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# Health Care Regulation Policy Committee

Wednesday, March 31, 2010  
11:00 AM - 11:45 AM  
Morris Hall (17 HOB)

## **ACTION PACKET**

Larry Cretul  
Speaker

Nick Thompson  
Chair

**COMMITTEE MEETING REPORT**  
**Health Care Regulation Policy Committee**

**3/31/2010 11:00:00AM**

**Location:** Morris Hall (17 HOB)

**Summary:**

**Health Care Regulation Policy Committee**

*Wednesday March 31, 2010 11:00 am*

HB 7	Favorable	Yeas: 11	Nays: 2
HB 509	Favorable With Committee Substitute	Yeas: 12	Nays: 0
HB 715	Favorable With Committee Substitute	Yeas: 12	Nays: 1
HB 1503	Favorable With Committee Substitute	Yeas: 13	Nays: 0

**Committee meeting was reported out: Wednesday, March 31, 2010 4:36:32PM**

**COMMITTEE MEETING REPORT**  
**Health Care Regulation Policy Committee**

**3/31/2010 11:00:00AM**

**Location:** Morris Hall (17 HOB)

**Attendance:**

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Nicholas Thompson (Chair)	X		
James Bush III	X		
Clay Ford	X		
Erik Fresen	X		
Mike Horner	X		
Matt Hudson	X		
Dorothy Hukill	X		
Peter Nehr			X
Ari Porth	X		
William Proctor	X		
Michelle Rehwinkel Vasilinda	X		
Ronald Rehuart	X		
Yolly Roberson	X		
Charles Van Zant	X		
<b>Totals:</b>	<b>13</b>	<b>0</b>	<b>1</b>

Committee meeting was reported out: Wednesday, March 31, 2010 4:36:32PM

**COMMITTEE MEETING REPORT**  
**Health Care Regulation Policy Committee**

**3/31/2010 11:00:00AM**

**Location:** Morris Hall (17 HOB)

**HB 7 : Coverage for Mental and Nervous Disorders**

*Favorable*

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
James Bush III	X				
Clay Ford	X				
Erik Fresen	X				
Mike Horner	X				
Matt Hudson		X			
Dorothy Hukill	X				
Peter Nehr			X		
Ari Porth	X				
William Proctor		X			
Michelle Rehwinkel Vasilinda	X				
Ronald Renuart	X				
Yolly Roberson	X				
Charles Van Zant	X				
Nicholas Thompson (Chair)	X				
<b>Total Yeas: 11</b>		<b>Total Nays: 2</b>			

**Appearances:**

Coverage for Mental and Nervous Disorders

Nancy Moreau, Legislative Liaison (Not heard in Committee due to time constraints) (Lobbyist) - Proponent

American Academy of Pediatrics, FL Chapter & Florida Pediatric Society  
 1895 Vineland Lane  
 Tallahassee FL 32317  
 Phone: 850-942-7031

Coverage for Mental and Nervous Disorders

Paul Jess (Not heard in Committee due to time constraints) (Lobbyist) - Proponent

Florida Justice Association  
 218 S. Monroe Street  
 Tallahassee FL 32301  
 Phone: 850-224-9403

Coverage for Mental and Nervous Disorders

Monte Stevens, Government Affairs Director (Not heard in Committee due to time constraints) (Lobbyist) (State Employee) - Proponent

Office of Insurance Regulation  
 200 E. Gaines Street  
 Tallahassee FL 32310  
 Phone: 850-413-2571

Committee meeting was reported out: Wednesday, March 31, 2010 4:36:32PM

**COMMITTEE MEETING REPORT**  
**Health Care Regulation Policy Committee**

**3/31/2010 11:00:00AM**

**Location:** Morris Hall (17 HOB)

Coverage for Mental and Nervous Disorders

Dana Farmer, Public Policy Coordinator (Not heard in Committee due to time constraints) (Lobbyist) - Proponent

Advocacy Center for Persons with Disabilities, Inc.  
2728 Centerview Drive Suite 102  
Tallahassee FL 32301  
Phone: 850-488-9071-226

Coverage for Mental and Nervous Disorders

Mark Fontaine, Executive Director (Not heard in Committee due to time constraints) (Lobbyist) - Proponent

Florida Alcohol and Drug Abuse Association  
2868 Mahan Drive  
Tallahassee FL 32308  
Phone: 850-878-2196

Coverage for Mental and Nervous Disorders

Aimee Lyon (Not heard in Committee due to time constraints) (Lobbyist) - Proponent

Florida Psychiatric Society  
215 S. Monroe Street  
Tallahassee FL 32301  
Phone: 850-205-9000

Coverage for Mental and Nervous Disorders

Jeff Scott (Not heard in Committee due to time constraints) (Lobbyist) - Proponent

Florida Medical Association  
123 S. Adams Street  
Tallahassee FL 32302  
Phone: 850-224-6496

Coverage for Mental and Nervous Disorders

Toni Large (Not heard in Committee due to time constraints) (Lobbyist) - Proponent

Florida College of Emergency Physicians  
519 E. Park Avenue  
Tallahassee FL 32301  
Phone: 850-201-0888

Coverage for Mental and Nervous Disorders

Paul Sanford (Not heard in Committee due to time constraints) (Lobbyist) - Opponent

Blue Cross - FIC  
106 S. Monroe Street  
Tallahassee FL 32301  
Phone: 850-222-7200

Coverage for Mental and Nervous Disorders

Jose Gonzalez, Director of Government Affairs (Not heard in Committee due to time constraints) (Lobbyist) - Opponent

Associated Industries of Florida (AIF)  
Tallahassee FL

Committee meeting was reported out: Wednesday, March 31, 2010 4:36:32PM

**COMMITTEE MEETING REPORT**  
**Health Care Regulation Policy Committee**

**3/31/2010 11:00:00AM**

**Location:** Morris Hall (17 HOB)

Coverage for Mental and Nervous Disorders

Karen Koch, Vice President (Not heard in Committee due to time constraints) (Lobbyist) - Proponent

Florida Council for Behavioral Health Care

316 E. Park Avenue

Tallahassee FL 32301

Phone: 850-224-6041

Coverage for Mental and Nervous Disorders

David Cullen (Not heard in Committee due to time constraints) (Lobbyist) - Proponent

Advocacy Institute for Children

1674 University Parkway #296

Sarasota FL 34243

Phone: 941-323-2404

Coverage for Mental and Nervous Disorders

Michael Garner, President & CEO (Not heard in Committee due to time constraints) (Lobbyist) -

Opponent

Florida Association of Health Plans

200 W. College Avenue Suite 104

Tallahassee FL 32301

Phone: 850-445-6552

Committee meeting was reported out: Wednesday, March 31, 2010 4:36:32PM

**COMMITTEE MEETING REPORT**  
**Health Care Regulation Policy Committee**

**3/31/2010 11:00:00AM**

**Location:** Morris Hall (17 HOB)

**HB 509 : Blood Establishments**

*Favorable With Committee Substitute*

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
James Bush III	X				
Clay Ford	X				
Erik Fresen	X				
Mike Horner	X				
Matt Hudson	X				
Dorothy Hukill	X				
Peter Nehr			X		
Ari Porth	X				
William Proctor	X				
Michelle Rehwinkel Vasilinda	X				
Ronald Renuart	X				
Yolly Roberson			X		
Charles Van Zant	X				
Nicholas Thompson (Chair)	X				
<b>Total Yeas: 12</b>		<b>Total Nays: 0</b>			

Committee meeting was reported out: Wednesday, March 31, 2010 4:36:32PM

**COMMITTEE MEETING REPORT**  
**Health Care Regulation Policy Committee**

**3/31/2010 11:00:00AM**

**Location:** Morris Hall (17 HOB)

**HB 715 : Health Services Claims**

*Favorable With Committee Substitute*

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
James Bush III	X				
Clay Ford	X				
Erik Fresen	X				
Mike Horner	X				
Matt Hudson		X			
Dorothy Hukill	X				
Peter Nehr			X		
Ari Porth	X				
William Proctor	X				
Michelle Rehwinkel Vasilinda	X				
Ronald Renuart	X				
Yolly Roberson	X				
Charles Van Zant	X				
Nicholas Thompson (Chair)	X				
<b>Total Yeas: 12</b>		<b>Total Nays: 1</b>			

**Appearances:**

Health Services Claims

Paul Sanford (Lobbyist) - Opponent

Blue Cross - FIC  
 106 S. Monroe Street  
 Tallahassee FL 32301  
 Phone: 850-222-7200

Health Services Claims

Lorena Chicoye, MD - Corporate Medical Director (Not heard in Committee due to time constraints) -

Proponent

Baptist Health South Florida  
 8500 SW 117 Rd  
 Miami FL 33176  
 Phone: 786-594-6470

Health Services Claims

Philip E. Boyce, Senior Vice President (Not heard in Committee due to time constraints) - Proponent

Baptist Health Jacksonville  
 3563 Phillips Highway Suite 101  
 Jacksonville FL 32207  
 Phone: 904-376-3760

Health Services Claims

Joseph Patrick Heaney, General - Mental Health Coursage (Not heard in Committee due to time constrai

- Information Only

Missing and Exploited Children through Mental Health Services  
 5353 Arlington Expressway  
 Jacksonville FL 32211  
 Phone: 904-744-3356

Committee meeting was reported out: Wednesday, March 31, 2010 4:36:32PM



**COMMITTEE MEETING REPORT**  
**Health Care Regulation Policy Committee**

**3/31/2010 11:00:00AM**

**Location:** Morris Hall (17 HOB)

Health Services Claims

Paul Lambert, General Counsel (Not heard in Committee due to time constraints) (Lobbyist) -  
Proponent

Florida Chiropractic Association  
502 N. Adams Street  
Tallahassee FL 32301  
Phone: 850-224-9393

Health Services Claims

Joe Anne Hart, Director of Government Affairs (Not heard in Committee due to time constraints)  
(Lobbyist) - Proponent

Florida Dental Association  
118 E Jefferson Street  
Tallahassee FL 32311

Health Services Claims

Harry Spring (Not heard in Committee due to time constraints) (Lobbyist) - Opponent

HUMANA  
106 E. College Avenue  
Tallahassee FL 32302  
Phone: 850-224-9996

Health Services Claims

Jennifer J. Green (Lobbyist) - Proponent

HUMANA  
P.O. Box 390  
Tallahassee FL 32302  
Phone: 850-841-1726

Health Services Claims

Michael Garner, President & CEO (Lobbyist) - Opponent

Florida Association of Health Plans  
200 W. College Avenue Suite 104  
Tallahassee FL 32301  
Phone: 850-445-6552

Committee meeting was reported out: Wednesday, March 31, 2010 4:36:32PM

**COMMITTEE MEETING REPORT**  
**Health Care Regulation Policy Committee**

**3/31/2010 11:00:00AM**

**Location:** Morris Hall (17 HOB)

**HB 1503 : Health Care**

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
James Bush III	X				
Clay Ford	X				
Erik Fresen	X				
Mike Horner	X				
Matt Hudson	X				
Dorothy Hukill	X				
Peter Nehr			X		
Ari Porth	X				
William Proctor	X				
Michelle Rehwinkel Vasilinda	X				
Ronald Renuart	X				
Yolly Roberson	X				
Charles Van Zant	X				
Nicholas Thompson (Chair)	X				
<b>Total Yeas: 13</b>		<b>Total Nays: 0</b>			

**Appearances:**

Health Care

Joe Anne Hart, Director of Government Affairs (Lobbyist) - Proponent  
 Florida Dental Association  
 118 E. Jefferson Street  
 Tallahassee FL 32301

**House of Representatives  
COUNCIL/COMMITTEE BILL ACTION WORK SHEET**

**Council/Committee:** Health Care  
Regulation Policy  
Committee

**Bill Number:** HB 7

**Meeting Date:** 3/31/10  
**Place:** Morris Hall  
**Time:** 11:00 AM - 11:45 AM

**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_

**Subject:** Coverage for Mental & Nervous Disorders by Homan

**Council/Committee Action:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Favorable                     | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments            | <input type="checkbox"/> Reconsidered                 |
| <input type="checkbox"/> Favorable w/Council/Committee Substitute | <input type="checkbox"/> Temporarily Postponed        |
| <input type="checkbox"/> Other Action: _____                      | <input type="checkbox"/> Unfavorable                  |

Final Vote On Bill		MEMBERS								
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay	Yea	Nay
✓		Rep. J. Bush III								
✓		Rep. C. Ford								
✓		Rep. E. Fresen								
✓		Rep. M. Horner								
	✓	Rep. M. Hudson								
✓		Rep. D. Hukill								
		Rep. P. Nehr								
✓		Rep. A. Porth								
	✓	Rep. W. Proctor								
✓		Rep. M. Rehwinkel Vasilinda								
✓		Rep. R. Renuart								
✓		Rep. Y. Roberson								
✓		Rep. C. Van Zant								
✓		Rep. N. Thompson								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
11	2									

**House of Representatives  
COUNCIL/COMMITTEE BILL ACTION WORK SHEET**

**Council/Committee:** Health Care  
Regulation Policy  
Committee

**Bill Number:** HB 509

**Meeting Date:** 3/31/10  
**Place:** Morris Hall  
**Time:** 11:00 AM - 11:45 AM

**Date Received:** \_\_\_\_\_  
**Date Reported:** \_\_\_\_\_  
**Subject:** Blood Establishments by Tabia

**Council/Committee Action:**

- |  |   |
|--|---|
| <input type="checkbox"/> Favorable   | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ <u>1</u> amendments                    | <input type="checkbox"/> Reconsidered                 |
| <input checked="" type="checkbox"/> Favorable w/Council/Committee Substitute | <input type="checkbox"/> Temporarily Postponed        |
| <input type="checkbox"/> Other Action: _____                                 | <input type="checkbox"/> Unfavorable                  |

Final Vote On Bill		MEMBERS	# I A W/O							
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay	Yea	Nay
✓		Rep. J. Bush III								
✓		Rep. C. Ford								
✓		Rep. E. Fresen								
✓		Rep. M. Horner								
✓		Rep. M. Hudson								
✓		Rep. D. Hukill								
		Rep. P. Nehr								
✓		Rep. A. Porth								
✓		Rep. W. Proctor								
✓		Rep. M. Rehwinkel								
✓		Vasilinda								
✓		Rep. R. Renuart								
✓		Rep. Y. Roberson								
✓		Rep. C. Van Zant								
✓		Rep. N. Thompson								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
12	0									

House of Representatives  
COUNCIL/COMMITTEE BILL ACTION WORK SHEET

Council/Committee: Health Care  
Regulation Policy  
Committee

Bill Number: HB 715

Meeting Date: 3/31/10  
Place: Morris Hall  
Time: 11:00 AM - 11:45 AM

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: Health Services Claims by  
Patrons

Council/Committee Action:

- |  |   |
|--|---|
| <input type="checkbox"/> Favorable   | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ <u>3</u> amendments                            | <input type="checkbox"/> Reconsidered                 |
| <input checked="" type="checkbox"/> Favorable w/Council/ <u>Committee Substitute</u> | <input type="checkbox"/> Temporarily Postponed        |
| <input type="checkbox"/> Other Action: _____   | <input type="checkbox"/> Unfavorable                  |

Final Vote On Bill		MEMBERS	#1 A w/o		#2 A		#3 A w/o				
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay	Yea	Nay	
✓		Rep. J. Bush III			✓						
✓		Rep. C. Ford				✓					
✓		Rep. E. Fresen			✓						
✓		Rep. M. Horner			✓						
	✓	Rep. M. Hudson			✓						
✓		Rep. D. Hukill			✓						
		Rep. P. Nehr									
✓		Rep. A. Porth			✓						
✓		Rep. W. Proctor			✓						
✓		Rep. M. Rehwinkel			✓						
		Vasilinda			✓						
✓		Rep. R. Renuart			✓						
✓		Rep. Y. Roberson			✓						
✓		Rep. C. Van Zant				✓					
✓		Rep. N. Thompson			✓						
Yeas	Nays	TOTALS		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
12	1					11	2				

**House of Representatives**  
**COUNCIL/COMMITTEE BILL ACTION WORK SHEET**

Council/Committee: **Health Care  
Regulation Policy  
Committee**

Bill Number: **HB 1503**

Meeting Date: **3/31/10**  
Place: **Morris Hall**  
Time: **11:00 AM - 11:45 AM**

Date Received: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Subject: **Health Care by Flores**

**Council/Committee Action:**

- |                                     |  |                          |                              |
|-------------------------------------|--|--------------------------|------------------------------|
| <input type="checkbox"/>            | Favorable                                | <input type="checkbox"/> | Retained for Reconsideration |
| <input type="checkbox"/>            | Favorable w/ <u>2</u> amendments         | <input type="checkbox"/> | Reconsidered                 |
| <input checked="" type="checkbox"/> | Favorable w/Council/Committee Substitute | <input type="checkbox"/> | Temporarily Postponed        |
| <input type="checkbox"/>            | Other Action: _____                      | <input type="checkbox"/> | Unfavorable                  |

Final Vote On Bill		MEMBERS	#1 AW/O		#1A AW/O					
Yea	Nay		Yea	Nay	Yea	Nay	Yea	Nay	Yea	Nay
✓		Rep. J. Bush III								
✓		Rep. C. Ford								
✓		Rep. E. Fresen								
✓		Rep. M. Horner								
✓		Rep. M. Hudson								
✓		Rep. D. Hukill								
✓		Rep. P. Nehr								
✓		Rep. A. Porth								
✓		Rep. W. Proctor								
✓		Rep. M. Rehwinkel								
✓		Vasilinda								
✓		Rep. R. Renuart								
✓		Rep. Y. Roberson								
✓		Rep. C. Van Zant								
✓		Rep. N. Thompson								
<b>Yeas</b>	<b>Nays</b>	<b>TOTALS</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>	<b>Yeas</b>	<b>Nays</b>
12	0									

Amendment No. 1

COUNCIL/COMMITTEE ACTION

ADOPTED                   \_\_\_ (Y/N)  
ADOPTED AS AMENDED       \_\_\_ (Y/N)  
ADOPTED W/O OBJECTION     (Y)  (N)  
FAILED TO ADOPT           \_\_\_ (Y/N)  
WITHDRAWN                 \_\_\_ (Y/N)  
OTHER                     \_\_\_\_\_

1 Council/Committee hearing bill: Health Care Regulation Policy  
2 Committee

3 Representative Tobia offered the following:  
4

5           **Amendment (with title amendment)**

6           Remove everything after the enacting clause and insert:

7           Section 1. Subsections (5) and (6) are added to section  
8 381.06014, Florida Statutes, to read:

9           381.06014 Blood establishments.-

10          (5) A local government may not restrict the access to or  
11 use of any public facility or infrastructure for the collection  
12 of blood or blood components from volunteer donors based on  
13 whether the blood establishment is operating as a for-profit  
14 organization or a not-for-profit organization.

15          (6) In determining the price of blood or blood components  
16 that are received from volunteer donors and sold to hospitals or  
17 other health care providers, a blood establishment may not base  
18 the price of the blood or blood component solely on whether the

Amendment No. 1

19 purchasing entity is a for-profit organization or a not-for-  
20 profit organization.

21 Section 2. Paragraphs (e) and (f) of subsection (53) of  
22 section 499.003, Florida Statutes, are redesignated as  
23 paragraphs (f) and (g), respectively, and a new paragraph (e) is  
24 added to that subsection to read:

25 499.003 Definitions of terms used in this part.—As used in  
26 this part, the term:

27 (53) "Wholesale distribution" means distribution of  
28 prescription drugs to persons other than a consumer or patient,  
29 but does not include:

30 (e) The sale, purchase, or trade or the offer to sell,  
31 purchase, or trade, by a registered blood establishment that  
32 qualifies as a health care entity of any:

33 1. Drug indicated for a bleeding or clotting disorder or  
34 anemia;

35 2. Blood collection container approved under section 505  
36 of the Prescription Drug Marketing Act;

37 3. Drug that is a blood derivative, or a recombinant or  
38 synthetic form of a blood derivative, as long as the health care  
39 services provided by the blood establishment are related to its  
40 activities as a registered blood establishment or the health  
41 care services provided by the blood establishment consist of  
42 collecting, processing, storing, or administering human  
43 hematopoietic stem or progenitor cells or performing diagnostic  
44 testing of specimens that are tested together with specimens  
45 undergoing routine donor testing; or



Amendment No. 1

46       4. Drug necessary to collect blood or blood components  
47 from volunteer blood donors; for blood establishment personnel  
48 to perform therapeutic procedures under the direction and  
49 supervision of a licensed physician; and to diagnose, treat,  
50 manage, and prevent any reaction of either a volunteer blood  
51 donor or a patient undergoing a therapeutic procedure performed  
52 under the direction and supervision of a licensed physician.

53  
54 A blood establishment whose distribution of products is excluded  
55 under this paragraph must satisfy all other requirements of this  
56 part applicable to a wholesale distributor or retail pharmacy.

57       Section 3. Paragraph (a) of subsection (2) of section  
58 499.01, Florida Statutes, is amended to read:

59       499.01 Permits.—

60       (2) The following permits are established:

61       (a) Prescription drug manufacturer permit.—A prescription  
62 drug manufacturer permit is required for any person that is a  
63 manufacturer of a prescription drug and that manufactures or  
64 distributes such prescription drugs in this state.

65       1. A person that operates an establishment permitted as a  
66 prescription drug manufacturer may engage in wholesale  
67 distribution of prescription drugs manufactured at that  
68 establishment and must comply with all of the provisions of this  
69 part, except s. 499.01212, and the rules adopted under this  
70 part, except s. 499.01212, that apply to a wholesale  
71 distributor.

72       2. A prescription drug manufacturer must comply with all  
73 appropriate state and federal good manufacturing practices.

Amendment No. 1

74       3. A blood establishment, as defined in s. 381.06014,  
75 operating in a manner consistent with 21 C.F.R. parts 211 and  
76 660-640 and manufacturing only the prescription drugs described  
77 in s. 499.003(53)(d) and (e) is not required to obtain a permit  
78 as a prescription drug manufacturer under this paragraph or  
79 register products under s. 499.015.

80       Section 4. This act shall take effect upon becoming a law.

81  
82 -----  
83                   **T I T L E   A M E N D M E N T**

84       Remove the entire title and insert:

85                   A bill to be entitled

86       An act relating to blood establishments; amending s.  
87       381.06014, F.S.; prohibiting a local government from  
88       restricting access to or use of public facilities or  
89       infrastructure for the collection of blood or blood  
90       components from volunteer donors based on certain  
91       criteria; prohibiting blood establishments from  
92       determining the price of blood or blood components based  
93       on certain criteria; amending s. 499.003, F.S.; revising  
94       the definition of the term "wholesale distribution" to  
95       exclude certain drugs and products distributed by blood  
96       establishments; amending s. 499.01, F.S.; excluding  
97       certain blood establishments from the requirement to  
98       obtain a prescription drug manufacturer permit; providing  
99       an effective date.

Amendment No. 1

COUNCIL/COMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Council/Committee hearing bill: Health Care Regulation Policy  
 2 Committee  
 3 Representative Patronis offered the following:  
 4

**Amendment**

6 Remove lines 24-61 and insert:

7 627.6141 Denial of claims.—Each claimant, or hospital  
 8 ~~provider~~ acting for a claimant, who has had a claim denied or a  
 9 portion of a claim denied because the hospital failed to obtain  
 10 the necessary authorization due to an unintentional act or error  
 11 or omission as not medically necessary must be provided an  
 12 opportunity for an appeal to the insurer's licensed physician  
 13 who is responsible for the medical necessity reviews under the  
 14 plan or is a member of the plan's peer review group. If the  
 15 hospital appeals the denial, the health insurer shall conduct  
 16 and complete a retrospective review of the medical necessity of  
 17 the service within 30 business days after the submitted appeal.  
 18 If the insurer determines upon review that the service was  
 19 medically necessary, the insurer shall reverse the denial and

Amendment No. 1

20 pay the claim. If the insurer determines that the service was  
21 not medically necessary, the insurer shall submit to the  
22 hospital specific written clinical justification for the  
23 determination. ~~The appeal may be by telephone, and the insurer's~~  
24 ~~licensed physician must respond within a reasonable time, not to~~  
25 ~~exceed 15 business days.~~

26 Section 2. Subsection (3) of section 641.3156, Florida  
27 Statutes, is renumbered as subsection (4), and a new subsection  
28 (3) is added to that section to read:

29 641.3156 Treatment authorization; payment of claims.-

30 (3) If a hospital claim or a portion of a hospital claim  
31 of a contracted hospital is denied because the hospital, due to  
32 an unintentional act of error or omission, failed to obtain the  
33 necessary authorization, the hospital may appeal the denial to  
34 the health maintenance organization's licensed physician who is  
35 responsible for medical necessity reviews. The health  
36 maintenance organization shall conduct and complete a  
37 retrospective review of the medical necessity of the service  
38 within 30 business days after the submitted appeal. If the  
39 health maintenance organization determines that the service is  
40 medically necessary, the health maintenance organization shall  
41 reverse the denial and pay the claim. If the health maintenance  
42 organization determines that the service is not medically  
43 necessary, the health maintenance organization shall provide the  
44 hospital with specific written clinical justification for the  
45 determination.

Amendment No.2

COUNCIL/COMMITTEE ACTION

ADOPTED                    ✓ (Y/N)  
ADOPTED AS AMENDED            \_\_\_ (Y/N)  
ADOPTED W/O OBJECTION        \_\_\_ (Y/N)  
FAILED TO ADOPT                \_\_\_ (Y/N)  
WITHDRAWN                    \_\_\_ (Y/N)  
OTHER                         \_\_\_\_\_

1 Council/Committee hearing bill: Health Care Regulation Policy  
2 Committee  
3 Representative Patronis offered the following:

**Amendment (with title amendment)**

Between lines 61 and 62, insert:

7 Section 3. Section 627.6474; Florida Statutes, is amended  
8 to read:

9 627.6474 Provider contracts.—

10 (1) A health insurer may ~~shall~~ not require a contracted  
11 health care practitioner as defined in s. 456.001(4) to accept  
12 the terms of other health care practitioner contracts with the  
13 insurer or any other insurer, or health maintenance  
14 organization, under common management and control with the  
15 insurer, including Medicare and Medicaid practitioner contracts  
16 and those authorized by s. 627.6471, s. 627.6472, s. 636.035, or  
17 s. 641.315, except for a practitioner in a group practice as  
18 defined in s. 456.053 who must accept the terms of a contract  
19 negotiated for the practitioner by the group, as a condition of

Amendment No.2

20 continuation or renewal of the contract. Any contract provision  
21 that violates this section is void. A violation of this section  
22 is not subject to the criminal penalty specified in s. 624.15..

23 (2) A contract between a health insurer and a dentist  
24 licensed under chapter 466 for the provision of services to  
25 patients may not contain any provision that requires the dentist  
26 to provide services to the insured under such contract at a fee  
27 set by the health insurer unless such services are covered  
28 services under the applicable contract. As used in this  
29 subsection, the term "covered services" means services  
30 reimbursable under the applicable contract, subject to such  
31 contractual limitations on benefits, such as deductibles,  
32 coinsurance and copayments, as may apply. This subsection  
33 applies to all contracts entered into or renewed on or after  
34 July 1, 2010.

35 Section 4. Subsection (13) is added to section 636.035,  
36 Florida Statutes, to read:

37 636.035 Provider arrangements.--

38 (13) A contract between a prepaid limited health service  
39 organization and a dentist licensed under chapter 466 for the  
40 provision of services to subscribers of the prepaid limited  
41 health service organization may not contain any provision that  
42 requires the dentist to provide services to subscribers of the  
43 prepaid limited health service organization at a fee set by the  
44 prepaid limited health service organization unless such services  
45 are covered services under the applicable contract. As used in  
46 this subsection, the term "covered services" means services  
47 reimbursable under the applicable contract, subject to such

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48 contractual limitations on benefits, such as deductibles,  
49 coinsurance and copayments, as may apply. This subsection  
50 applies to all contracts entered into or renewed on or after  
51 July 1, 2010.

52 Section 5. Subsection (11) is added to section 641.315,  
53 Florida Statutes, to read:

54 641.315 Provider contracts.--

55 (11) A contract between a health maintenance organization  
56 and a dentist licensed under chapter 466 for the provision of  
57 services to subscribers of the health maintenance organization  
58 may not contain any provision that requires the dentist to  
59 provide services to subscribers of the health maintenance  
60 organization at a fee set by the health maintenance organization  
61 unless such services are covered services under the applicable  
62 contract. As used in this subsection, the term "covered  
63 services" means services reimbursable under the applicable  
64 contract, subject to such contractual limitations on subscriber  
65 benefits, such as deductibles, coinsurance and copayments, as  
66 may apply. This subsection applies to all contracts entered into  
67 or renewed on or after July 1, 2010.

71 -----  
72 **T I T L E A M E N D M E N T**

73 Remove line 18 and insert:  
74 the determination; amending s. 627.6474, F.S.; prohibiting  
75 contracts between health insurers and dentists from containing

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Bill No. HB 715 (2010)

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76 certain fee requirements set by the insurer under certain  
77 circumstances; providing a definition; providing application;  
78 amending s. 636.035, F.S.; prohibiting contracts between prepaid  
79 limited health service organizations and dentists from  
80 containing certain fee requirements set by the organization  
81 under certain circumstances; providing a definition; providing  
82 application; amending s. 641.315, F.S.; prohibiting contracts  
83 between health maintenance organizations and dentists from  
84 containing certain fee requirements set by the organization  
85 under certain circumstances; providing a definition; providing  
86 application; providing an effective date.



Amendment No.3

COUNCIL/COMMITTEE ACTION

ADOPTED                                    — (Y/N)  
ADOPTED AS AMENDED                    — (Y/N)  
ADOPTED W/O OBJECTION                ✓ (Y/N)  
FAILED TO ADOPT                        — (Y/N)  
WITHDRAWN                               — (Y/N)  
OTHER                                     \_\_\_\_\_

1 Council/Committee hearing bill: Health Care Regulation Policy  
2 Committee

3 Representative(s) Patronis offered the following:

4

5       **Amendment (with title amendment)**

6       Between lines 21 and 22, insert:

7       Section 1. Section 626.9541, Florida Statutes, is amended  
8 to read:

9       626.9541 Unfair methods of competition and unfair or  
10 deceptive acts or practices defined.—

11       (3) WELLNESS PROGRAMS.— An insurer issuing a group or  
12 individual health benefit plan may offer a voluntary wellness or  
13 health improvement program that allows for rewards or  
14 incentives, including but not limited to, merchandise, gift  
15 cards, debit cards, premium discounts or rebates, contributions  
16 towards a member's health savings account, modifications to  
17 copayment, deductible, or coinsurance amounts, or any  
18 combination of these incentives, to encourage participation or  
19 to reward for participation in the program. The health plan

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20 member may be required to provide verification, such as a  
21 statement from their physician, that a medical condition makes  
22 it unreasonably difficult or medically inadvisable for the  
23 individual to participate in the wellness program. Any reward  
24 or incentive established under this section is not an insurance  
25 benefit and does not violate this section. Nothing in this  
26 subsection shall prohibit an insurer from offering incentives or  
27 rewards to members for adherence to wellness or health  
28 improvement programs if otherwise allowed by state or federal  
29 law.

31 -----  
32 **T I T L E   A M E N D M E N T**

33 Remove line 2 and insert:

34 An act relating to health services claims; amending s. 626.9541,  
35 F.S.; provides that an insurer offering a group or individual  
36 health benefit plan may offer a wellness program; authorizes  
37 rewards or incentives; provides that such rewards or incentives  
38 are not insurance benefits; provides for verification of a  
39 member's inability to participate for medical reasons; amending  
40 s.

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Bill No. HB 1503 (2010)

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ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_

1 Council/Committee hearing bill: Health Care Regulation Policy  
2 Committee

3 Representative(s) Flores offered the following:  
4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Paragraph (e) of subsection (10) of section  
8 112.0455, Florida Statutes, is repealed.

9 Section 2. Section 383.325, Florida Statutes, is repealed.

10 Section 3. Section 395.1046, Florida Statutes, is  
11 repealed.

12 Section 4. Section 395.3037, Florida Statutes, is  
13 repealed.

14 Section 5. Paragraph (g) of subsection (2) of section  
15 400.0239, Florida Statutes, is amended to read:

16 400.0239 Quality of Long-Term Care Facility Improvement  
17 Trust Fund.—

18 (2) Expenditures from the trust fund shall be allowable  
19 for direct support of the following:

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20 (g) Other initiatives authorized by the Centers for  
21 Medicare and Medicaid Services for the use of federal civil  
22 monetary penalties, ~~including projects recommended through the~~  
23 ~~Medicaid "Up or Out" Quality of Care Contract Management Program~~  
24 ~~pursuant to s. 400.148.~~

25 Section 6. Subsection (10) of section 400.147, Florida  
26 Statutes, is repealed.

27 Section 7. Section 400.148, Florida Statutes, is repealed.

28 Section 8. Section 400.195, Florida Statutes, is repealed.

29 Section 9. Section 400.476, Florida Statutes, is amended  
30 to read:

31 400.476 Staffing requirements; notifications; limitations  
32 on staffing services.—

33 (1) ADMINISTRATOR.—

34 (a) An administrator may manage only one home health  
35 agency, except that an administrator may manage up to five home  
36 health agencies if all five home health agencies have identical  
37 controlling interests as defined in s. 408.803 and are located  
38 within one agency geographic service area or within an  
39 immediately contiguous county. If the home health agency is  
40 licensed under this chapter and is part of a retirement  
41 community that provides multiple levels of care, an employee of  
42 the retirement community may administer the home health agency  
43 and up to a maximum of four entities licensed under this chapter  
44 or chapter 429 which all have identical controlling interests as  
45 defined in s. 408.803. An administrator shall designate, in  
46 writing, for each licensed entity, a qualified alternate  
47 administrator to serve during the administrator's absence. An

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48 alternate administrator must meet the requirements in this  
49 paragraph and s. 400.462(1).

50 (b) An administrator of a home health agency who is a  
51 licensed physician, physician assistant, or registered nurse  
52 licensed to practice in this state may also be the director of  
53 nursing for a home health agency. An administrator may serve as  
54 a director of nursing for up to the number of entities  
55 authorized in subsection (2) only if there are 10 or fewer full-  
56 time equivalent employees and contracted personnel in each home  
57 health agency.

58 (c) The administrator shall organize and direct the  
59 agency's ongoing functions, maintain an ongoing liaison with the  
60 board members and the staff, employ qualified personnel and  
61 ensure adequate staff education and evaluations, ensure the  
62 accuracy of public informational materials and activities,  
63 implement an effective budgeting and accounting system, and  
64 ensure that the home health agency operates in compliance with  
65 this part and part II of chapter 408 and rules adopted for these  
66 laws.

67 (d) The administrator shall clearly set forth in writing  
68 the organizational chart, services furnished, administrative  
69 control, and lines of authority for the delegation of  
70 responsibilities for patient care. These responsibilities must  
71 be readily identifiable. Administrative and supervisory  
72 functions may not be delegated to another agency or  
73 organization, and the primary home health agency shall monitor  
74 and control all services that are not furnished directly,  
75 including services provided through contracts.

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76 (2) DIRECTOR OF NURSING.—

77 (a) A director of nursing may be the director of nursing  
78 for:

79 1. Up to two licensed home health agencies if the agencies  
80 have identical controlling interests as defined in s. 408.803  
81 and are located within one agency geographic service area or  
82 within an immediately contiguous county; or

83 2. Up to five licensed home health agencies if:

84 a. All of the home health agencies have identical  
85 controlling interests as defined in s. 408.803;

86 b. All of the home health agencies are located within one  
87 agency geographic service area or within an immediately  
88 contiguous county; ~~and~~

89 c. Each home health agency has a registered nurse who  
90 meets the qualifications of a director of nursing and who has a  
91 written delegation from the director of nursing to serve as the  
92 director of nursing for that home health agency when the  
93 director of nursing is not present; ~~and.~~

94 d. This person, or similarly qualified alternate, is  
95 available at all times during operating hours and participates  
96 in all activities relevant to the professional services  
97 furnished, including, but not limited to, the oversight of  
98 nursing services, home health aides, and certified nursing  
99 assistants, and assignment of personnel.

100  
101 If a home health agency licensed under this chapter is part of a  
102 retirement community that provides multiple levels of care, an  
103 employee of the retirement community may serve as the director

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104 of nursing of the home health agency and up to a maximum of four  
105 entities, other than home health agencies, licensed under this  
106 chapter or chapter 429 which all have identical controlling  
107 interests as defined in s. 408.803.

108 (b) A home health agency that provides skilled nursing  
109 care may not operate for more than 30 calendar days without a  
110 director of nursing. A home health agency that provides skilled  
111 nursing care and the director of nursing of a home health agency  
112 must notify the agency within 10 business days after termination  
113 of the services of the director of nursing for the home health  
114 agency. A home health agency that provides skilled nursing care  
115 must notify the agency of the identity and qualifications of the  
116 new director of nursing within 10 days after the new director is  
117 hired. If a home health agency that provides skilled nursing  
118 care operates for more than 30 calendar days without a director  
119 of nursing, the home health agency commits a class II  
120 deficiency. In addition to the fine for a class II deficiency,  
121 the agency may issue a moratorium in accordance with s. 408.814  
122 or revoke the license. The agency shall fine a home health  
123 agency that fails to notify the agency as required in this  
124 paragraph \$1,000 for the first violation and \$2,000 for a repeat  
125 violation. The agency may not take administrative action against  
126 a home health agency if the director of nursing fails to notify  
127 the department upon termination of services as the director of  
128 nursing for the home health agency.

129 (c) A home health agency that is not Medicare or Medicaid  
130 certified and does not provide skilled care or provides only

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131 physical, occupational, or speech therapy is not required to  
132 have a director of nursing and is exempt from paragraph (b).

133 (3) TRAINING.—A home health agency shall ensure that each  
134 certified nursing assistant employed by or under contract with  
135 the home health agency and each home health aide employed by or  
136 under contract with the home health agency is adequately trained  
137 to perform the tasks of a home health aide in the home setting.

138 (a) The home health agency may not use as a home health  
139 aide on a full-time, temporary, per diem, or other basis, any  
140 individual to provide services unless the individual has  
141 completed a training and competency evaluation program, or a  
142 competency evaluation program, as permitted in s. 400.497, which  
143 meets the minimum standards established by the agency in state  
144 rules.

145 (b) A home health aide is not competent in any task for  
146 which he or she is evaluated as "unsatisfactory." The aide must  
147 perform any such task only under direct supervision by a  
148 licensed nurse until he or she receives training in the task and  
149 satisfactorily passes a subsequent evaluation in performing the  
150 task. A home health aide has not successfully passed a  
151 competency evaluation if the aide does not have a passing score  
152 on the test as specified by agency rule.

153 (4) STAFFING.—Staffing services may be provided anywhere  
154 within the state.

155 (5) PERSONNEL.—

156 (a) The home health agency and its staff must comply with  
157 accepted professional standards and principles that apply to



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158 professionals, including, but not limited to, the state practice  
159 acts and the home health agency's policies and procedures.

160 (b) If personnel under hourly or per-visit contracts are  
161 used by the home health agency, there must be a written contract  
162 between those personnel and the agency which specifies the  
163 following requirements:

164 1. Acceptance for care only of patients by the primary  
165 home health agency.

166 2. The services to be furnished.

167 3. The necessity to conform to all applicable agency  
168 policies, including personnel qualifications.

169 4. The responsibility for participating in developing  
170 plans of care.

171 5. The manner in which services are controlled,  
172 coordinated, and evaluated by the primary home health agency.

173 6. The procedures for submitting clinical and progress  
174 notes, scheduling of visits, and periodic patient evaluation.

175 7. The procedures for payment for services furnished under  
176 the contract.

177 (c) A home health agency shall directly provide at least  
178 one of the types of services through home health agency  
179 employees, but may provide additional services under  
180 arrangements with another agency or organization. Services  
181 furnished under such arrangements must have a written contract  
182 conforming to the requirements specified in paragraph (b).

183 (d) If home health aide services are provided by an  
184 individual who is not employed directly by the home health  
185 agency, the services of the home health aide must be provided

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186 under arrangements as stated in paragraphs (b) and (c). If the  
187 home health agency chooses to provide home health aide services  
188 under arrangements with another organization, the  
189 responsibilities of the home health agency include, but are not  
190 limited to:

191 1. Ensuring the overall quality of the care provided by  
192 the aide;

193 2. Supervising the aide's services as described in s.  
194 400.487; and

195 3. Ensuring that each home health aide providing services  
196 under arrangements with another organization has met the  
197 training requirements or competency evaluation requirements of  
198 s. 400.497.

199 (e) The home health agency shall coordinate the efforts of  
200 all personnel furnishing services, and the personnel shall  
201 maintain communication with the home health agency to ensure  
202 that personnel efforts support the objectives outlined in the  
203 plan of care. The clinical record or minutes of case conferences  
204 shall ensure that effective interchange, reporting, and  
205 coordination of patient care occurs.

206 Section 10. Section 400.487, Florida Statutes, is amended  
207 to read:

208 400.487 Home health service agreements; physician's,  
209 physician assistant's, and advanced registered nurse  
210 practitioner's treatment orders; patient assessment;  
211 establishment and review of plan of care; provision of services;  
212 orders not to resuscitate.-

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213 (1) Services provided by a home health agency must be  
214 covered by an agreement between the home health agency and the  
215 patient or the patient's legal representative specifying the  
216 home health services to be provided, the rates or charges for  
217 services paid with private funds, and the sources of payment,  
218 which may include Medicare, Medicaid, private insurance,  
219 personal funds, or a combination thereof. The home health agency  
220 shall provide a copy of the agreement to the patient or the  
221 patient's legal representative. A home health agency providing  
222 skilled care must make an assessment of the patient's needs  
223 within 48 hours after the start of services.

224 (2) When required by the provisions of chapter 464; part  
225 I, part III, or part V of chapter 468; or chapter 486, the  
226 attending physician, physician assistant, or advanced registered  
227 nurse practitioner, acting within his or her respective scope of  
228 practice, shall establish treatment orders for a patient who is  
229 to receive skilled care. The treatment orders must be signed by  
230 the physician, physician assistant, or advanced registered nurse  
231 practitioner before a claim for payment for the skilled services  
232 is submitted by the home health agency. If the claim is  
233 submitted to a managed care organization, the treatment orders  
234 must be signed within the time allowed under the provider  
235 agreement. The treatment orders shall be reviewed, as frequently  
236 as the patient's illness requires, by the physician, physician  
237 assistant, or advanced registered nurse practitioner in  
238 consultation with the home health agency.

239 (3) A home health agency shall arrange for supervisory  
240 visits by a registered nurse to the home of a patient receiving

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241 home health aide services as specified in subsection (9) in  
242 accordance with the patient's direction, approval, and agreement  
243 to pay the charge for the visits.

244 (4) The home health agency shall protect and promote the  
245 rights of each individual under its care, including each of the  
246 following rights:

247 (a) Notice of rights.—The home health agency shall provide  
248 the patient with a written notice of the patient's rights in  
249 advance of furnishing care to the patient or during the initial  
250 evaluation visit before the initiation of treatment. The home  
251 health agency must maintain documentation showing that it has  
252 complied with the requirements of this section.

253 (b) Exercise of rights and respect for property and  
254 person.—

255 1. The patient has the right to exercise his or her rights  
256 as a patient of the home health agency.

257 2. The patient has the right to have his or her property  
258 treated with respect.

259 3. The patient has the right to voice grievances regarding  
260 treatment or care that is or fails to be furnished, or regarding  
261 the lack of respect for property by anyone who is furnishing  
262 services on behalf of the home health agency, and not be  
263 subjected to discrimination or reprisal for doing so.

264 4. The home health agency must investigate complaints made  
265 by a patient or the patient's family or guardian regarding  
266 treatment or care that is or fails to be furnished, or regarding  
267 the lack of respect for the patient's property by anyone  
268 furnishing services on behalf of the home health agency. The

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269 home health agency shall document the existence of the complaint  
270 and its resolution.

271 5. The patient and his or her immediate family or  
272 representative must be informed of the right to report  
273 complaints via the statewide toll-free telephone number to the  
274 agency as required in s. 408.810.

275 (c) Right to be informed and to participate in planning  
276 care and treatment.-

277 1. The patient has the right to be informed, in advance,  
278 about the care to be furnished and of any changes in the care to  
279 be furnished. The home health agency shall advise the patient in  
280 advance of which disciplines will furnish care and the frequency  
281 of visits proposed to be furnished. The home health agency must  
282 advise the patient in advance of any change in the plan of care  
283 before the change is made.

284 2. The patient has the right to participate in the  
285 planning of the care. The home health agency must advise the  
286 patient in advance of the right to participate in planning the  
287 care or treatment and in planning changes in the care or  
288 treatment. Each patient has the right to be informed of and to  
289 participate in the planning of his or her care. Each patient  
290 must be provided, upon request, a copy of the plan of care  
291 established and maintained for that patient by the home health  
292 agency.

293 (5) When nursing services are ordered, the home health  
294 agency to which a patient has been admitted for care must  
295 provide the initial admission visit, all service evaluation  
296 visits, and the discharge visit by a direct employee. Services

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297 provided by others under contractual arrangements to a home  
298 health agency must be monitored and managed by the admitting  
299 home health agency. The admitting home health agency is fully  
300 responsible for ensuring that all care provided through its  
301 employees or contract staff is delivered in accordance with this  
302 part and applicable rules.

303 (6) The skilled care services provided by a home health  
304 agency, directly or under contract, must be supervised and  
305 coordinated in accordance with the plan of care. The home health  
306 agency shall furnish skilled nursing services by or under the  
307 supervision of a registered nurse and in accordance with the  
308 plan of care. Any therapy services offered directly or under  
309 arrangement by the home health agency must be provided by a  
310 qualified therapist or by a qualified therapy assistant under  
311 the supervision of a qualified therapist and in accordance with  
312 the plan of care.

313 (a) Duties and qualifications.—A qualified therapist shall  
314 assist the physician in evaluating the level of function, help  
315 develop or revise the plan of care, prepare clinical and  
316 progress notes, advise and consult with the family and other  
317 agency personnel, and participate in in-service programs. The  
318 therapist or therapy assistant must meet the qualifications in  
319 the state practice acts and related applicable rules.

320 (b) Physical therapy assistants and occupational therapy  
321 assistants.—Services provided by a physical therapy assistant or  
322 occupational therapy assistant must be under the supervision of  
323 a qualified physical therapist or occupational therapist as  
324 required in chapter 486 and part III of chapter 468,

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325 respectively, and related applicable rules. A physical therapy  
326 assistant or occupational therapy assistant shall perform  
327 services planned, delegated, and supervised by the therapist,  
328 assist in preparing clinical notes and progress reports,  
329 participate in educating the patient and his or her family, and  
330 participate in in-service programs.

331 (c) *Speech therapy services.*—Speech therapy services shall  
332 be furnished only by or under supervision of a qualified speech  
333 pathologist or audiologist as required in part I of chapter 468  
334 and related applicable rules.

335 (d) *Care follows a written plan of care.*—The plan of care  
336 shall be reviewed by the physician or health professional who  
337 provided the treatment orders pursuant to subsection (2) and  
338 home health agency personnel as often as the severity of the  
339 patient's condition requires, but at least once every 60 days or  
340 more when there is a patient-elected transfer, a significant  
341 change in condition, or a discharge and return to the same home  
342 health agency during the 60-day episode. Professional staff of a  
343 home health agency shall promptly alert the physician or other  
344 health professional who provided the treatment orders of any  
345 change that suggests a need to alter the plan of care.

346 (e) *Administration of drugs and treatment.*—Only  
347 professional staff of a home health agency may administer drugs  
348 and treatments as ordered by the physician or health  
349 professional pursuant to subsection (2), with the exception of  
350 influenza and pneumococcal polysaccharide vaccines, which may be  
351 administered according to the policy of the home health agency  
352 developed in consultation with a physician and after an

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353 assessment for contraindications. Verbal orders shall be in  
354 writing and signed and dated with the date of receipt by the  
355 registered nurse or qualified therapist who is responsible for  
356 furnishing or supervising the ordered service. A verbal order  
357 may be accepted only by personnel who are authorized to do so by  
358 applicable state laws, rules, and internal policies of the home  
359 health agency.

360 (7) A registered nurse shall conduct the initial  
361 evaluation visit, regularly reevaluate the patient's nursing  
362 needs, initiate the plan of care and necessary revisions,  
363 furnish those services requiring substantial and specialized  
364 nursing skill, initiate appropriate preventive and  
365 rehabilitative nursing procedures, prepare clinical and progress  
366 notes, coordinate services, inform the physician and other  
367 personnel of changes in the patient's condition and needs,  
368 counsel the patient and his or her family in meeting nursing and  
369 related needs, participate in in-service programs, and supervise  
370 and teach other nursing personnel, unless the home health agency  
371 providing the home health aide services is not Medicare-  
372 certified or Medicaid-certified and does not provide skilled  
373 care.

374 (8) A licensed practical nurse shall furnish services in  
375 accordance with agency policies, prepare clinical and progress  
376 notes, assist the physician and registered nurse in performing  
377 specialized procedures, prepare equipment and materials for  
378 treatments observing aseptic technique as required, and assist  
379 the patient in learning appropriate self-care techniques.



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380       (9) A home health aide and certified nursing assistant  
381 shall provide services that are in the service provision plan  
382 provided in s. 400.491 and other services that the home health  
383 aide or certified nursing assistant is permitted to perform  
384 under state law. The duties of a home health aide or certified  
385 nursing assistant include the provision of hands-on personal  
386 care, performance of simple procedures as an extension of  
387 therapy or nursing services, assistance in ambulation or  
388 exercises, and assistance in administering medications that are  
389 ordinarily self-administered and are specified in agency rules.  
390 Any services by a home health aide which are offered by a home  
391 health agency must be provided by a qualified home health aide  
392 or certified nursing assistant.

393       (a) Assignment and duties.—A home health aide or certified  
394 nursing assistant shall be assigned to a specific patient by a  
395 registered nurse, unless the home health agency providing the  
396 home health aide services is not Medicare-certified or Medicaid-  
397 certified and does not provide skilled care. Written patient  
398 care instructions for the home health aide and certified nursing  
399 assistant must be prepared by the registered nurse or other  
400 appropriate professional who is responsible for the supervision  
401 of the home health aide and certified nursing assistant as  
402 stated in this section.

403       (b) Supervision.—If a patient receives skilled nursing  
404 care, the registered nurse shall perform the supervisory visit.  
405 If the patient is not receiving skilled nursing care but is  
406 receiving physical therapy, occupational therapy, or speech-  
407 language pathology services, the appropriate therapist may

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408 provide the supervision. A registered nurse or other  
409 professional must make an onsite visit to the patient's home at  
410 least once every 2 weeks. The visit is not required while the  
411 aide is providing care.

412 (c) *Supervising visits.*—If home health aide services are  
413 provided to a patient who is not receiving skilled nursing care,  
414 physical or occupational therapy, or speech-language pathology  
415 services, a registered nurse must make a supervisory visit to  
416 the patient's home at least once every 60 days, unless the home  
417 health agency providing the home health aide services is not  
418 Medicare or Medicaid certified and does not provide skilled  
419 care, either directly or through contracts. The registered nurse  
420 shall ensure that the aide is properly caring for the patient  
421 and each supervisory visit must occur while the home health aide  
422 is providing patient care. In addition to the requirements in  
423 this subsection, a home health agency shall arrange for  
424 additional supervisory visits by a registered nurse to the home  
425 of a patient receiving home health aide services in accordance  
426 with the patient's direction, approval, and agreement to pay the  
427 charge for the visits.

428 (10) ~~(7)~~ Home health agency personnel may withhold or  
429 withdraw cardiopulmonary resuscitation if presented with an  
430 order not to resuscitate executed pursuant to s. 401.45. The  
431 agency shall adopt rules providing for the implementation of  
432 such orders. Home health personnel and agencies shall not be  
433 subject to criminal prosecution or civil liability, nor be  
434 considered to have engaged in negligent or unprofessional  
435 conduct, for withholding or withdrawing cardiopulmonary

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436 resuscitation pursuant to such an order and rules adopted by the  
437 agency.

438 Section 11. Subsection (11) of section 408.802, Florida  
439 Statutes, is repealed.

440 Section 12. Paragraphs (e), (f), and (g) of subsection  
441 (15) of section 409.912, Florida Statutes, are repealed.

442 Section 13. Subsection (2) of section 429.12, Florida  
443 Statutes, is repealed.

444 Section 14. Subsection (5) of section 429.23, Florida  
445 Statutes, is repealed.

446 Section 15. Paragraph (a) of subsection (2) of section  
447 429.911, Florida Statutes, is repealed.

448 Section 16. This act shall take effect July 1, 2010.

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**T I T L E   A M E N D M E N T**

453

454

Remove the entire title and insert:

455

A bill to be entitled

456

An act relating to health care; repealing s.

457

112.0455(10)(e), F.S., relating to a prohibition against

458

applying the Drug-Free Workplace Act retroactively;

459

repealing s. 383.325, F.S., relating to the requirement of

460

a licensed facility under s. 383.305, F.S., to maintain

461

inspection reports; repealing s. 395.1046, F.S., relating

462

to the investigation of complaints regarding hospitals;

463

repealing s. 395.3037, F.S.; deleting definitions relating

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464 to obsolete provisions governing primary and comprehensive  
465 stroke centers; amending s. 400.0239, F.S.; deleting an  
466 obsolete provision; repealing s. 400.147(10), F.S.,  
467 relating to a requirement that a nursing home facility  
468 report any notice of a filing of a claim for a violation  
469 of a resident's rights or a claim of negligence; repealing  
470 s. 400.148, F.S., relating to the Medicaid "Up-or-Out"  
471 Quality of Care Contract Management Program; repealing s.  
472 400.195, F.S., relating to reporting requirements for the  
473 Agency for Health Care Administration; amending s.  
474 400.476, F.S.; providing requirements for an alternative  
475 administrator of a home health agency; revising the duties  
476 of the administrator; revising the requirements for a  
477 director of nursing for a specified number of home health  
478 agencies; prohibiting a home health agency from using an  
479 individual as a home health aide unless the person has  
480 completed training and an evaluation program; requiring a  
481 home health aide to meet certain standards in order to be  
482 competent in performing certain tasks; requiring a home  
483 health agency and staff to comply with accepted  
484 professional standards; providing certain requirements for  
485 a written contract between certain personnel and the  
486 agency; requiring a home health agency to provide certain  
487 services through its employees; authorizing a home health  
488 agency to provide additional services with another  
489 organization; providing responsibilities of a home health  
490 agency when it provides home health aide services through  
491 another organization; requiring the home health agency to

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492 coordinate personnel who provide home health services;  
493 requiring personnel to communicate with the home health  
494 agency; amending s. 400.487, F.S.; requiring a home health  
495 agency to provide a copy of the agreement between the  
496 agency and a patient which specifies the home health  
497 services to be provided; providing the rights that are  
498 protected by the home health agency; requiring the home  
499 health agency to furnish nursing services by or under the  
500 supervision of a registered nurse; requiring the home  
501 health agency to provide therapy services through a  
502 qualified therapist or therapy assistant; providing the  
503 duties and qualifications of a therapist and therapy  
504 assistant; requiring supervision by a physical therapist  
505 or occupational therapist of a physical therapist  
506 assistant or occupational therapist assistant; providing  
507 duties of a physical therapist assistant or occupational  
508 therapist assistant; providing for speech therapy services  
509 to be provided by a qualified speech pathologist or  
510 audiologist; providing for a plan of care; providing that  
511 only the staff of a home health agency may administer  
512 drugs and treatments as ordered by certain health  
513 professionals; providing requirements for verbal orders;  
514 providing duties of a registered nurse, licensed practical  
515 nurse, home health aide, and certified nursing assistant  
516 who work for a home health agency; providing for  
517 supervisory visits of services provided by a home health  
518 agency; repealing s. 408.802(11), F.S., relating to the  
519 applicability of the Health Care Licensing Procedures Act

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520 to private review agents; repealing s. 409.912(15)(e),  
521 (f), and (g), F.S., relating to a requirement for the  
522 Agency for Health Care Administration to submit a report  
523 to the Legislature regarding the operations of the CARE  
524 program; repealing s. 429.12(2), F.S., relating to the  
525 sale or transfer of ownership of an assisted living  
526 facility; repealing s. 429.23(5), F.S., relating to each  
527 assisted living facility's requirement to submit a report  
528 to the agency regarding liability claims filed against it;  
529 repealing s. 429.911(2)(a), F.S., relating to grounds for  
530 which the agency may take action against the owner of an  
531 adult day care center or its operator or employee;  
532 providing an effective date.

533

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COUNCIL/COMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
ADOPTED W/O OBJECTION  (Y/N)  
FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
WITHDRAWN \_\_\_\_\_ (Y/N)  
OTHER \_\_\_\_\_

1 Council/Committee hearing bill: Health Care Regulation Policy  
2 Committee  
3 Representative Horner offered the following:  
4

5 **Amendment (with title amendment)**

6 Between lines 447 and 448, insert:

7 Section 16. Dental workforce survey.-

8 (1) Beginning in 2012, each person who applies for  
9 licensure renewal as a dentist or dental hygienist under chapter  
10 466, Florida Statutes, must, in conjunction with the renewal of  
11 such license under procedures and forms adopted by the Board of  
12 Dentistry and in addition to any other information that may be  
13 required from the applicant, furnish the following information  
14 to the Department of Health, working in conjunction with the  
15 board, in a dental workforce survey:

16 (a) Licensee information, including, but not limited to:

17 1. The name of the dental school or dental hygiene program  
18 that the dentist or dental hygienist graduated from and the year  
19 of graduation.

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20       2. The year that the dentist or dental hygienist began  
21 practicing or working in this state.

22       3. The geographic location of the dentist's or dental  
23 hygienist's practice or address within the state.

24       4. For a dentist in private practice:

25       a. The number of full-time dental hygienists employed by  
26 the dentist during the reporting period.

27       b. The number of full-time dental assistants employed by  
28 the dentist during the reporting period.

29       c. The average number of patients treated per week by the  
30 dentist during the reporting period.

31       d. The settings where the dental care was delivered.

32       5. Anticipated plans of the dentist to change the status  
33 of his or her license or practice.

34       6. The dentist's areas of specialty or certification.

35       7. The year that the dentist completed a specialty program  
36 recognized by the American Dental Association.

37       8. For a hygienist:

38       a. The average number of patients treated per week by the  
39 hygienist during the reporting period.

40       b. The settings where the dental care was delivered.

41       9. The dentist's memberships in professional  
42 organizations.

43       10. The number of pro bono hours provided by the dentist  
44 or dental hygienist during the last biennium.

45       (b) Information concerning the availability and trends  
46 relating to critically needed services, including, but not



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47 limited to, the following types of care provided by the dentist  
48 or dental hygienist:

- 49 1. Dental care to children having special needs.
- 50 2. Geriatric dental care.
- 51 3. Dental services in emergency departments.
- 52 4. Medicaid services.
- 53 5. Other critically needed specialty areas, as determined  
54 by the advisory body.

55 (2) In addition to the completed survey, the dentist or  
56 dental hygienist must submit a statement that the information  
57 provided is true and accurate to the best of his or her  
58 knowledge and belief.

59 (3) Beginning in 2012, renewal of a license by a dentist  
60 or dental hygienist licensed under chapter 466, Florida  
61 Statutes, is not contingent upon the completion and submission  
62 of the dental workforce survey; however, for any subsequent  
63 license renewal, the board may not renew the license of any  
64 dentist or dental hygienist until the survey required under this  
65 section is completed and submitted by the licensee.

66 (4) (a) Beginning in 2012, the Board of Dentistry shall  
67 issue a nondisciplinary citation to any dentist or dental  
68 hygienist licensed under chapter 466, Florida Statutes, who  
69 fails to complete the survey within 90 days after the renewal of  
70 his or her license to practice as a dentist or dental hygienist.

71 (b) The citation must notify a dentist or dental hygienist  
72 who fails to complete the survey required by this section that  
73 his or her license will not be renewed for any subsequent

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74 license renewal unless the dentist or dental hygienist completes  
75 the survey.

76 (c) In conjunction with issuing the license renewal notice  
77 required by s. 456.038, Florida Statutes, the board shall notify  
78 each dentist or dental hygienist licensed under chapter 466,  
79 Florida Statutes, who fails to complete the survey that the  
80 survey must be completed before the subsequent license renewal.

81 Section 90. (1) The Department of Health shall serve as  
82 the coordinating body for the purpose of collecting and  
83 regularly updating and disseminating dental workforce data. The  
84 department shall work with multiple stakeholders, including the  
85 Florida Dental Association and the Florida Dental Hygiene  
86 Association, to assess and share with all communities of  
87 interest all data collected in a timely fashion.

88 (2) The Department of Health shall maintain a current  
89 database to serve as a statewide source of data concerning the  
90 dental workforce. The department, in conjunction with the board,  
91 shall also:

92 (a) Develop strategies to maximize federal and state  
93 programs that provide incentives for dentists to practice in  
94 shortage areas that are federally designated. Strategies shall  
95 include programs such as the Florida Health Services Corps  
96 established under s. 381.0302, Florida Statutes.

97 (b) Work in conjunction with an advisory body to address  
98 matters relating to the state's dental workforce. The advisory  
99 body shall provide input on developing questions for the dentist  
100 workforce survey. An advisory body shall include, but need not  
101 be limited to, the State Surgeon General or his or her designee,

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102 the dean of each dental school accredited in the United States  
103 and based in this state or his or her designee, a representative  
104 from the Florida Dental Association, a representative from the  
105 Florida Dental Hygiene Association, a representative from the  
106 Florida Board of Dentistry, and a dentist from each of the  
107 dental specialties recognized by the American Dental  
108 Association's Commission on Dental Accreditation. Members of the  
109 advisory body shall serve without compensation.

110 (c) Act as a clearinghouse for collecting and  
111 disseminating information concerning the dental workforce.

112 (3) The Department of Health and the Board of Dentistry  
113 shall adopt rules necessary to administer this section.

114 Section 91. It is the intent of the Legislature that the  
115 Department of Health and the Board of Dentistry implement the  
116 provisions of this act within existing resources.

117 Section 92. Paragraph (t) of subsection (2) of section  
118 499.01, Florida Statutes, is amended to read:

119 499.01 Permits.—

120 (2) The following permits are established:

121 (t) Health care clinic establishment permit.—Effective  
122 January 1, 2009, a health care clinic establishment permit is  
123 required for the purchase of a prescription drug by a place of  
124 business at one general physical location that provides health  
125 care or veterinary services, which is owned and operated by a  
126 business entity that has been issued a federal employer tax  
127 identification number. For the purpose of this paragraph, the  
128 term "qualifying practitioner" means a licensed health care  
129 practitioner defined in s. 456.001, or a veterinarian licensed

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130 | under chapter 474, who is authorized under the appropriate  
131 | practice act to prescribe and administer a prescription drug.

132 |       1. An establishment must provide, as part of the  
133 | application required under s. 499.012, designation of a  
134 | qualifying practitioner who will be responsible for complying  
135 | with all legal and regulatory requirements related to the  
136 | purchase, recordkeeping, storage, and handling of the  
137 | prescription drugs. In addition, the designated qualifying  
138 | practitioner shall be the practitioner whose name, establishment  
139 | address, and license number is used on all distribution  
140 | documents for prescription drugs purchased or returned by the  
141 | health care clinic establishment. Upon initial appointment of a  
142 | qualifying practitioner, the qualifying practitioner and the  
143 | health care clinic establishment shall notify the department on  
144 | a form furnished by the department within 10 days after such  
145 | employment. In addition, the qualifying practitioner and health  
146 | care clinic establishment shall notify the department within 10  
147 | days after any subsequent change.

148 |       2. The health care clinic establishment must employ a  
149 | qualifying practitioner at each establishment.

150 |       3. In addition to the remedies and penalties provided in  
151 | this part, a violation of this chapter by the health care clinic  
152 | establishment or qualifying practitioner constitutes grounds for  
153 | discipline of the qualifying practitioner by the appropriate  
154 | regulatory board.

155 |       4. The purchase of prescription drugs by the health care  
156 | clinic establishment is prohibited during any period of time  
157 | when the establishment does not comply with this paragraph.

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158 5. A health care clinic establishment permit is not a  
159 pharmacy permit or otherwise subject to chapter 465. A health  
160 care clinic establishment that meets the criteria of a modified  
161 Class II institutional pharmacy under s. 465.019 is not eligible  
162 to be permitted under this paragraph.

163 6. This paragraph does not apply to the purchase of a  
164 prescription drug by a licensed practitioner under his or her  
165 license. A professional corporation or limited liability company  
166 composed of dentists and operating as authorized in s. 466.0285  
167 may pay for prescription drugs obtained by a practitioner  
168 licensed under chapter 466, and the licensed practitioner is  
169 deemed the purchaser and owner of the prescription drugs.

170 Section 93. Paragraph (a) of subsection (6) of section  
171 624.91, Florida Statutes, is amended to read:

172 624.91 The Florida Healthy Kids Corporation Act.—

173 (6) BOARD OF DIRECTORS.—

174 (a) The Florida Healthy Kids Corporation shall operate  
175 subject to the supervision and approval of a board of directors  
176 chaired by the Chief Financial Officer or her or his designee,  
177 and composed of 12 ~~11~~ other members selected for 3-year terms of  
178 office as follows:

179 1. The Secretary of Health Care Administration, or his or  
180 her designee.

181 2. One member appointed by the Commissioner of Education  
182 from the Office of School Health Programs of the Florida  
183 Department of Education.

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184 3. One member appointed by the Chief Financial Officer  
185 from among three members nominated by the Florida Pediatric  
186 Society.

187 4. One member, appointed by the Governor, who represents  
188 the Children's Medical Services Program.

189 5. One member appointed by the Chief Financial Officer  
190 from among three members nominated by the Florida Hospital  
191 Association.

192 6. One member, appointed by the Governor, who is an expert  
193 on child health policy.

194 7. One member, appointed by the Chief Financial Officer,  
195 from among three members nominated by the Florida Academy of  
196 Family Physicians.

197 8. One member, appointed by the Governor, who represents  
198 the state Medicaid program.

199 9. One member, appointed by the Chief Financial Officer,  
200 from among three members nominated by the Florida Association of  
201 Counties.

202 10. The State Health Officer or her or his designee.

203 11. The Secretary of Children and Family Services, or his  
204 or her designee.

205 12. One member, appointed by the Governor, from among  
206 three members nominated by the Florida Dental Association.

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**T I T L E A M E N D M E N T**

Remove line 531 and insert:

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212 adult day care center or its operator or employee;  
213 requiring persons who apply for licensure renewal as a  
214 dentist or dental hygienist to furnish certain information  
215 to the Department of Health in a dental workforce survey;  
216 requiring the Board of Dentistry to issue a  
217 nondisciplinary citation and a notice for failure to  
218 complete the survey within a specified time; providing  
219 notification requirements for the citation; requiring the  
220 department to serve as the coordinating body for the  
221 purpose of collecting, disseminating, and updating dental  
222 workforce data; requiring the department to maintain a  
223 database regarding the state's dental workforce; requiring  
224 the department to develop strategies to maximize federal  
225 and state programs and to work with an advisory body to  
226 address matters relating to the state's dental workforce;  
227 providing membership of the advisory body; providing for  
228 members of the advisory body to serve without  
229 compensation; requiring the department to act as a  
230 clearinghouse for collecting and disseminating information  
231 regarding the dental workforce; requiring the department  
232 and the board to adopt rules; providing legislative intent  
233 regarding implementation of the act within existing  
234 resources; amending s. 499.01, F.S.; authorizing certain  
235 business entities to pay for prescription drugs obtained  
236 by practitioners licensed under ch. 466, F.S.; amending s.  
237 624.91, F.S.; revising the membership of the board of  
238 directors of the Florida Healthy Kids Corporation to  
239 include a member nominated by the Florida Dental

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240 Association and appointed by the Governor; providing an  
241 effective date.