
 3353 by rule and a fee set by the board not to exceed \$250. To be
 3354 licensed as a consultant pharmacist, a pharmacist must complete
 3355 additional training as required by the board.

3356 (e) For purposes of this subsection, the term "health care
 3357 facility" means a ~~an ambulatory surgical center or~~ hospital
 3358 licensed under chapter 395, an ambulatory surgical center
 3359 licensed under chapter 396, an alcohol or chemical dependency
 3360 treatment center licensed under chapter 397, an inpatient
 3361 hospice licensed under part IV of chapter 400, a nursing home
 3362 licensed under part II of chapter 400, an ambulatory care center
 3363 as defined in s. 408.07, or a nursing home component under
 3364 chapter 400 within a continuing care facility licensed under
 3365 chapter 651.

3366 **Section 84. Paragraph (o) of subsection (1) of section**
 3367 **465.016, Florida Statutes, is amended to read:**

3368 465.016 Disciplinary actions.—

3369 (1) The following acts constitute grounds for denial of a
 3370 license or disciplinary action, as specified in s. 456.072(2):

3371 (o) Failing to report to the department any licensee under
 3372 chapter 458 or under chapter 459 who the pharmacist knows has
 3373 violated the grounds for disciplinary action set out in the law
 3374 under which that person is licensed and who provides health care
 3375 services in a facility licensed under chapter 395 or chapter

3376 396, or a health maintenance organization certificated under
 3377 part I of chapter 641, in which the pharmacist also provides
 3378 services. However, a person who the licensee knows is unable to
 3379 practice medicine or osteopathic medicine with reasonable skill
 3380 and safety to patients by reason of illness or use of alcohol,
 3381 drugs, narcotics, chemicals, or any other type of material, or
 3382 as a result of a mental or physical condition, may be reported
 3383 to a consultant operating an impaired practitioner program as
 3384 described in s. 456.076 rather than to the department.

3385 **Section 85. Paragraph (hh) of subsection (1) of section**
 3386 **466.028, Florida Statutes, is amended to read:**

3387 466.028 Grounds for disciplinary action; action by the
 3388 board.—

3389 (1) The following acts constitute grounds for denial of a
 3390 license or disciplinary action, as specified in s. 456.072(2):

3391 (hh) Failing to report to the department any licensee
 3392 under chapter 458 or chapter 459 who the dentist knows has
 3393 violated the grounds for disciplinary action set out in the law
 3394 under which that person is licensed and who provides health care
 3395 services in a facility licensed under chapter 395 or chapter
 3396 396, or a health maintenance organization certificated under
 3397 part I of chapter 641, in which the dentist also provides
 3398 services.

3399 **Section 86. Paragraph (1) of subsection (1) of section**
 3400 **468.505, Florida Statutes, is amended to read:**

3401 468.505 Exemptions; exceptions.—

3402 (1) Nothing in this part may be construed as prohibiting
3403 or restricting the practice, services, or activities of:

3404 (1) A person employed by a nursing facility exempt from
3405 licensing under s. 395.002 ~~s. 395.002(12)~~, or a person exempt
3406 from licensing under s. 464.022.

3407 **Section 87. Paragraph (d) of subsection (11) of section**
3408 **486.021, Florida Statutes, is amended to read:**

3409 486.021 Definitions.—As used in this chapter, unless the
3410 context otherwise requires, the term:

3411 (11) "Practice of physical therapy" means the performance
3412 of physical therapy assessments and the treatment of any
3413 disability, injury, disease, or other health condition of human
3414 beings, or the prevention of such disability, injury, disease,
3415 or other health condition, and the rehabilitation of such
3416 disability, injury, disease, or other health condition by
3417 alleviating impairments, functional movement limitations, and
3418 disabilities by designing, implementing, and modifying treatment
3419 interventions through therapeutic exercise; functional movement
3420 training in self-management and in-home, community, or work
3421 integration or reintegration; manual therapy; massage; airway
3422 clearance techniques; maintaining and restoring the
3423 integumentary system and wound care; physical agent or modality;
3424 mechanical or electrotherapeutic modality; patient-related
3425 instruction; the use of apparatus and equipment in the

3426 application of such treatment, prevention, or rehabilitation;
 3427 the performance of tests of neuromuscular functions as an aid to
 3428 the diagnosis or treatment of any human condition; or the
 3429 performance of electromyography as an aid to the diagnosis of
 3430 any human condition only upon compliance with the criteria set
 3431 forth by the Board of Medicine.

3432 (d) This subsection does not authorize a physical
 3433 therapist to implement a plan of treatment for a patient
 3434 currently being treated in a facility licensed under ~~pursuant to~~
 3435 chapter 395 or chapter 396.

3436 **Section 88. Subsection (22) of section 499.003, Florida**
 3437 **Statutes, is amended to read:**

3438 499.003 Definitions of terms used in this part.—As used in
 3439 this part, the term:

3440 (22) "Health care facility" means a health care facility
 3441 licensed under chapter 395 or chapter 396.

3442 **Section 89. Subsection (5) of section 499.0295, Florida**
 3443 **Statutes, is amended to read:**

3444 499.0295 Experimental treatments for terminal conditions.—

3445 (5) A hospital or health care facility licensed under
 3446 chapter 395 or chapter 396, as applicable, is not required to
 3447 provide new or additional services unless those services are
 3448 approved by the hospital or health care facility.

3449 **Section 90. Paragraph (c) of subsection (1) of section**
 3450 **553.80, Florida Statutes, is amended to read:**

3451 553.80 Enforcement.—

3452 (1) Except as provided in paragraphs (a)-(g), each local
 3453 government and each legally constituted enforcement district
 3454 with statutory authority shall regulate building construction
 3455 and, where authorized in the state agency's enabling
 3456 legislation, each state agency shall enforce the Florida
 3457 Building Code required by this part on all public or private
 3458 buildings, structures, and facilities, unless such
 3459 responsibility has been delegated to another unit of government
 3460 under s. 553.79(11).

3461 (c) In addition to the requirements of s. 553.79 and this
 3462 section, facilities subject to ~~the provisions of chapter 395,~~
 3463 chapter 396, and parts II and VIII of chapter 400 shall have
 3464 facility plans reviewed and construction surveyed by the state
 3465 agency authorized to do so under the requirements of chapter 395
 3466 and parts II and VIII of chapter 400 and the certification
 3467 requirements of the Federal Government. Facilities subject to
 3468 the provisions of part IV of chapter 400 may have facility plans
 3469 reviewed and shall have construction surveyed by the state
 3470 agency authorized to do so under the requirements of part IV of
 3471 chapter 400 and the certification requirements of the Federal
 3472 Government.

3473
 3474 The governing bodies of local governments may provide a schedule
 3475 of fees, as authorized by s. 125.56(2) or s. 166.222 and this

3476 section, for the enforcement of the provisions of this part.
 3477 Such fees shall be used solely for carrying out the local
 3478 government's responsibilities in enforcing the Florida Building
 3479 Code. The authority of state enforcing agencies to set fees for
 3480 enforcement shall be derived from authority existing on July 1,
 3481 1998. However, nothing contained in this subsection shall
 3482 operate to limit such agencies from adjusting their fee schedule
 3483 in conformance with existing authority.

3484 **Section 91. Paragraph (h) of subsection (4) of section**
 3485 **627.351, Florida Statutes, is amended to read:**

3486 627.351 Insurance risk apportionment plans.—

3487 (4) MEDICAL MALPRACTICE RISK APPORTIONMENT; ASSOCIATION
 3488 CONTRACTS AND PURCHASES.—

3489 (h) As used in this subsection, the term:

3490 1. "Health care provider" means hospitals licensed under
 3491 chapter 395; physicians licensed under chapter 458; osteopathic
 3492 physicians licensed under chapter 459; podiatric physicians
 3493 licensed under chapter 461; dentists licensed under chapter 466;
 3494 chiropractic physicians licensed under chapter 460; naturopaths
 3495 licensed under chapter 462; nurses licensed under part I of
 3496 chapter 464; midwives licensed under chapter 467; physician
 3497 assistants licensed under chapter 458 or chapter 459; physical
 3498 therapists and physical therapist assistants licensed under
 3499 chapter 486; health maintenance organizations certificated under
 3500 part I of chapter 641; ambulatory surgical centers licensed

3501 under chapter 396 ~~395~~; other medical facilities as defined in
 3502 subparagraph 2.; blood banks, plasma centers, industrial
 3503 clinics, and renal dialysis facilities; or professional
 3504 associations, partnerships, corporations, joint ventures, or
 3505 other associations for professional activity by health care
 3506 providers.

3507 2. "Other medical facility" means a facility the primary
 3508 purpose of which is to provide human medical diagnostic services
 3509 or a facility providing nonsurgical human medical treatment, to
 3510 which facility the patient is admitted and from which facility
 3511 the patient is discharged within the same working day, and which
 3512 facility is not part of a hospital. However, a facility existing
 3513 for the primary purpose of performing terminations of pregnancy
 3514 or an office maintained by a physician or dentist for the
 3515 practice of medicine may not be construed to be an "other
 3516 medical facility."

3517 3. "Health care facility" means any hospital licensed
 3518 under chapter 395, health maintenance organization certificated
 3519 under part I of chapter 641, ambulatory surgical center licensed
 3520 under chapter 396 ~~395~~, or other medical facility as defined in
 3521 subparagraph 2.

3522 **Section 92. Paragraph (b) of subsection (1) of section**
 3523 **627.357, Florida Statutes, is amended to read:**

3524 627.357 Medical malpractice self-insurance.—

3525 (1) DEFINITIONS.—As used in this section, the term:

- 3526 (b) "Health care provider" means any:
- 3527 1. Hospital licensed under chapter 395.
- 3528 2. Physician licensed, or physician assistant licensed,
- 3529 under chapter 458.
- 3530 3. Osteopathic physician or physician assistant licensed
- 3531 under chapter 459.
- 3532 4. Podiatric physician licensed under chapter 461.
- 3533 5. Health maintenance organization certificated under part
- 3534 I of chapter 641.
- 3535 6. Ambulatory surgical center licensed under chapter 396
- 3536 ~~395~~.
- 3537 7. Chiropractic physician licensed under chapter 460.
- 3538 8. Psychologist licensed under chapter 490.
- 3539 9. Optometrist licensed under chapter 463.
- 3540 10. Dentist licensed under chapter 466.
- 3541 11. Pharmacist licensed under chapter 465.
- 3542 12. Registered nurse, licensed practical nurse, or
- 3543 advanced practice registered nurse licensed or registered under
- 3544 part I of chapter 464.
- 3545 13. Other medical facility.
- 3546 14. Professional association, partnership, corporation,
- 3547 joint venture, or other association established by the
- 3548 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
- 3549 10., 11., and 12. for professional activity.

3550 **Section 93. Section 627.6056, Florida Statutes, is amended**

3551 **to read:**

3552 627.6056 Coverage for ambulatory surgical center service.-
3553 An ~~No~~ individual health insurance policy providing coverage on
3554 an expense-incurred basis or individual service or indemnity-
3555 type contract issued by a nonprofit corporation, of any kind or
3556 description, may not ~~shall~~ be issued unless coverage provided
3557 for any service performed in an ambulatory surgical center, as
3558 defined in s. 396.202 ~~s. 395.002~~, is provided if such service
3559 would have been covered under the terms of the policy or
3560 contract as an eligible inpatient service.

3561 **Section 94. Paragraph (a) of subsection (2) of section**
3562 **627.6387, Florida Statutes, is amended to read:**

3563 627.6387 Shared savings incentive program.-

3564 (2) As used in this section, the term:

3565 (a) "Health care provider" means a hospital or facility
3566 licensed under chapter 395 or chapter 396; an entity licensed
3567 under chapter 400; a health care practitioner as defined in s.
3568 456.001; a blood bank, plasma center, industrial clinic, or
3569 renal dialysis facility; or a professional association,
3570 partnership, corporation, joint venture, or other association
3571 for professional activity by health care providers. The term
3572 includes entities and professionals outside of this state with
3573 an active, unencumbered license for an equivalent facility or
3574 practitioner type issued by another state, the District of
3575 Columbia, or a possession or territory of the United States.

3576 **Section 95. Subsection (3) of section 627.6405, Florida**
 3577 **Statutes, is amended to read:**

3578 627.6405 Decreasing inappropriate utilization of emergency
 3579 care.—

3580 (3) As a disincentive for insureds to inappropriately use
 3581 emergency department services for nonemergency care, health
 3582 insurers may require higher copayments for urgent care or
 3583 primary care provided in an emergency department and higher
 3584 copayments for use of out-of-network emergency departments.
 3585 Higher copayments may not be charged for the utilization of the
 3586 emergency department for emergency care. For the purposes of
 3587 this section, the term "emergency care" has the same meaning as
 3588 the term "emergency services and care" as defined in s. 395.002
 3589 ~~s. 395.002(9)~~ and includes services provided to rule out an
 3590 emergency medical condition.

3591 **Section 96. Paragraph (b) of subsection (1) of section**
 3592 **627.64194, Florida Statutes, is amended to read:**

3593 627.64194 Coverage requirements for services provided by
 3594 nonparticipating providers; payment collection limitations.—

3595 (1) As used in this section, the term:

3596 (b) "Facility" means a licensed facility as defined in s.
 3597 395.002 ~~s. 395.002(17)~~ and an urgent care center as defined in
 3598 s. 395.002.

3599 **Section 97. Section 627.6616, Florida Statutes, is amended**
 3600 **to read:**

3601 627.6616 Coverage for ambulatory surgical center service.-
 3602 A ~~No~~ group health insurance policy providing coverage on an
 3603 expense-incurred basis, or group service or indemnity-type
 3604 contract issued by a nonprofit corporation, or self-insured
 3605 group health benefit plan or trust, of any kind or description,
 3606 may not ~~shall~~ be issued unless coverage provided for any service
 3607 performed in an ambulatory surgical center, as defined in s.
 3608 396.202 ~~s. 395.002~~, is provided if such service would have been
 3609 covered under the terms of the policy or contract as an eligible
 3610 inpatient service.

3611 **Section 98. Paragraph (a) of subsection (2) of section**
 3612 **627.6648, Florida Statutes, is amended to read:**

3613 627.6648 Shared savings incentive program.-

3614 (2) As used in this section, the term:

3615 (a) "Health care provider" means a hospital or facility
 3616 licensed under chapter 395 or chapter 396; an entity licensed
 3617 under chapter 400; a health care practitioner as defined in s.
 3618 456.001; a blood bank, plasma center, industrial clinic, or
 3619 renal dialysis facility; or a professional association,
 3620 partnership, corporation, joint venture, or other association
 3621 for professional activity by health care providers. The term
 3622 includes entities and professionals outside this state with an
 3623 active, unencumbered license for an equivalent facility or
 3624 practitioner type issued by another state, the District of
 3625 Columbia, or a possession or territory of the United States.

3626 **Section 99. Paragraph (a) of subsection (1) of section**
 3627 **627.736, Florida Statutes, is amended to read:**

3628 627.736 Required personal injury protection benefits;
 3629 exclusions; priority; claims.—

3630 (1) REQUIRED BENEFITS.—An insurance policy complying with
 3631 the security requirements of s. 627.733 must provide personal
 3632 injury protection to the named insured, relatives residing in
 3633 the same household unless excluded under s. 627.747, persons
 3634 operating the insured motor vehicle, passengers in the motor
 3635 vehicle, and other persons struck by the motor vehicle and
 3636 suffering bodily injury while not an occupant of a self-
 3637 propelled vehicle, subject to subsection (2) and paragraph
 3638 (4) (e), to a limit of \$10,000 in medical and disability benefits
 3639 and \$5,000 in death benefits resulting from bodily injury,
 3640 sickness, disease, or death arising out of the ownership,
 3641 maintenance, or use of a motor vehicle as follows:

3642 (a) *Medical benefits.*—Eighty percent of all reasonable
 3643 expenses for medically necessary medical, surgical, X-ray,
 3644 dental, and rehabilitative services, including prosthetic
 3645 devices and medically necessary ambulance, hospital, and nursing
 3646 services if the individual receives initial services and care
 3647 pursuant to subparagraph 1. within 14 days after the motor
 3648 vehicle accident. The medical benefits provide reimbursement
 3649 only for:

3650 1. Initial services and care that are lawfully provided,

3651 supervised, ordered, or prescribed by a physician licensed under
3652 chapter 458 or chapter 459, a dentist licensed under chapter
3653 466, a chiropractic physician licensed under chapter 460, or an
3654 advanced practice registered nurse registered under s. 464.0123
3655 or that are provided in a hospital or in a facility that owns,
3656 or is wholly owned by, a hospital. Initial services and care may
3657 also be provided by a person or entity licensed under part III
3658 of chapter 401 which provides emergency transportation and
3659 treatment.

3660 2. Upon referral by a provider described in subparagraph
3661 1., follow-up ~~followup~~ services and care consistent with the
3662 underlying medical diagnosis rendered pursuant to subparagraph
3663 1. which may be provided, supervised, ordered, or prescribed
3664 only by a physician licensed under chapter 458 or chapter 459, a
3665 chiropractic physician licensed under chapter 460, a dentist
3666 licensed under chapter 466, or an advanced practice registered
3667 nurse registered under s. 464.0123, or, to the extent permitted
3668 by applicable law and under the supervision of such physician,
3669 osteopathic physician, chiropractic physician, or dentist, by a
3670 physician assistant licensed under chapter 458 or chapter 459 or
3671 an advanced practice registered nurse licensed under chapter
3672 464. Follow-up ~~Followup~~ services and care may also be provided
3673 by the following persons or entities:

3674 a. A hospital licensed under chapter 395 or an ambulatory
3675 surgical center licensed under chapter 396 ~~395~~.

3676 b. An entity wholly owned by one or more physicians
3677 licensed under chapter 458 or chapter 459, chiropractic
3678 physicians licensed under chapter 460, advanced practice
3679 registered nurses registered under s. 464.0123, or dentists
3680 licensed under chapter 466 or by such practitioners and the
3681 spouse, parent, child, or sibling of such practitioners.

3682 c. An entity that owns or is wholly owned, directly or
3683 indirectly, by a hospital or hospitals.

3684 d. A physical therapist licensed under chapter 486, based
3685 upon a referral by a provider described in this subparagraph.

3686 e. A health care clinic licensed under part X of chapter
3687 400 which is accredited by an accrediting organization whose
3688 standards incorporate comparable regulations required by this
3689 state, or

3690 (I) Has a medical director licensed under chapter 458,
3691 chapter 459, or chapter 460;

3692 (II) Has been continuously licensed for more than 3 years
3693 or is a publicly traded corporation that issues securities
3694 traded on an exchange registered with the United States
3695 Securities and Exchange Commission as a national securities
3696 exchange; and

3697 (III) Provides at least four of the following medical
3698 specialties:

3699 (A) General medicine.

3700 (B) Radiography.

3701 (C) Orthopedic medicine.
 3702 (D) Physical medicine.
 3703 (E) Physical therapy.
 3704 (F) Physical rehabilitation.
 3705 (G) Prescribing or dispensing outpatient prescription
 3706 medication.

3707 (H) Laboratory services.
 3708 3. Reimbursement for services and care provided in
 3709 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
 3710 licensed under chapter 458 or chapter 459, a dentist licensed
 3711 under chapter 466, a physician assistant licensed under chapter
 3712 458 or chapter 459, or an advanced practice registered nurse
 3713 licensed under chapter 464 has determined that the injured
 3714 person had an emergency medical condition.

3715 4. Reimbursement for services and care provided in
 3716 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
 3717 provider listed in subparagraph 1. or subparagraph 2. determines
 3718 that the injured person did not have an emergency medical
 3719 condition.

3720 5. Medical benefits do not include massage therapy as
 3721 defined in s. 480.033 or acupuncture as defined in s. 457.102,
 3722 regardless of the person, entity, or licensee providing massage
 3723 therapy or acupuncture, and a licensed massage therapist or
 3724 licensed acupuncturist may not be reimbursed for medical
 3725 benefits under this section.

3726 6. The Financial Services Commission shall adopt by rule
3727 the form that must be used by an insurer and a health care
3728 provider specified in sub-subparagraph 2.b., sub-subparagraph
3729 2.c., or sub-subparagraph 2.e. to document that the health care
3730 provider meets the criteria of this paragraph. Such rule must
3731 include a requirement for a sworn statement or affidavit.
3732
3733 Only insurers writing motor vehicle liability insurance in this
3734 state may provide the required benefits of this section, and
3735 such insurer may not require the purchase of any other motor
3736 vehicle coverage other than the purchase of property damage
3737 liability coverage as required by s. 627.7275 as a condition for
3738 providing such benefits. Insurers may not require that property
3739 damage liability insurance in an amount greater than \$10,000 be
3740 purchased in conjunction with personal injury protection. Such
3741 insurers shall make benefits and required property damage
3742 liability insurance coverage available through normal marketing
3743 channels. An insurer writing motor vehicle liability insurance
3744 in this state who fails to comply with such availability
3745 requirement as a general business practice violates part IX of
3746 chapter 626, and such violation constitutes an unfair method of
3747 competition or an unfair or deceptive act or practice involving
3748 the business of insurance. An insurer committing such violation
3749 is subject to the penalties provided under that part, as well as
3750 those provided elsewhere in the insurance code.

3751 **Section 100. Paragraph (a) of subsection (1) of section**
 3752 **627.912, Florida Statutes, is amended to read:**

3753 627.912 Professional liability claims and actions; reports
 3754 by insurers and health care providers; annual report by office.—

3755 (1) (a) Each self-insurer authorized under s. 627.357 and
 3756 each commercial self-insurance fund authorized under s. 624.462,
 3757 authorized insurer, surplus lines insurer, risk retention group,
 3758 and joint underwriting association providing professional
 3759 liability insurance to a practitioner of medicine licensed under
 3760 chapter 458, to a practitioner of osteopathic medicine licensed
 3761 under chapter 459, to a podiatric physician licensed under
 3762 chapter 461, to a dentist licensed under chapter 466, to a
 3763 hospital licensed under chapter 395, to a crisis stabilization
 3764 unit licensed under part IV of chapter 394, to a health
 3765 maintenance organization certificated under part I of chapter
 3766 641, to clinics included in chapter 390, or to an ambulatory
 3767 surgical center as defined in s. 396.202 ~~s. 395.002~~, and each
 3768 insurer providing professional liability insurance to a member
 3769 of The Florida Bar shall report to the office as set forth in
 3770 paragraph (c) any written claim or action for damages for
 3771 personal injuries claimed to have been caused by error,
 3772 omission, or negligence in the performance of such insured's
 3773 professional services or based on a claimed performance of
 3774 professional services without consent.

3775 **Section 101. Paragraph (a) of subsection (2) of section**

3776 **641.31076, Florida Statutes, is amended to read:**

3777 641.31076 Shared savings incentive program.—

3778 (2) As used in this section, the term:

3779 (a) "Health care provider" means a hospital or facility
 3780 licensed under chapter 395 or chapter 396; an entity licensed
 3781 under chapter 400; a health care practitioner as defined in s.
 3782 456.001; a blood bank, plasma center, industrial clinic, or
 3783 renal dialysis facility; or a professional association,
 3784 partnership, corporation, joint venture, or other association
 3785 for professional activity by health care providers. The term
 3786 includes entities and professionals outside this state with an
 3787 active, unencumbered license for an equivalent facility or
 3788 practitioner type issued by another state, the District of
 3789 Columbia, or a possession or territory of the United States.

3790 **Section 102. Subsection (2) of section 765.101, Florida**
 3791 **Statutes, is amended to read:**

3792 765.101 Definitions.—As used in this chapter:

3793 (2) "Attending physician" means the physician who has
 3794 primary responsibility for the treatment and care of the patient
 3795 while the patient receives such treatment or care in a hospital
 3796 as defined in s. 395.002 ~~s. 395.002(12)~~.

3797 **Section 103. Paragraph (a) of subsection (1) of section**
 3798 **766.101, Florida Statutes, is amended to read:**

3799 766.101 Medical review committee, immunity from
 3800 liability.—

3801 (1) As used in this section, the term:

3802 (a) The term "medical review committee" or "committee"
3803 means:

3804 1.a. A committee of a hospital or ambulatory surgical
3805 center licensed under chapter 396 ~~395~~ or a health maintenance
3806 organization certificated under part I of chapter 641;

3807 b. A committee of a physician-hospital organization, a
3808 provider-sponsored organization, or an integrated delivery
3809 system;

3810 c. A committee of a state or local professional society of
3811 health care providers;

3812 d. A committee of a medical staff of a licensed hospital
3813 or nursing home, provided the medical staff operates pursuant to
3814 written bylaws that have been approved by the governing board of
3815 the hospital or nursing home;

3816 e. A committee of the Department of Corrections or the
3817 Correctional Medical Authority as created under s. 945.602, or
3818 employees, agents, or consultants of either the department or
3819 the authority or both;

3820 f. A committee of a professional service corporation
3821 formed under chapter 621 or a corporation organized under part I
3822 of chapter 607 or chapter 617, which is formed and operated for
3823 the practice of medicine as defined in s. 458.305(3), and which
3824 has at least 25 health care providers who routinely provide
3825 health care services directly to patients;

3826 g. A committee of the Department of Children and Families
3827 which includes employees, agents, or consultants to the
3828 department as deemed necessary to provide peer review,
3829 utilization review, and mortality review of treatment services
3830 provided pursuant to chapters 394, 397, and 916;

3831 h. A committee of a mental health treatment facility
3832 licensed under chapter 394 or a community mental health center
3833 as defined in s. 394.907, provided the quality assurance program
3834 operates pursuant to the guidelines that have been approved by
3835 the governing board of the agency;

3836 i. A committee of a substance abuse treatment and
3837 education prevention program licensed under chapter 397 provided
3838 the quality assurance program operates pursuant to the
3839 guidelines that have been approved by the governing board of the
3840 agency;

3841 j. A peer review or utilization review committee organized
3842 under chapter 440;

3843 k. A committee of the Department of Health, a county
3844 health department, healthy start coalition, or certified rural
3845 health network, when reviewing quality of care, or employees of
3846 these entities when reviewing mortality records; or

3847 l. A continuous quality improvement committee of a
3848 pharmacy licensed pursuant to chapter 465,

3849
3850 which committee is formed to evaluate and improve the quality of

3851 health care rendered by providers of health service, to
3852 determine that health services rendered were professionally
3853 indicated or were performed in compliance with the applicable
3854 standard of care, or that the cost of health care rendered was
3855 considered reasonable by the providers of professional health
3856 services in the area; or

3857 2. A committee of an insurer, self-insurer, or joint
3858 underwriting association of medical malpractice insurance, or
3859 other persons conducting review under s. 766.106.

3860 **Section 104. Paragraph (a) of subsection (1) and**
3861 **subsection (4) of section 766.1016, Florida Statutes, are**
3862 **amended to read:**

3863 766.1016 Patient safety data privilege.—

3864 (1) As used in this section, the term:

3865 (a) "Patient safety data" means reports made to patient
3866 safety organizations, including all health care data,
3867 interviews, memoranda, analyses, root cause analyses, products
3868 of quality assurance or quality improvement processes,
3869 corrective action plans, or information collected or created by
3870 a health care facility licensed under chapter 395 or chapter
3871 396, or a health care practitioner as defined in s. 456.001(4),
3872 as a result of an occurrence related to the provision of health
3873 care services which exacerbates an existing medical condition or
3874 could result in injury, illness, or death.

3875 (4) The exchange of patient safety data among health care

3876 facilities licensed under chapter 395 or chapter 396, or health
3877 care practitioners as defined in s. 456.001(4), or patient
3878 safety organizations which does not identify any patient shall
3879 not constitute a waiver of any privilege established in this
3880 section.

3881 **Section 105. Paragraph (d) of subsection (2) of section**
3882 **766.106, Florida Statutes, is amended to read:**

3883 766.106 Notice before filing action for medical
3884 negligence; presuit screening period; offers for admission of
3885 liability and for arbitration; informal discovery; review.—

3886 (2) PRESUIT NOTICE.—

3887 (d) Following the initiation of a suit alleging medical
3888 negligence with a court of competent jurisdiction, and service
3889 of the complaint upon a prospective defendant, the claimant
3890 shall provide a copy of the complaint to the Department of
3891 Health and, if the complaint involves a facility licensed under
3892 chapter 395, the Agency for Health Care Administration. The
3893 requirement of providing the complaint to the Department of
3894 Health or the Agency for Health Care Administration does not
3895 impair the claimant's legal rights or ability to seek relief for
3896 his or her claim. The Department of Health or the Agency for
3897 Health Care Administration shall review each incident that is
3898 the subject of the complaint and determine whether it involved
3899 conduct by a licensee which is potentially subject to
3900 disciplinary action, in which case, for a licensed health care

3901 practitioner, s. 456.073 applies ~~and~~, for a licensed facility,
 3902 part I of chapter 395 applies, and for a licensed ambulatory
 3903 surgical center, chapter 396 applies.

3904 **Section 106. Subsection (3) of section 766.110, Florida**
 3905 **Statutes, is amended to read:**

3906 766.110 Liability of health care facilities.—

3907 (3) In order to ensure comprehensive risk management for
 3908 diagnosis of disease, a health care facility, including a
 3909 hospital or ambulatory surgical center, as defined in chapter
 3910 396 ~~395~~, may use scientific diagnostic disease methodologies
 3911 that use information regarding specific diseases in health care
 3912 facilities and that are adopted by the facility's medical review
 3913 committee.

3914 **Section 107. Paragraph (d) of subsection (3) of section**
 3915 **766.1115, Florida Statutes, is amended to read:**

3916 766.1115 Health care providers; creation of agency
 3917 relationship with governmental contractors.—

3918 (3) DEFINITIONS.—As used in this section, the term:

3919 (d) "Health care provider" or "provider" means:

- 3920 1. A birth center licensed under chapter 383.
- 3921 2. An ambulatory surgical center licensed under chapter
 3922 396 ~~395~~.
- 3923 3. A hospital licensed under chapter 395.
- 3924 4. A physician or physician assistant licensed under
 3925 chapter 458.

- 3926 5. An osteopathic physician or osteopathic physician
 3927 assistant licensed under chapter 459.
- 3928 6. A chiropractic physician licensed under chapter 460.
- 3929 7. A podiatric physician licensed under chapter 461.
- 3930 8. A registered nurse, nurse midwife, licensed practical
 3931 nurse, or advanced practice registered nurse licensed or
 3932 registered under part I of chapter 464 or any facility which
 3933 employs nurses licensed or registered under part I of chapter
 3934 464 to supply all or part of the care delivered under this
 3935 section.
- 3936 9. A midwife licensed under chapter 467.
- 3937 10. A health maintenance organization certificated under
 3938 part I of chapter 641.
- 3939 11. A health care professional association and its
 3940 employees or a corporate medical group and its employees.
- 3941 12. Any other medical facility the primary purpose of
 3942 which is to deliver human medical diagnostic services or which
 3943 delivers nonsurgical human medical treatment, and which includes
 3944 an office maintained by a provider.
- 3945 13. A dentist or dental hygienist licensed under chapter
 3946 466.
- 3947 14. A free clinic that delivers only medical diagnostic
 3948 services or nonsurgical medical treatment free of charge to all
 3949 low-income recipients.
- 3950 15. Any other health care professional, practitioner,

3951 provider, or facility under contract with a governmental
 3952 contractor, including a student enrolled in an accredited
 3953 program that prepares the student for licensure as any one of
 3954 the professionals listed in subparagraphs 4.-9.

3955
 3956 The term includes any nonprofit corporation qualified as exempt
 3957 from federal income taxation under s. 501(a) of the Internal
 3958 Revenue Code, and described in s. 501(c) of the Internal Revenue
 3959 Code, which delivers health care services provided by licensed
 3960 professionals listed in this paragraph, any federally funded
 3961 community health center, and any volunteer corporation or
 3962 volunteer health care provider that delivers health care
 3963 services.

3964 **Section 108. Subsection (4) and paragraph (b) of**
 3965 **subsection (6) of section 766.118, Florida Statutes, are amended**
 3966 **to read:**

3967 766.118 Determination of noneconomic damages.—

3968 (4) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF
 3969 PRACTITIONERS PROVIDING EMERGENCY SERVICES AND CARE.—

3970 Notwithstanding subsections (2) and (3), with respect to a cause
 3971 of action for personal injury or wrongful death arising from
 3972 medical negligence of practitioners providing emergency services
 3973 and care, as defined in s. 395.002 ~~s. 395.002(9)~~, or providing
 3974 services as provided in s. 401.265, or providing services
 3975 pursuant to obligations imposed by 42 U.S.C. s. 1395dd to

3976 persons with whom the practitioner does not have a then-existing
 3977 health care patient-practitioner relationship for that medical
 3978 condition:

3979 (a) Regardless of the number of such practitioner
 3980 defendants, noneconomic damages may ~~shall~~ not exceed \$150,000
 3981 per claimant.

3982 (b) Notwithstanding paragraph (a), the total noneconomic
 3983 damages recoverable by all claimants from all such practitioners
 3984 may ~~shall~~ not exceed \$300,000.

3985
 3986 The limitation provided by this subsection applies only to
 3987 noneconomic damages awarded as a result of any act or omission
 3988 of providing medical care or treatment, including diagnosis that
 3989 occurs prior to the time the patient is stabilized and is
 3990 capable of receiving medical treatment as a nonemergency
 3991 patient, unless surgery is required as a result of the emergency
 3992 within a reasonable time after the patient is stabilized, in
 3993 which case the limitation provided by this subsection applies to
 3994 any act or omission of providing medical care or treatment which
 3995 occurs prior to the stabilization of the patient following the
 3996 surgery.

3997 (6) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF A
 3998 PRACTITIONER PROVIDING SERVICES AND CARE TO A MEDICAID
 3999 RECIPIENT.—Notwithstanding subsections (2), (3), and (5), with
 4000 respect to a cause of action for personal injury or wrongful

4001 death arising from medical negligence of a practitioner
 4002 committed in the course of providing medical services and
 4003 medical care to a Medicaid recipient, regardless of the number
 4004 of such practitioner defendants providing the services and care,
 4005 noneconomic damages may not exceed \$300,000 per claimant, unless
 4006 the claimant pleads and proves, by clear and convincing
 4007 evidence, that the practitioner acted in a wrongful manner. A
 4008 practitioner providing medical services and medical care to a
 4009 Medicaid recipient is not liable for more than \$200,000 in
 4010 noneconomic damages, regardless of the number of claimants,
 4011 unless the claimant pleads and proves, by clear and convincing
 4012 evidence, that the practitioner acted in a wrongful manner. The
 4013 fact that a claimant proves that a practitioner acted in a
 4014 wrongful manner does not preclude the application of the
 4015 limitation on noneconomic damages prescribed elsewhere in this
 4016 section. For purposes of this subsection:

4017 (b) The term "practitioner," in addition to the meaning
 4018 prescribed in subsection (1), includes a ~~any~~ hospital ~~or~~
 4019 ~~ambulatory surgical center~~ as defined and licensed under chapter
 4020 395 or an ambulatory surgical center as defined and licensed
 4021 under chapter 396.

4022 **Section 109. Subsection (4) of section 766.202, Florida**
 4023 **Statutes, is amended to read:**

4024 766.202 Definitions; ss. 766.201-766.212.—As used in ss.
 4025 766.201-766.212, the term:

4026 (4) "Health care provider" means a ~~any~~ hospital ~~or~~
 4027 ~~ambulatory surgical center~~ as defined and licensed under chapter
 4028 395; an ambulatory surgical center as defined and licensed under
 4029 chapter 396; a birth center licensed under chapter 383; any
 4030 person licensed under chapter 458, chapter 459, chapter 460,
 4031 chapter 461, chapter 462, chapter 463, part I of chapter 464,
 4032 chapter 466, chapter 467, part XIV of chapter 468, or chapter
 4033 486; a health maintenance organization certificated under part I
 4034 of chapter 641; a blood bank; a plasma center; an industrial
 4035 clinic; a renal dialysis facility; or a professional association
 4036 partnership, corporation, joint venture, or other association
 4037 for professional activity by health care providers.

4038 **Section 110. Section 766.316, Florida Statutes, is amended**
 4039 **to read:**

4040 766.316 Notice to obstetrical patients of participation in
 4041 the plan.—Each hospital with a participating physician on its
 4042 staff and each participating physician, other than residents,
 4043 assistant residents, and interns deemed to be participating
 4044 physicians under s. 766.314(4)(c), under the Florida Birth-
 4045 Related Neurological Injury Compensation Plan shall provide
 4046 notice to the obstetrical patients as to the limited no-fault
 4047 alternative for birth-related neurological injuries. Such notice
 4048 shall be provided on forms furnished by the association and
 4049 shall include a clear and concise explanation of a patient's
 4050 rights and limitations under the plan. The hospital or the

4051 participating physician may elect to have the patient sign a
4052 form acknowledging receipt of the notice form. Signature of the
4053 patient acknowledging receipt of the notice form raises a
4054 rebuttable presumption that the notice requirements of this
4055 section have been met. Notice need not be given to a patient
4056 when the patient has an emergency medical condition as defined
4057 in s. 395.002 ~~s. 395.002(8)(b)~~ or when notice is not
4058 practicable.

4059 **Section 111. Subsections (1), (2), (5), (6), and (8) of**
4060 **section 790.338, Florida Statutes, are amended to read:**

4061 790.338 Medical privacy concerning firearms; prohibitions;
4062 penalties; exceptions.—

4063 (1) A health care practitioner licensed under chapter 456
4064 or a health care facility licensed under chapter 395 or chapter
4065 396 may not intentionally enter any disclosed information
4066 concerning firearm ownership into the patient's medical record
4067 if the practitioner knows that such information is not relevant
4068 to the patient's medical care or safety, or the safety of
4069 others.

4070 (2) A health care practitioner licensed under chapter 456
4071 or a health care facility licensed under chapter 395 or chapter
4072 396 shall respect a patient's right to privacy and should
4073 refrain from making a written inquiry or asking questions
4074 concerning the ownership of a firearm or ammunition by the
4075 patient or by a family member of the patient, or the presence of

4076 a firearm in a private home or other domicile of the patient or
4077 a family member of the patient. Notwithstanding this provision,
4078 a health care practitioner or health care facility that in good
4079 faith believes that this information is relevant to the
4080 patient's medical care or safety, or the safety of others, may
4081 make such a verbal or written inquiry.

4082 (5) A health care practitioner licensed under chapter 456
4083 or a health care facility licensed under chapter 395 or chapter
4084 396 may not discriminate against a patient based solely upon the
4085 patient's exercise of the constitutional right to own and
4086 possess firearms or ammunition.

4087 (6) A health care practitioner licensed under chapter 456
4088 or a health care facility licensed under chapter 395 or chapter
4089 396 shall respect a patient's legal right to own or possess a
4090 firearm and should refrain from unnecessarily harassing a
4091 patient about firearm ownership during an examination.

4092 (8) Violations of the provisions of subsections (1)-(4)
4093 constitute grounds for disciplinary action under ss. 456.072(2),
4094 ~~and~~ 395.1055, and 396.218, as applicable.

4095 **Section 112. Paragraph (b) of subsection (2) of section**
4096 **812.014, Florida Statutes, is amended to read:**

4097 812.014 Theft.—

4098 (2)

4099 (b)1. If the property stolen is valued at \$20,000 or more,
4100 but less than \$100,000;

4101 2. If the property stolen is cargo valued at less than
 4102 \$50,000 that has entered the stream of interstate or intrastate
 4103 commerce from the shipper's loading platform to the consignee's
 4104 receiving dock;

4105 3. If the property stolen is emergency medical equipment,
 4106 valued at \$300 or more, that is taken from a facility licensed
 4107 under chapter 395 or from an aircraft or vehicle permitted under
 4108 chapter 401; or

4109 4. If the property stolen is law enforcement equipment,
 4110 valued at \$300 or more, that is taken from an authorized
 4111 emergency vehicle, as defined in s. 316.003,
 4112
 4113 the offender commits grand theft in the second degree,
 4114 punishable as a felony of the second degree, as provided in s.
 4115 775.082, s. 775.083, or s. 775.084. Emergency medical equipment
 4116 means mechanical or electronic apparatus used to provide
 4117 emergency services and care as defined in s. 395.002 ~~s.~~
 4118 ~~395.002(9)~~ or to treat medical emergencies. Law enforcement
 4119 equipment means any property, device, or apparatus used by any
 4120 law enforcement officer as defined in s. 943.10 in the officer's
 4121 official business. However, if the property is stolen during a
 4122 riot or an aggravated riot prohibited under s. 870.01 and the
 4123 perpetration of the theft is facilitated by conditions arising
 4124 from the riot; or within a county that is subject to a state of
 4125 emergency declared by the Governor under chapter 252, the theft

4126 is committed after the declaration of emergency is made, and the
4127 perpetration of the theft is facilitated by conditions arising
4128 from the emergency, the theft is a felony of the first degree,
4129 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
4130 As used in this paragraph, the term "conditions arising from the
4131 riot" means civil unrest, power outages, curfews, or a reduction
4132 in the presence of or response time for first responders or
4133 homeland security personnel and the term "conditions arising
4134 from the emergency" means civil unrest, power outages, curfews,
4135 voluntary or mandatory evacuations, or a reduction in the
4136 presence of or response time for first responders or homeland
4137 security personnel. A person arrested for committing a theft
4138 during a riot or an aggravated riot or within a county that is
4139 subject to a state of emergency may not be released until the
4140 person appears before a committing magistrate at a first
4141 appearance hearing. For purposes of sentencing under chapter
4142 921, a felony offense that is reclassified under this paragraph
4143 is ranked one level above the ranking under s. 921.0022 or s.
4144 921.0023 of the offense committed.

4145 **Section 113. Paragraph (b) of subsection (1) of section**
4146 **893.05, Florida Statutes, is amended to read:**

4147 893.05 Practitioners and persons administering controlled
4148 substances in their absence.—

4149 (1)

4150 (b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(f), or s.

4151 464.012(3), as applicable, a practitioner who supervises a
4152 licensed physician assistant or advanced practice registered
4153 nurse may authorize the licensed physician assistant or advanced
4154 practice registered nurse to order controlled substances for
4155 administration to a patient in a facility licensed under chapter
4156 395, chapter 396, or part II of chapter 400.

4157 **Section 114. Paragraph (h) of subsection (1) of section**
4158 **893.13, Florida Statutes, is amended to read:**

4159 893.13 Prohibited acts; penalties.—

4160 (1)

4161 (h) Except as authorized by this chapter, a person may not
4162 sell, manufacture, or deliver, or possess with intent to sell,
4163 manufacture, or deliver, a controlled substance in, on, or
4164 within 1,000 feet of the real property comprising a mental
4165 health facility, as that term is used in chapter 394; a health
4166 care facility licensed under chapter 395 or chapter 396 which
4167 provides substance abuse treatment; a licensed service provider
4168 as defined in s. 397.311; a facility providing services that
4169 include clinical treatment, intervention, or prevention as
4170 described in s. 397.311(27); a recovery residence as defined in
4171 s. 397.311; an assisted living facility as defined in chapter
4172 429; or a pain management clinic as defined in s.

4173 458.3265(1)(a)1.c. or s. 459.0137(1)(a)1.c. A person who
4174 violates this paragraph with respect to:

4175 1. A controlled substance named or described in s.

4176 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5.
 4177 commits a felony of the first degree, punishable as provided in
 4178 s. 775.082, s. 775.083, or s. 775.084.

4179 2. A controlled substance named or described in s.
 4180 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)6., (2)(c)7.,
 4181 (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of
 4182 the second degree, punishable as provided in s. 775.082, s.
 4183 775.083, or s. 775.084.

4184 3. Any other controlled substance, except as lawfully
 4185 sold, manufactured, or delivered, must be sentenced to pay a
 4186 \$500 fine and to serve 100 hours of public service in addition
 4187 to any other penalty prescribed by law.

4188 **Section 115. Paragraph (b) of subsection (1) of section**
 4189 **945.6041, Florida Statutes, is amended to read:**

4190 945.6041 Inmate medical services.—

4191 (1) As used in this section, the term:

4192 (b) "Health care provider" means:

4193 1. A hospital licensed under chapter 395.

4194 2. A physician or physician assistant licensed under
 4195 chapter 458.

4196 3. An osteopathic physician or physician assistant
 4197 licensed under chapter 459.

4198 4. A podiatric physician licensed under chapter 461.

4199 5. A health maintenance organization certificated under
 4200 part I of chapter 641.

4201 6. An ambulatory surgical center licensed under chapter
4202 396 ~~395~~.

4203 7. A professional association, partnership, corporation,
4204 joint venture, or other association established by the
4205 individuals set forth in subparagraphs 2., 3., and 4. for
4206 professional activity.

4207 8. An other medical facility.

4208 a. As used in this subparagraph, the term "other medical
4209 facility" means:

4210 (I) A facility the primary purpose of which is to provide
4211 human medical diagnostic services, or a facility providing
4212 nonsurgical human medical treatment which discharges patients on
4213 the same working day that the patients are admitted; and

4214 (II) A facility that is not part of a hospital.

4215 b. The term does not include a facility existing for the
4216 primary purpose of performing terminations of pregnancy, or an
4217 office maintained by a physician or dentist for the practice of
4218 medicine.

4219 **Section 116. Paragraph (a) of subsection (1) of section**
4220 **985.6441, Florida Statutes, is amended to read:**

4221 985.6441 Health care services.—

4222 (1) As used in this section, the term:

4223 (a) "Health care provider" means:

4224 1. A hospital licensed under chapter 395.

4225 2. A physician or physician assistant licensed under

4226 | chapter 458.

4227 | 3. An osteopathic physician or physician assistant
4228 | licensed under chapter 459.

4229 | 4. A podiatric physician licensed under chapter 461.

4230 | 5. A health maintenance organization certificated under
4231 | part I of chapter 641.

4232 | 6. An ambulatory surgical center licensed under chapter
4233 | 396 ~~395~~.

4234 | 7. A professional association, partnership, corporation,
4235 | joint venture, or other association established by the
4236 | individuals set forth in subparagraphs 2.-4. for professional
4237 | activity.

4238 | 8. An other medical facility.

4239 | a. As used in this subparagraph, the term "other medical
4240 | facility" means:

4241 | (I) A facility the primary purpose of which is to provide
4242 | human medical diagnostic services, or a facility providing
4243 | nonsurgical human medical treatment which discharges patients on
4244 | the same working day that the patients are admitted; and

4245 | (II) A facility that is not part of a hospital.

4246 | b. The term does not include a facility existing for the
4247 | primary purpose of performing terminations of pregnancy, or an
4248 | office maintained by a physician or dentist for the practice of
4249 | medicine.

4250 | **Section 117. Paragraph (b) of subsection (28) of section**

4251 **1001.42, Florida Statutes, is amended to read:**

4252 1001.42 Powers and duties of district school board.—The
4253 district school board, acting as a board, shall exercise all
4254 powers and perform all duties listed below:

4255 (28) UNACCOMPANIED HOMELESS YOUTH.—Provide to each student
4256 who is an unaccompanied homeless youth certified under s.
4257 743.067 a card that includes information on the rights and
4258 benefits for such youth, as well as the contact information for
4259 the school district's liaison for homeless children and youths.
4260 The card must be similar in size to the student identification
4261 card issued to students in the district and include all of the
4262 following information:

4263 (b) On the back of the card, the following statement:

4264
4265 Section 743.067, Florida Statutes, provides that this
4266 certified youth may consent to medical care; dental
4267 care; behavioral health care services, including
4268 psychological counseling and treatment, psychiatric
4269 treatment, and substance abuse prevention and
4270 treatment services; and surgical diagnosis and
4271 treatment, including preventative care and care by a
4272 facility licensed under chapter 394, chapter 395,
4273 chapter 396, or chapter 397 and any forensic medical
4274 examination for the purpose of investigating any
4275 felony offense under chapter 784, chapter 787, chapter

4276 794, chapter 800, or chapter 827, for himself or
4277 herself or his or her child, if the certified youth is
4278 unmarried, is the parent of the child, and has actual
4279 custody of the child.

4280

4281 **Section 118. Subsection (1) of section 1012.965, Florida**
4282 **Statutes, is amended to read:**

4283 1012.965 Payment of costs of civil action against
4284 employees.—

4285 (1) An employee or agent under the right of control of a
4286 university board of trustees who, pursuant to the university
4287 board's policies or rules, renders medical care or treatment at
4288 any hospital or health care facility with which the university
4289 board maintains an affiliation agreement whereby the hospital or
4290 health care facility provides to the university board a clinical
4291 setting for health care education, research, and services, is
4292 ~~shall not be~~ deemed to be an agent of any person other than the
4293 university board in any civil action resulting from any act or
4294 omission of the employee or agent while rendering said medical
4295 care or treatment. For this subsection to apply, the patient
4296 shall be provided separate written conspicuous notice by the
4297 university board of trustees or by the hospital or health care
4298 facility, and shall acknowledge receipt of this notice, in
4299 writing, unless impractical by reason of an emergency, either
4300 personally or through another person authorized to give consent

4301 for him or her, that he or she will receive care provided by
4302 university board's employees and liability, if any, that may
4303 arise from that care is limited as provided by law. Compliance
4304 by a hospital or health care facility with the requirements of
4305 chapter 395, chapter 396, or s. 766.110(1) may ~~shall~~ not be used
4306 as evidence in any civil action to establish an employment or
4307 agency relationship between the hospital or health care facility
4308 and an employee or agent of the university board of trustees
4309 providing services within the hospital or health care facility.

4310 **Section 119.** This act shall take effect July 1, 2026.