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COMMITTEE/SUBCOMMITTEE	ACTION
ADOPTED	(Y/N)
ADOPTED AS AMENDED	(Y/N)
ADOPTED W/O OBJECTION	(Y/N)
FAILED TO ADOPT	(Y/N)
WITHDRAWN	(Y/N)
OTHER	

Committee/Subcommittee hearing bill: Health Quality Subcommittee

Representative Rodriguez, A. offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert: Section 1. Subsection (4) of section 400.9905, Florida Statutes, is amended to read:

400.9905 Definitions.-

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

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

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

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

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- 484, or chapter 651; end-stage renal disease providers authorized under 42 C.F.R. part 405, subpart U; providers certified under 42 C.F.R. part 485, subpart B or subpart H; or any entity that provides neonatal or pediatric hospital-based health care services by licensed practitioners solely within a hospital licensed under chapter 395.
- (e) An entity that is exempt from federal taxation under 26 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan under 26 U.S.C. s. 409 that has a board of trustees at least two-thirds of which are Florida-licensed health care practitioners and provides only physical therapy services under physician orders, any community college or university clinic, and any entity owned or operated by the federal or state government, including agencies, subdivisions, or municipalities thereof.
- (f) A sole proprietorship, group practice, partnership, or corporation that provides health care services by physicians covered by s. 627.419, that is directly supervised by one or more of such physicians, and that is wholly owned by one or more of those physicians or by a physician and the spouse, parent, child, or sibling of that physician.
- (g) A sole proprietorship, group practice, partnership, or corporation that provides health care services by licensed health care practitioners under chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,

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chapter 466, chapter 467, chapter 480, chapter 484, chapter 486, chapter 490, chapter 491, or part I, part III, part X, part XIII, or part XIV of chapter 468, or s. 464.012, and that is wholly owned by one or more licensed health care practitioners, or the licensed health care practitioners set forth in this paragraph and the spouse, parent, child, or sibling of a licensed health care practitioner if one of the owners who is a licensed health care practitioner is supervising the business activities and is legally responsible for the entity's compliance with all federal and state laws. However, a health care practitioner may not supervise services beyond the scope of the practitioner's license, except that, for the purposes of this part, a clinic owned by a licensee in s. 456.053(3)(b) which provides only services authorized pursuant to s. 456.053(3)(b) may be supervised by a licensee specified in s. 456.053(3)(b).

- (h) Clinical facilities affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows.
- (i) Entities that provide only oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 or entities that provide oncology or radiation therapy services by physicians licensed under chapter 458 or chapter 459 which are owned by a corporation whose shares are publicly traded on a recognized stock exchange.

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- (j) Clinical facilities affiliated with a college of chiropractic accredited by the Council on Chiropractic Education at which training is provided for chiropractic students.
- (k) Entities that provide licensed practitioners to staff emergency departments or to deliver anesthesia services in facilities licensed under chapter 395 and that derive at least 90 percent of their gross annual revenues from the provision of such services. Entities claiming an exemption from licensure under this paragraph must provide documentation demonstrating compliance.
- (1) Orthotic, prosthetic, pediatric cardiology, or perinatology clinical facilities or anesthesia clinical facilities that are not otherwise exempt under paragraph (a) or paragraph (k) and that are a publicly traded corporation or are wholly owned, directly or indirectly, by a publicly traded corporation. As used in this paragraph, a publicly traded corporation is a corporation that issues securities traded on an exchange registered with the United States Securities and Exchange Commission as a national securities exchange.
- (m) Entities that are owned by a corporation that has \$250 million or more in total annual sales of health care services provided by licensed health care practitioners where one or more of the persons responsible for the operations of the entity is a health care practitioner who is licensed in this state and who is responsible for supervising the business activities of the

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

Entities that employ 50 or more licensed health care practitioners licensed under chapter 458 or chapter 459 where the billing for medical services is under a single tax identification number. The application for exemption under this subsection shall contain information that includes: the name, residence, and business address and phone number of the entity that owns the practice; a complete list of the names and contact information of all the officers and directors of the corporation; the name, residence address, business address, and medical license number of each licensed Florida health care practitioner employed by the entity; the corporate tax identification number of the entity seeking an exemption; a listing of health care services to be provided by the entity at the health care clinics owned or operated by the entity and a certified statement prepared by an independent certified public accountant which states that the entity and the health care clinics owned or operated by the entity have not received payment for health care services under personal injury protection insurance coverage for the preceding year. If the agency determines that an entity which is exempt under this subsection has received payments for medical services under personal injury protection insurance coverage, the agency may

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deny or revoke the exemption from licensure under this subsection.

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- Notwithstanding this subsection, an entity shall be deemed a clinic and must be licensed under this part in order to receive reimbursement under the Florida Motor Vehicle No-Fault Law, ss. 627.730-627.7405, unless exempted under s. 627.736(5)(h).
- Section 2. Subsection (4) of section 400.991, Florida

 174 Statutes, is amended to read:
 - 400.991 License requirements; background screenings; prohibitions.—
 - (4) In addition to the requirements of part II of chapter 408, the applicant must file with the application satisfactory proof that the clinic is in compliance with this part and applicable rules, including:
 - (a) A listing of services to be provided either directly by the applicant or through contractual arrangements with existing providers;
 - (b) The number and discipline of each professional staff member to be employed; and
 - (c) Proof of financial ability to operate as required under s. 408.810(8). As an alternative to submitting proof of financial ability to operate as required under s. 408.810(8), the applicant may file a surety bond of at least \$500,000 which guarantees that the clinic will act in full conformity with all

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legal requirements	for	operat	ting a	clinic, pa	ayable to	the
agency. The agency	may	adopt	rules	to specify	y related	
requirements for s	uch :	surety	bond;	and		

- responsibility in the manner set forth in s. 458.320(2) or s. 459.0085(2), as applicable, to pay claims and costs ancillary thereto arising out of the rendering of or the failure to render medical care and services, for physicians and osteopathic physicians who perform liposuction procedures in which more than 1,000 cubic centimeters of supernatant fat is removed, Level II office surgery, or Level III office surgery as those terms are defined in ss. 458.305(8) and 459.003(9), in an office setting.
- Section 3. Paragraph (j) is added to subsection (1) of section 400.9935, Florida Statutes, to read:

400.9935 Clinic responsibilities.-

- (1) Each clinic shall appoint a medical director or clinic director who shall agree in writing to accept legal responsibility for the following activities on behalf of the clinic. The medical director or the clinic director shall:
- (j) If the clinic is registered with the department to perform office surgery, ensure that the clinic complies with the standards of practice for office surgery adopted by rule under ss. 458.309(4) and 459.005(3).
- Section 4. Subsection (4) of section 400.995, Florida Statutes, is amended to read:

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400.995 Agency administrative penalties.-

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

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

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

penalty set forth in s. 456.072(2) against, any facility where office surgery, as defined in ss. 458.305(8) and 459.003(9), is performed for failure of any of its physicians, owners, or operators to comply with rules adopted under ss. 458.309(3) and 459.005(2). Section 456.073 applies to enforcement actions brought against such facilities. If a facility's registration is revoked, the department may deny any person named in the registration documents of the facility, including the persons who own or operate the facility, individually or as part of a group, from registering a facility to perform surgical

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240	procedures pursuant to s. $458.309(3)$ or s. $459.005(2)$ for 5
241	years after the revocation date.
242	Section 6. Subsection (6) is added to section 456.074,
243	Florida Statutes, to read:
244	456.074 Certain health care practitioners; immediate
245	suspension of license
246	(6) The department may issue an emergency order suspending
247	or restricting the registration of a facility in which
248	liposuction procedures in which more than 1,000 cubic
249	centimeters of supernatant fat is removed, Level II office
250	surgery, or Level III office surgery as those terms are defined
251	in ss. $458.305(8)$ and $459.003(9)$, are performed upon a finding
252	of probable cause that the facility or its surgeons are not in
253	compliance with the standards of practice for office surgery
254	adopted by the boards pursuant to s. 458.309(4) or s.
255	459.005(3), as applicable, or are in violation of s.
256	458.331(1) (v) or s. $459.015(1)$ (z) and that such noncompliance
257	constitutes an immediate danger to the public.
258	Section 7. Section 458.305, Florida Statutes, is amended
259	to read:
260	458.305 Definitions.—As used in this chapter, the term:
261	(1) "Board" means the Board of Medicine.
262	(2) "Deep sedation and analgesia" means a drug-induced
263	depression of consciousness during which all of the following
264	<pre>apply:</pre>

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265	(a) The patient cannot be easily aroused but responds by
266	purposefully following repeated or painful stimulation.
267	(b) The patient's ability to independently maintain
268	ventilatory function may be impaired.
269	(c) The patient may require assistance in maintaining a
270	patent airway, and spontaneous ventilation may be inadequate.
271	(d) The patient's cardiovascular function is usually
272	maintained.
273	(e) The patient's reflex withdrawal from painful stimulus
274	is not considered a purposeful response.
275	(3) (2) "Department" means the Department of Health.
276	(4) "Epidural anesthesia" means anesthesia produced by the
277	injection of an anesthetic agent into the space on or around the
278	dura mater of the spinal cord.
279	(5) "General anesthesia" means a drug-induced loss of
280	consciousness administered by a qualified general anesthesia
281	provider during which all of the following apply:
282	(a) The patient is not able to be aroused, even by painful
283	stimulation.
284	(b) The patient's ability to independently maintain
285	ventilatory function is often impaired.
286	(c) The patient has a level of depressed neuromuscular

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function.

288	(d) The patient may require assistance in maintaining a
289	patent airway, and positive pressure ventilation may be
290	required.
291	(e) The patient's cardiovascular function may be impaired.
292	(6) "Minimal sedation" means a drug-induced state during
293	which patients respond normally to verbal commands. Although
294	cognitive function and physical coordination may be impaired,
295	airway reflexes and respiratory and cardiovascular functions are
296	unaffected.
297	(7) "Moderate sedation and analgesia" or "conscious
298	sedation" means drug-induced depression of consciousness and a
299	state of consciousness during which all of the following apply:
300	(a) The patient responds purposefully to verbal commands,
301	either alone or accompanied by light tactile stimulation.
302	(b) Interventions are not required to maintain a patent
303	airway, and spontaneous ventilation is adequate.
304	(c) Cardiovascular function is maintained.
305	(d) Reflex withdrawal from a painful stimulus is not
306	considered a purposeful response.
307	(8) "Office surgery" means a surgery that is performed in
308	a physician's office or any facility that is not licensed under
309	chapter 390 or chapter 395.
310	(a) "Level I office surgery" includes any surgery that
311	consists of only minor procedures and in which anesthesia is

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limited to minimal sedation.

	(b)	"L∈	evel	ΙI	office	e si	ırgery"	inc.	ludes	any	surgery	in
which	the	pat	cient	c's	level	of	sedati	on i	s that	c of	moderate	<u> </u>
sedat	ion	and	anal	Lges	sia or	COI	nscious	seda	ation.	<u>. </u>		

- (c) "Level III office surgery" includes any surgery in which the patient's level of sedation is that of deep sedation and analgesia or general anesthesia. The term includes any surgery that includes the use of spinal anesthesia or epidural anesthesia.
- (10) (3) "Practice of medicine" means the diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition.
- (11) "Spinal anesthesia" means anesthesia produced by the injection of an anesthetic agent into the subarachnoid space of the spinal cord.
 - (12) "Surgeon" means a physician who performs surgery.
- including the use of lasers, performed upon the body of a living human being for the purposes of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defects, prolonging life, or relieving suffering or any elective procedure for aesthetic, reconstructive, or cosmetic purposes, including, but not limited to: incision or curettage of tissue or an organ; suture or other repair of tissue or organ, including a closed as well as an open reduction of a fracture; extraction of tissue including premature extraction of the

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products of conception from the uterus; insertion of natural or artificial implants; or an endoscopic procedure with use of local or general anesthetic.

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

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

458.309 Rulemaking authority.-

A physician who performs any liposuction procedure procedures in which more than 1,000 cubic centimeters of supernatant fat is removed, any Level II office surgery level 2 procedures lasting more than 5 minutes, or any Level III office surgery and all level 3 surgical procedures in an office setting must register the office with the department unless that office is licensed as a facility under chapter 395. The department shall inspect the physician's office annually unless the office is accredited by a nationally recognized accrediting agency or an accrediting organization subsequently approved by the Board of Medicine. The actual costs for registration and inspection or accreditation shall be paid by the person seeking to register and operate the office setting in which office surgery is performed. As a condition of registration, a physician who performs such surgical procedures in an office setting, and the office itself if it is a separate legal entity from the

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363	physician, must maintain the same levels of financial
364	responsibility required in s. 458.320.
365	(4) The department may adopt rules to administer the
366	registration, inspection, and safety of offices in which a
367	physician performs office surgery. The board shall adopt by rule
368	standards of practice for physicians who perform office surgery.
369	The board shall impose a fine of \$5,000 per day on a physician
370	who performs a surgical procedure identified in subsection (3)
371	in an office that is not registered with the department.
372	Section 9. Paragraph (vv) is added to subsection (1) of
373	section 458.331, Florida Statutes, to read:
374	458.331 Grounds for disciplinary action; action by the
375	board and department
376	(1) The following acts constitute grounds for denial of a
377	license or disciplinary action, as specified in s. 456.072(2):
378	(vv) Performing a liposuction procedure in which more than
379	1,000 cubic centimeters of supernatant fat is removed, a Level
380	II office surgery, or a Level III office surgery in an office
381	that is not registered with the department pursuant to s.
382	<u>458.309(3).</u>
383	Section 10. Section 459.003, Florida Statutes, is amended
384	to read:
385	459.003 Definitions.—As used in this chapter, the term:
386	(1) "Board" means the Board of Osteopathic Medicine.

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387	(2) "Deep sedation and analgesia" means a drug-induced
388	depression of consciousness during which all of the following
389	apply:
390	(a) The patient cannot be easily aroused but responds by
391	purposefully following repeated or painful stimulation.
392	(b) The patient's ability to independently maintain
393	ventilatory function may be impaired.
394	(c) The patient may require assistance in maintaining a
395	patent airway, and spontaneous ventilation may be inadequate.
396	(d) The patient's cardiovascular function is usually
397	maintained.
398	(e) The patient's reflex withdrawal from painful stimulus
399	is not considered a purposeful response.
400	(3) (2) "Department" means the Department of Health.
401	(5) "Epidural anesthesia" means anesthesia produced by the
402	injection of an anesthetic agent into the space on or around the
403	dura mater of the spinal cord.
404	(6) "General anesthesia" means a drug-induced loss of
405	consciousness administered by a qualified general anesthesia
406	provider during which all of the following apply:
407	(a) The patient is not able to be aroused, even by painful
408	stimulation.
409	(b) The patient's ability to independently maintain

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ventilatory function is often impaired.

411	(c) The patient has a level of depressed neuromuscular
412	function.
413	(d) The patient may require assistance in maintaining a
414	patent airway, and positive pressure ventilation may be
415	required.
416	(e) The patient's cardiovascular function may be impaired.
417	(7) "Minimal sedation" means a drug-induced state during
418	which patients respond normally to verbal commands. Although
419	cognitive function and physical coordination may be impaired,
420	airway reflexes, and respiratory and cardiovascular functions
421	are unaffected.
422	(8) "Moderate sedation and analgesia" or "conscious
423	sedation" means drug-induced depression of consciousness and a
424	state of consciousness during which all of the following apply:
425	(a) The patient responds purposefully to verbal commands,
426	either alone or accompanied by light tactile stimulation.
427	(b) Interventions are not required to maintain a patent
428	airway, and spontaneous ventilation is adequate.
429	(c) Cardiovascular function is maintained.
430	(d) Reflex withdrawal from a painful stimulus is not
431	considered a purposeful response.
432	(9) "Office surgery" means a surgery that is performed in
433	a physician's office or any facility that is not licensed under

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chapter 390 or chapter 395.

	(a)	"I	Level	Ι	off	ice	surgery'	' ind	cluc	des	any	surger	ry t	<u>hat</u>
consi	sts	of	only	m:	inor	pro	ocedures	and	in	whi	ch	anesthe	esia	is
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- (b) "Level II office surgery" includes any surgery in which the patient's level of sedation is that of moderate sedation and analgesia or conscious sedation.
- (c) "Level III office surgery" includes any surgery in which the patient's level of sedation is that of deep sedation and analgesia or general anesthesia. The term includes any surgery that includes the use of spinal anesthesia or epidural anesthesia.
- (11)(3) "Practice of osteopathic medicine" means the diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition, which practice is based in part upon educational standards and requirements which emphasize the importance of the musculoskeletal structure and manipulative therapy in the maintenance and restoration of health.
- (12) "Spinal anesthesia" means anesthesia produced by the injection of an anesthetic agent into the subarachnoid space of the spinal cord.
 - (13) "Surgeon" means a physician who performs surgery.
- (14) "Surgery" means any manual or operative procedure, including the use of lasers, performed upon the body of a living human being for the purposes of preserving health, diagnosing or

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curing disease, repairing injury, correcting deformity or
defects, prolonging life, or relieving suffering or any elective
procedure for aesthetic, reconstructive, or cosmetic purposes,
including, but not limited to: incision or curettage of tissue
or an organ; suture or other repair of tissue or organ,
including a closed as well as an open reduction of a fracture;
extraction of tissue including premature extraction of the
products of conception from the uterus; insertion of natural or
artificial implants; or an endoscopic procedure with use of
local or general anesthetic.

- $\underline{(10)}$ "Osteopathic physician" means a person who is licensed to practice osteopathic medicine in this state.
- $\underline{(4)}$ "Doctor of Osteopathy" and "Doctor of Osteopathic Medicine," when referring to degrees, shall be construed to be equivalent and equal degrees.
- Section 11. Subsection (2) of section 459.005, Florida Statutes, is amended and subsection (3) is added to that section, to read:

459.005 Rulemaking authority.-

(2) A physician who performs <u>any</u> liposuction <u>procedure</u> procedures in which more than 1,000 cubic centimeters of supernatant fat is removed, <u>any Level II office surgery level 2</u> procedures lasting more than 5 minutes, <u>or any Level III office surgery and all level 3 surgical procedures</u> in an office setting must register the office with the department unless that office

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is licensed as a facility under chapter 395. The department shall inspect the physician's office annually unless the office is accredited by a nationally recognized accrediting agency or an accrediting organization subsequently approved by the Board of Osteopathic Medicine. The actual costs for registration and inspection or accreditation shall be paid by the person seeking to register and operate the office setting in which office surgery is performed. As a condition of registration, a physician who performs such surgical procedures in an office setting, and the office itself if it is a separate legal entity from the physician, must maintain the same levels of financial responsibility required in s. 459.0085.

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

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

- $459.015\,$ Grounds for disciplinary action; action by the board and department.—
- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

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510	(xx) Performing a liposuction procedure in which more than
511	1,000 cubic centimeters of supernatant fat is removed, a Level
512	II office surgery, or a Level III office surgery in an office
513	that is not registered with the department pursuant to s.
514	459.005(2).
515	Section 13. Paragraph (a) of subsection (1) of section
516	766.101, Florida Statutes, is amended to read:
517	766.101 Medical review committee, immunity from
518	liability.—
519	(1) As used in this section:
520	(a) The term "medical review committee" or "committee"
521	means:
522	1.a. A committee of a hospital or ambulatory surgical
523	center licensed under chapter 395 or a health maintenance
524	organization certificated under part I of chapter 641;
525	b. A committee of a physician-hospital organization, a
526	provider-sponsored organization, or an integrated delivery
527	system;
528	c. A committee of a state or local professional society of
529	health care providers;
530	d. A committee of a medical staff of a licensed hospital
531	or nursing home, provided the medical staff operates pursuant to
532	written bylaws that have been approved by the governing board of
533	the hospital or nursing home;

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- e. A committee of the Department of Corrections or the Correctional Medical Authority as created under s. 945.602, or employees, agents, or consultants of either the department or the authority or both;
- f. A committee of a professional service corporation formed under chapter 621 or a corporation organized under part I of chapter 607 or chapter 617, which is formed and operated for the practice of medicine as defined in $\underline{s.\ 458.305}\ \underline{s.\ 458.305(3)}$, and which has at least 25 health care providers who routinely provide health care services directly to patients;
- g. A committee of the Department of Children and Families which includes employees, agents, or consultants to the department as deemed necessary to provide peer review, utilization review, and mortality review of treatment services provided pursuant to chapters 394, 397, and 916;
- h. A committee of a mental health treatment facility licensed under chapter 394 or a community mental health center as defined in s. 394.907, provided the quality assurance program operates pursuant to the guidelines that have been approved by the governing board of the agency;
- i. A committee of a substance abuse treatment and education prevention program licensed under chapter 397 provided the quality assurance program operates pursuant to the guidelines that have been approved by the governing board of the agency;

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559	j. A peer review or utilization review committee organized								
560	under chapter 440;								
561	k. A committee of the Department of Health, a county								
562	health department, healthy start coalition, or certified rural								

- health department, healthy start coalition, or certified rural health network, when reviewing quality of care, or employees of these entities when reviewing mortality records; or
- 1. A continuous quality improvement committee of a

566 pharmacy licensed pursuant to chapter 465,

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

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

Section 14. This act shall take effect upon becoming a law.

TITLE AMENDMENT

Remove everything before the enacting clause and insert:

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584	A bill to be entitled
585	An act relating to clinics and office surgery; amending s.
586	400.9905, F.S.; revising the definition of the term "clinic";
587	amending s. 400.991, F.S.; requiring a clinic to provide proof
588	of its financial responsibility to pay certain claims and costs
589	along with its application for licensure to the Agency for
590	Health Care Administration; amending s. 400.9935, F.S.;
591	requiring a medical director or a clinic director to ensure that
592	the clinic complies with specified rules; amending s. 400.995,
593	F.S.; requiring the agency to impose a specified administrative
594	fine on an unregistered clinic that performs certain office
595	surgeries; amending s. 456.004, F.S.; requiring the Department
596	of Health to deny or revoke the registration of or impose
597	certain penalties against a facility where certain office
598	surgeries are performed under certain circumstances; specifying
599	provisions that apply enforcement actions against such
600	facilities; authorizing the department to deny certain persons
601	associated with an office of which the registration was revoked
602	from registering a new office to perform certain office surgery;
603	amending s. 456.074, F.S.; authorizing the department to issue
604	an emergency order suspending or restricting the registration of
605	a certain office if it makes certain findings; amending s.
606	458.305, F.S.; defining terms; amending s. 458.309, F.S.;
607	requiring a physician who performs certain office surgery and
608	the office in which the surgery is performed to maintain

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COMMITTEE/SUBCOMMITTEE AMENDMENT Bill No. HB 933 (2019)

Amendment No.

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specified levels of financial responsibility; authorizing the department to adopt rules to administer the registration, inspection, and safety of offices that perform certain office surgery; requiring the Board of Medicine to adopt rules governing the standard of care for physicians practicing in such offices; requiring the board to impose a specified fine on physicians who perform certain office surgeries in an unregistered office; amending s. 458.331, F.S.; providing that a physician performing certain office surgeries in an unregistered office constitutes grounds for denial of a license or disciplinary action; amending s. 459.003, F.S.; defining terms; amending s. 459.005, F.S.; requiring a physician who performs certain office surgery and the office in which the surgery is performed to maintain specified levels of financial responsibility; authorizing the department to adopt rules to administer the registration, inspection, and safety of offices that perform certain office surgery; requiring the Board of Osteopathic Medicine to adopt rules governing the standard of care for physicians practicing in such offices; requiring the board to impose a specified fine on physicians who perform certain office surgeries in an unregistered office; amending s. 459.015, F.S.; providing that a physician performing certain office surgeries in an unregistered office constitutes grounds for denial of a license or disciplinary action; amending s.

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COMMITTEE/SUBCOMMITTEE AMENDMENT Bill No. HB 933 (2019)

Amendment No.

633	766.101,	F.S.;	conforming	a	cross-reference;	providing	an
634	effective	e date					

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