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

records of all inspection reports pertaining to that facility; providing that such reports be retained for a specified timeframe; prohibiting the distribution of specified records; requiring a licensed facility to provide a copy of its most recent inspection report to certain parties upon request; authorizing licensed facilities to charge for such copies; creating s. 396.208, F.S.; providing that specified provisions govern the design, construction, erection, alteration, modification, repair, and demolition of licensed facilities; requiring the agency to review facility plans and survey the construction of licensed facilities; requiring licensed facilities to submit plans and specifications to the agency for review; requiring the agency to make or cause to be made certain inspections or investigations as it deems necessary; authorizing the agency to adopt certain rules; requiring the agency to approve or disapprove facility plans and specifications within a specified timeframe; providing an extension under certain circumstances; deeming a facility plan or specification approved if the agency fails to act within the specified timeframe; requiring the agency to set forth in writing its reasons for any disapprovals; authorizing the agency to charge and

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

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

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

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

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

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

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

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

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

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

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

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

347

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

349

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

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

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

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

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

363        396.202 Definitions.—As used in this chapter, the term:  
364        (1) "Accrediting organization" means a national  
365        accrediting organization approved by the Centers for Medicare  
366        and Medicaid Services whose standards incorporate comparable  
367        licensure regulations required by this state.

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

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

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

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

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

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

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

394         (8) "Emergency medical condition" means:

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

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

401       2. Serious impairment to bodily functions.  
402       3. Serious dysfunction of any bodily organ or part.  
403       (b) With respect to a pregnant woman:  
404       1. That there is inadequate time to effect safe transfer  
405 to a hospital before delivery;  
406       2. That a transfer may pose a threat to the health and  
407 safety of the patient or fetus; or  
408       3. That there is evidence of the onset and persistence of  
409 uterine contractions or a rupture of the membranes.  
410       (9) "Governmental unit" means the state or any county,  
411 municipality, or other political subdivision, or any department,  
412 division, board, or other agency of any of the foregoing.  
413       (10) "Hospital" has the same meaning as in s. 395.002.  
414       (11) "Licensed facility" means an ambulatory surgical  
415 center licensed under this chapter.  
416       (12) "Lifesafety" means the control and prevention of fire  
417 and other life-threatening conditions on a premises for the  
418 purpose of preserving human life.  
419       (13) "Medical staff" means physicians licensed under  
420 chapter 458 or chapter 459 with privileges in a licensed  
421 facility, as well as other licensed health care practitioners  
422 with clinical privileges as approved by a licensed facility's  
423 governing board.  
424       (14) "Person" means any individual, partnership,  
425 corporation, association, or governmental unit.

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

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

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

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

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

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

450        2. This chapter does not apply to commercial business

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

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

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

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

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

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

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

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

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

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

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

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

501 **to read:**

502 396.206 Licensure inspection.—

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

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

509 (b) Validation inspections.

510 (c) Lifesafety inspections.

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

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

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

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

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

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

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

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

540 396.207 Inspection reports.—

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

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

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

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

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

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

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

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

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

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

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

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

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

607 396.209 Rebates prohibited; penalties.—

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

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

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

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

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

621 396.211 Staff membership and clinical privileges.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

751 bodies that conduct peer review.

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

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

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

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

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

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

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

776 following grounds exist:

777 (a) Incompetence.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

883 396.213 Internal risk management program.—

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

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

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

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

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

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

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

903 2. A prohibition, except when emergency circumstances  
904 require otherwise, against a staff member of the licensed  
905 facility attending a patient in the recovery room, unless the  
906 staff member is authorized to attend the patient in the recovery  
907 room and is in the company of at least one other person.  
908 However, a licensed facility is exempt from the two-person  
909 requirement if it has:

910 a. Live visual observation;  
911 b. Electronic observation; or  
912 c. Any other reasonable measure taken to ensure patient  
913 protection and privacy.

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

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

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

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

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

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

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

949 (a) Applicable standards of health care risk management.  
950 (b) Applicable federal, state, and local health and safety

951 laws and rules.

952 (c) General risk management administration.

953 (d) Patient care.

954 (e) Medical care.

955 (f) Personal and social care.

956 (g) Accident prevention.

957 (h) Departmental organization and management.

958 (i) Community interrelationships.

959 (j) Medical terminology.

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

975 (4) The agency shall adopt rules governing the

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

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

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

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

1026       1. The total number of adverse incidents.

1027       2. A listing, by category, of the types of operations,  
1028 diagnostic or treatment procedures, or other actions causing the  
1029 injuries, and the number of incidents occurring within each  
1030 category.

1031       3. A listing, by category, of the types of injuries caused  
1032 and the number of incidents occurring within each category.

1033       4. A code number using the health care professional's  
1034 licensure number and a separate code number identifying all  
1035 other individuals directly involved in adverse incidents to  
1036 patients, the relationship of the individual to the licensed  
1037 facility, and the number of incidents in which each individual  
1038 has been directly involved. Each licensed facility shall  
1039 maintain names of the health care professionals and individuals  
1040 identified by code numbers for purposes of this section.

1041       5. A description of all malpractice claims filed against  
1042 the licensed facility, including the total number of pending and  
1043 closed claims and the nature of the incident which led to, the  
1044 persons involved in, and the status and disposition of each  
1045 claim. Each report must update status and disposition for all  
1046 prior claims pending.

1047       (b) The information reported to the agency pursuant to  
1048 paragraph (a) which relates to persons licensed under chapter  
1049 458, chapter 459, chapter 461, or chapter 466 must be reviewed  
1050 by the agency. The agency shall determine whether any of the

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

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

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

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

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

1093  
1094 The agency may grant extensions to this reporting requirement  
1095 for no more than 15 days upon justification submitted in writing  
1096 to the agency by the licensed facility administrator. The agency  
1097 may require an additional, final report. These reports are not  
1098 available to the public pursuant to s. 119.07(1) or any other  
1099 law providing access to public records, nor discoverable or  
1100 admissible in any civil or administrative action, except in

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

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

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

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

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

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

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

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

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

1149 (a) Notify the local police; and  
1150 (b) Notify the risk manager and the administrator.

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

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

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

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

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

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

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

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

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

1226 intentional fraud.

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

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

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

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

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

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

1251 **to read:**

1252 396.215 Patient safety.—

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

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

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

1276        (4) Each licensed facility shall:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1407 396.219 Criminal and administrative penalties;  
1408 moratorium.—

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

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

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

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

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

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

1431 3. Any previous violations of the licensee.

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

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

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

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

1451        396.221 Powers and duties of the agency.—The agency shall:

1452        (1) Adopt rules pursuant to ss. 120.536(1) and 120.54 to  
1453 implement this chapter and part II of chapter 408 conferring  
1454 duties upon it.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1668 396.223 Billing and collection activities.—  
1669 (1) As used in this section, the term "extraordinary  
1670 collection action" means any of the following actions taken by a  
1671 licensed facility against an individual in relation to obtaining  
1672 payment of a bill for care:

1673 (a) Selling the individual's debt to another party.  
1674 (b) Reporting adverse information about the individual to  
1675 consumer credit reporting agencies or credit bureaus.

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

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

1712 (f) While the individual:

1713 1. Negotiates in good faith the final amount of a bill for  
1714 services rendered; or  
1715 2. Complies with all terms of a payment plan with the  
1716 licensed facility.

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

1719 396.224 Patient records; penalties for alteration.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1846        119.07(1) for a period of 5 years after the date such records  
1847        are designated limited-access records.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1921       (3)

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

1926 status with a COVID-19 vaccine.

1927 **Section 29. Subsections (1) and (2) of section 381.0035,**

1928 **Florida Statutes, are amended to read:**

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

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

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1951 chapter 429.

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

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

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

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

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

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

1974  
1975 SUMMARY OF THE FLORIDA PATIENT'S BILL

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## OF RIGHTS AND RESPONSIBILITIES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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2051 health care provider or health care facility.

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

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

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

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

2063       381.028 Adverse medical incidents.—

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

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

2068       (6) USE OF RECORDS.—

2069       (a) This section does not repeal or otherwise alter any  
2070 existing restrictions on the discoverability or admissibility of  
2071 records relating to adverse medical incidents otherwise provided  
2072 by law, including, but not limited to, those contained in ss.

2073       395.0191, 395.0193, 395.0197, 396.211, 396.212, 396.213,  
2074       766.101, and 766.1016, or repeal or otherwise alter any immunity  
2075 provided to, or prohibition against compelling testimony by,

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

2081 (7) PRODUCTION OF RECORDS.—

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

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

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

2095 381.915 Casey DeSantis Cancer Research Program.—

2096 (9)

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

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

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

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

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

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

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

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

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

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

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

2133        (12)

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

2144  
2145        **Section 33. Paragraph (d) of subsection (2) of section  
2146 383.145, Florida Statutes, is amended to read:**

2147        383.145 Newborn, infant, and toddler hearing screening.—  
2148        (2) DEFINITIONS.—As used in this section, the term:  
2149        (d) "Hospital" means a facility as defined in s. 395.002  
2150 ~~s. 395.002(13)~~ and licensed under chapter 395 and part II of

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2151 chapter 408.

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

2154       385.202 Statewide cancer registry.—  
2155       (1) Each facility licensed under chapter 395 or chapter  
2156 396 and each freestanding radiation therapy center as defined in  
2157 s. 408.07 shall report to the Department of Health such  
2158 information, specified by the department, by rule, which  
2159 indicates diagnosis, stage of disease, medical history,  
2160 laboratory data, tissue diagnosis, and radiation, surgical, or  
2161 other methods of diagnosis or treatment for each cancer  
2162 diagnosed or treated by the facility or center. Failure to  
2163 comply with this requirement may be cause for registration or  
2164 licensure suspension or revocation.

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

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

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

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

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

2185 390.011 Definitions.—As used in this chapter, the term:  
2186 (8) "Hospital" means a facility as defined in s. 395.002  
2187 ~~s. 395.002(12)~~ and licensed under chapter 395 and part II of  
2188 chapter 408.

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

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

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

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

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

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2201      abortions each month.

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

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

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

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

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

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

2223      395.002 Definitions.—As used in this chapter:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2286 (5)

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

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

2294 395.1055 Rules and enforcement.—

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

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

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

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

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

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

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

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

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

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

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

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

2338 395.607 Rural emergency hospitals.—

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

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

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

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

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

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

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

2359 400.518 Prohibited referrals to home health agencies.—

2360 (3)

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

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

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

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

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2376 pursuant to the provisions of this part:

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

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

2381 400.9905 Definitions.—

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

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

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

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

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

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

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

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

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

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

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

2494 400.9935 Clinic responsibilities.—

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

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

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

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

2518 401.272 Emergency medical services community health care.—

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

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

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

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

2529 408.051 Florida Electronic Health Records Exchange Act.—  
2530 (4) EMERGENCY RELEASE OF IDENTIFIABLE HEALTH RECORD.—A  
2531 health care provider may release or access an identifiable  
2532 health record of a patient without the patient's consent for use  
2533 in the treatment of the patient for an emergency medical  
2534 condition, as defined in s. 395.002 s. 395.002(8), when the  
2535 health care provider is unable to obtain the patient's consent  
2536 or the consent of the patient representative due to the  
2537 patient's condition or the nature of the situation requiring  
2538 immediate medical attention. A health care provider who in good  
2539 faith releases or accesses an identifiable health record of a  
2540 patient in any form or medium under this subsection is immune  
2541 from civil liability for accessing or releasing an identifiable  
2542 health record.

2543 (5) HOSPITAL DATA.—A hospital as defined in s. 395.002 s.  
2544 ~~s. 395.002(12)~~ which maintains certified electronic health record  
2545 technology must make available admission, transfer, and  
2546 discharge data to the agency's Florida Health Information  
2547 Exchange program for the purpose of supporting public health  
2548 data registries and patient care coordination. The agency may  
2549 adopt rules to implement this subsection.

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

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

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

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

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

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

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

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

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

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

2575       409.905 Mandatory Medicaid services.—The agency may make

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

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

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

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

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

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

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

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

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

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

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

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2651 their networks. Statewide essential providers include:

2652 1. Faculty plans of Florida medical schools.

2653 2. Regional perinatal intensive care centers as defined in  
2654 s. 383.16(2).

2655 3. Hospitals licensed as specialty children's hospitals as  
2656 defined in s. 395.002 ~~s. 395.002(28)~~.

2657 4. Accredited and integrated systems serving medically  
2658 complex children which comprise separately licensed, but  
2659 commonly owned, health care providers delivering at least the  
2660 following services: medical group home, in-home and outpatient  
2661 nursing care and therapies, pharmacy services, durable medical  
2662 equipment, and Prescribed Pediatric Extended Care.

2663 5. Florida cancer hospitals that meet the criteria in 42  
2664 U.S.C. s. 1395ww(d) (1) (B) (v).

2665  
2666 Managed care plans that have not contracted with all statewide  
2667 essential providers in all regions as of the first date of  
2668 recipient enrollment must continue to negotiate in good faith.  
2669 Payments to physicians on the faculty of nonparticipating  
2670 Florida medical schools shall be made at the applicable Medicaid  
2671 rate. Payments for services rendered by regional perinatal  
2672 intensive care centers shall be made at the applicable Medicaid  
2673 rate as of the first day of the contract between the agency and  
2674 the plan. Except for payments for emergency services, payments  
2675 to nonparticipating specialty children's hospitals, and payments

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

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

2682 456.013 Department; general licensing provisions.—

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

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

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2701 456.0135 General background screening provisions.—  
2702 (5) In addition to the offenses listed in s. 435.04, all  
2703 persons required to undergo background screening under this  
2704 section, other than those licensed under s. 465.022, must not  
2705 have an arrest awaiting final disposition for, must not have  
2706 been found guilty of, regardless of adjudication, or entered a  
2707 plea of nolo contendere or guilty to, and must not have been  
2708 adjudicated delinquent and the record not have been sealed or  
2709 expunged for an offense under s. 784.03 or any similar offense  
2710 of another jurisdiction relating to battery, if the victim is a  
2711 vulnerable adult as defined in s. 415.102 or a patient or  
2712 resident of a facility licensed under chapter 395, chapter 396,  
2713 chapter 400, or chapter 429.

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

2716 456.041 Practitioner profile; creation.—  
2717 (5) The Department of Health shall include the date of a  
2718 hospital or ambulatory surgical center disciplinary action taken  
2719 by a licensed hospital or an ambulatory surgical center, in  
2720 accordance with the requirements of ss. 395.013 and 396.212 s.  
2721 395.0193, in the practitioner profile. The department shall  
2722 state whether the action related to professional competence and  
2723 whether it related to the delivery of services to a patient.

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

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

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

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

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

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

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

2742        a. By a radiologist for diagnostic-imaging services.  
2743        b. By a physician specializing in the provision of  
2744 radiation therapy services for such services.

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

2750        d. By a cardiologist for cardiac catheterization services.

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

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

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

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

2788 h. By a urologist for lithotripsy services.

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

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

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

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

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

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

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

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

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

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

2824 456.0575 Duty to notify patients.—

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

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

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

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

2852       456.072 Grounds for discipline; penalties; enforcement.—

2853       (1) The following acts shall constitute grounds for which  
2854 the disciplinary actions specified in subsection (2) may be  
2855 taken:2856       (t) Failing to identify through written notice, which may  
2857 include the wearing of a name tag, or orally to a patient the  
2858 type of license under which the practitioner is practicing. Any  
2859 advertisement for health care services naming the practitioner  
2860 must identify the type of license the practitioner holds. This  
2861 paragraph does not apply to a practitioner while the  
2862 practitioner is providing services in a facility licensed under  
2863 chapter 394, chapter 395, chapter 396, chapter 400, or chapter  
2864 429. Each board, or the department where there is no board, is  
2865 authorized by rule to determine how its practitioners may comply  
2866 with this disclosure requirement.2867       **Section 66. Paragraph (b) of subsection (12) of section**2868 **456.073, Florida Statutes, is amended to read:**2869       456.073 Disciplinary proceedings.—Disciplinary proceedings  
2870 for each board shall be within the jurisdiction of the  
2871 department.

2872       (12)

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

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

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

2886 458.3145 Medical faculty certificate.—

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

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

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

2906 458.320 Financial responsibility.—

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

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

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

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

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

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

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

2956 458.3265 Pain-management clinics.—

2957 (1) REGISTRATION.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3015              458.328 Office surgeries.—

3016              (1) REGISTRATION.—

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

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

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3026 may be registered.

3027 (2) STANDARDS OF PRACTICE.—

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

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

3036 458.347 Physician assistants.—

3037 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

3050 (4) For purposes of notification to the department

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

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

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

3064 459.0085 Financial responsibility.—

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

3071 (a) Establishing and maintaining an escrow account  
3072 consisting of cash or assets eligible for deposit in accordance  
3073 with s. 625.52 in the per-claim amounts specified in paragraph  
3074 (b). The required escrow amount set forth in this paragraph may  
3075 not be used for litigation costs or attorney attorney's fees for

3076 the defense of any medical malpractice claim.

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

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

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

3111

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

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

3116 459.0137 Pain-management clinics.—

3117 (1) REGISTRATION.—

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

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

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

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

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

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

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

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

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

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

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

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

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

3152       d. A clinic affiliated with an accredited medical school

3153 at which training is provided for medical students, residents,

3154 or fellows;

3155       e. A clinic that does not prescribe controlled substances

3156 for the treatment of pain;

3157       f. A clinic owned by a corporate entity exempt from

3158 federal taxation under 26 U.S.C. s. 501(c) (3);

3159       g. A clinic wholly owned and operated by one or more

3160 board-eligible or board-certified anesthesiologists,

3161 physiatrists, rheumatologists, or neurologists; or

3162       h. A clinic wholly owned and operated by a physician

3163 multispecialty practice where one or more board-eligible or

3164 board-certified medical specialists, who have also completed

3165 fellowships in pain medicine approved by the Accreditation

3166 Council for Graduate Medical Education or the American

3167 Osteopathic Association or who are also board-certified in pain

3168 medicine by the American Board of Pain Medicine or a board

3169 approved by the American Board of Medical Specialties, the

3170 American Board of Physician Specialties, or the American

3171 Osteopathic Association, perform interventional pain procedures

3172 of the type routinely billed using surgical codes.

3173       **Section 75. Paragraph (a) of subsection (1) and paragraph**

3174       **(a) of subsection (2) of section 459.0138, Florida Statutes, are**

3175       **amended to read:**

3176        459.0138 Office surgeries.—  
3177        (1) REGISTRATION.—  
3178        (a)1. An office in which a physician performs a  
3179        liposuction procedure in which more than 1,000 cubic centimeters  
3180        of supernatant fat is temporarily or permanently removed, a  
3181        Level II office surgery, or a Level III office surgery must  
3182        register with the department. A facility licensed under chapter  
3183        390, ~~or chapter 395, or chapter 396~~ may not be registered under  
3184        this section.

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

3188        (2) STANDARDS OF PRACTICE.—  
3189        (a) A physician may not perform any surgery or procedure  
3190        identified in paragraph (1) (a) in a setting other than an office  
3191        surgery setting registered under this section or a facility  
3192        licensed under chapter 390, ~~or chapter 395, or chapter 396~~, as  
3193        applicable. The board shall impose a fine of \$5,000 per incident  
3194        on a physician who violates this paragraph.

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

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

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

3201 license or disciplinary action, as specified in s. 456.072(2):  
3202 (11) Failing to report to the department any licensee  
3203 under chapter 458 or under this chapter who the osteopathic  
3204 physician or physician assistant knows has violated the grounds  
3205 for disciplinary action set out in the law under which that  
3206 person is licensed and who provides health care services in a  
3207 facility licensed under chapter 395 or chapter 396, or a health  
3208 maintenance organization certificated under part I of chapter  
3209 641, in which the osteopathic physician or physician assistant  
3210 also provides services.

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

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

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

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

3246 459.022 Physician assistants.—

3247 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3315       (5)

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

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

3325       464.012 Licensure of advanced practice registered nurses;

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3326 fees; controlled substance prescribing.—

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

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

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

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

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

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

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

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

3368 465.016 Disciplinary actions.—

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

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

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

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

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

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

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

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

3401        468.505 Exemptions; exceptions.—  
3402        (1) Nothing in this part may be construed as prohibiting  
3403 or restricting the practice, services, or activities of:  
3404        (1) A person employed by a nursing facility exempt from  
3405 licensing under s. 395.002 ~~s. 395.002(12)~~, or a person exempt  
3406 from licensing under s. 464.022.

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

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

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

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

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

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

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

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

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

3444 499.0295 Experimental treatments for terminal conditions.—

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

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

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3451 553.80 Enforcement.—

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

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

3473

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

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

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

3486 627.351 Insurance risk apportionment plans.—  
3487 (4) MEDICAL MALPRACTICE RISK APPORTIONMENT; ASSOCIATION  
3488 CONTRACTS AND PURCHASES.—

3489 (h) As used in this subsection, the term:  
3490 1. "Health care provider" means hospitals licensed under  
3491 chapter 395; physicians licensed under chapter 458; osteopathic  
3492 physicians licensed under chapter 459; podiatric physicians  
3493 licensed under chapter 461; dentists licensed under chapter 466;  
3494 chiropractic physicians licensed under chapter 460; naturopaths  
3495 licensed under chapter 462; nurses licensed under part I of  
3496 chapter 464; midwives licensed under chapter 467; physician  
3497 assistants licensed under chapter 458 or chapter 459; physical  
3498 therapists and physical therapist assistants licensed under  
3499 chapter 486; health maintenance organizations certificated under  
3500 part I of chapter 641; ambulatory surgical centers licensed

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

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

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

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

3524 627.357 Medical malpractice self-insurance.—

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

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3526 (b) "Health care provider" means any:

3527 1. Hospital licensed under chapter 395.

3528 2. Physician licensed, or physician assistant licensed,

3529 under chapter 458.

3530 3. Osteopathic physician or physician assistant licensed

3531 under chapter 459.

3532 4. Podiatric physician licensed under chapter 461.

3533 5. Health maintenance organization certificated under part

3534 I of chapter 641.

3535 6. Ambulatory surgical center licensed under chapter 396

3536 395.

3537 7. Chiropractic physician licensed under chapter 460.

3538 8. Psychologist licensed under chapter 490.

3539 9. Optometrist licensed under chapter 463.

3540 10. Dentist licensed under chapter 466.

3541 11. Pharmacist licensed under chapter 465.

3542 12. Registered nurse, licensed practical nurse, or

3543 advanced practice registered nurse licensed or registered under

3544 part I of chapter 464.

3545 13. Other medical facility.

3546 14. Professional association, partnership, corporation,

3547 joint venture, or other association established by the

3548 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,

3549 10., 11., and 12. for professional activity.

Section 93. Section 627.6056, Florida Statutes, is amended

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3551 **to read:**

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

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

3563        627.6387 Shared savings incentive program.—  
3564        (2) As used in this section, the term:  
3565        (a) "Health care provider" means a hospital or facility  
3566 licensed under chapter 395 or chapter 396; an entity licensed  
3567 under chapter 400; a health care practitioner as defined in s.  
3568 456.001; a blood bank, plasma center, industrial clinic, or  
3569 renal dialysis facility; or a professional association,  
3570 partnership, corporation, joint venture, or other association  
3571 for professional activity by health care providers. The term  
3572 includes entities and professionals outside of this state with  
3573 an active, unencumbered license for an equivalent facility or  
3574 practitioner type issued by another state, the District of  
3575 Columbia, or a possession or territory of the United States.

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

3578       627.6405 Decreasing inappropriate utilization of emergency  
3579       care.—

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

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

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

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

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

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

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

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

3613        627.6648 Shared savings incentive program.—  
3614        (2) As used in this section, the term:  
3615        (a) "Health care provider" means a hospital or facility  
3616        licensed under chapter 395 or chapter 396; an entity licensed  
3617        under chapter 400; a health care practitioner as defined in s.  
3618        456.001; a blood bank, plasma center, industrial clinic, or  
3619        renal dialysis facility; or a professional association,  
3620        partnership, corporation, joint venture, or other association  
3621        for professional activity by health care providers. The term  
3622        includes entities and professionals outside this state with an  
3623        active, unencumbered license for an equivalent facility or  
3624        practitioner type issued by another state, the District of  
3625        Columbia, or a possession or territory of the United States.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3699              (A) General medicine.

3700              (B) Radiography.

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- (C) Orthopedic medicine.
- (D) Physical medicine.
- (E) Physical therapy.
- (F) Physical rehabilitation.
- (G) Prescribing or dispensing outpatient prescription  
ation.
- (H) Laboratory services.

3. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. up to \$10,000 if a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, a physician assistant licensed under chapter 458 or chapter 459, or an advanced practice registered nurse licensed under chapter 464 has determined that the injured person had an emergency medical condition.

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

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

3726        6. The Financial Services Commission shall adopt by rule  
3727        the form that must be used by an insurer and a health care  
3728        provider specified in sub-subparagraph 2.b., sub-subparagraph  
3729        2.c., or sub-subparagraph 2.e. to document that the health care  
3730        provider meets the criteria of this paragraph. Such rule must  
3731        include a requirement for a sworn statement or affidavit.

3732  
3733        Only insurers writing motor vehicle liability insurance in this  
3734        state may provide the required benefits of this section, and  
3735        such insurer may not require the purchase of any other motor  
3736        vehicle coverage other than the purchase of property damage  
3737        liability coverage as required by s. 627.7275 as a condition for  
3738        providing such benefits. Insurers may not require that property  
3739        damage liability insurance in an amount greater than \$10,000 be  
3740        purchased in conjunction with personal injury protection. Such  
3741        insurers shall make benefits and required property damage  
3742        liability insurance coverage available through normal marketing  
3743        channels. An insurer writing motor vehicle liability insurance  
3744        in this state who fails to comply with such availability  
3745        requirement as a general business practice violates part IX of  
3746        chapter 626, and such violation constitutes an unfair method of  
3747        competition or an unfair or deceptive act or practice involving  
3748        the business of insurance. An insurer committing such violation  
3749        is subject to the penalties provided under that part, as well as  
3750        those provided elsewhere in the insurance code.

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

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

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

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

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

3777 641.31076 Shared savings incentive program.—

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

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

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

3792 765.101 Definitions.—As used in this chapter:

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

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

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

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

3802 (a) The term "medical review committee" or "committee"

3803 means:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3863 766.1016 Patient safety data privilege.—

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

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

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

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

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

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

3886 (2) PRESUIT NOTICE.—

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

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

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

3906 766.110 Liability of health care facilities.—

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

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

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

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

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

3920 1. A birth center licensed under chapter 383.  
3921 2. An ambulatory surgical center licensed under chapter  
3922 396 ~~395~~.

3923 3. A hospital licensed under chapter 395.

3924 4. A physician or physician assistant licensed under  
3925 chapter 458.

3926        5. An osteopathic physician or osteopathic physician  
3927        assistant licensed under chapter 459.

3928        6. A chiropractic physician licensed under chapter 460.

3929        7. A podiatric physician licensed under chapter 461.

3930        8. A registered nurse, nurse midwife, licensed practical  
3931        nurse, or advanced practice registered nurse licensed or  
3932        registered under part I of chapter 464 or any facility which  
3933        employs nurses licensed or registered under part I of chapter  
3934        464 to supply all or part of the care delivered under this  
3935        section.

3936        9. A midwife licensed under chapter 467.

3937        10. A health maintenance organization certificated under  
3938        part I of chapter 641.

3939        11. A health care professional association and its  
3940        employees or a corporate medical group and its employees.

3941        12. Any other medical facility the primary purpose of  
3942        which is to deliver human medical diagnostic services or which  
3943        delivers nonsurgical human medical treatment, and which includes  
3944        an office maintained by a provider.

3945        13. A dentist or dental hygienist licensed under chapter  
3946        466.

3947        14. A free clinic that delivers only medical diagnostic  
3948        services or nonsurgical medical treatment free of charge to all  
3949        low-income recipients.

3950        15. Any other health care professional, practitioner,

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

3955

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

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

3967 766.118 Determination of noneconomic damages.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4097 812.014 Theft.—

4098 (2)

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

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

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

4109        4. If the property stolen is law enforcement equipment,  
4110        valued at \$300 or more, that is taken from an authorized  
4111        emergency vehicle, as defined in s. 316.003,

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

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

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

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

4149 (1)

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

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

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

4159 893.13 Prohibited acts; penalties.—  
4160 (1)  
4161 (h) Except as authorized by this chapter, a person may not  
4162 sell, manufacture, or deliver, or possess with intent to sell,  
4163 manufacture, or deliver, a controlled substance in, on, or  
4164 within 1,000 feet of the real property comprising a mental  
4165 health facility, as that term is used in chapter 394; a health  
4166 care facility licensed under chapter 395 or chapter 396 which  
4167 provides substance abuse treatment; a licensed service provider  
4168 as defined in s. 397.311; a facility providing services that  
4169 include clinical treatment, intervention, or prevention as  
4170 described in s. 397.311(27); a recovery residence as defined in  
4171 s. 397.311; an assisted living facility as defined in chapter  
4172 429; or a pain management clinic as defined in s.  
4173 458.3265(1)(a)1.c. or s. 459.0137(1)(a)1.c. A person who  
4174 violates this paragraph with respect to:

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

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

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

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

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

4190 945.6041 Inmate medical services.—

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

4192 (b) "Health care provider" means:

4193 1. A hospital licensed under chapter 395.

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

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

4198 4. A podiatric physician licensed under chapter 461.

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

4201        6. An ambulatory surgical center licensed under chapter  
4202 396 ~~395~~.

4203        7. A professional association, partnership, corporation,  
4204 joint venture, or other association established by the  
4205 individuals set forth in subparagraphs 2., 3., and 4. for  
4206 professional activity.

4207        8. An other medical facility.

4208        a. As used in this subparagraph, the term "other medical  
4209 facility" means:

4210        (I) A facility the primary purpose of which is to provide  
4211 human medical diagnostic services, or a facility providing  
4212 nonsurgical human medical treatment which discharges patients on  
4213 the same working day that the patients are admitted; and

4214        (II) A facility that is not part of a hospital.

4215        b. The term does not include a facility existing for the  
4216 primary purpose of performing terminations of pregnancy, or an  
4217 office maintained by a physician or dentist for the practice of  
4218 medicine.

4219        **Section 116. Paragraph (a) of subsection (1) of section  
4220 985.6441, Florida Statutes, is amended to read:**

4221        985.6441 Health care services.—

4222        (1) As used in this section, the term:

4223        (a) "Health care provider" means:

4224        1. A hospital licensed under chapter 395.

4225        2. A physician or physician assistant licensed under

4226 chapter 458.

4227 3. An osteopathic physician or physician assistant  
4228 licensed under chapter 459.

4229 4. A podiatric physician licensed under chapter 461.

4230 5. A health maintenance organization certificated under  
4231 part I of chapter 641.

4232 6. An ambulatory surgical center licensed under chapter  
4233 396 ~~395~~.

4234 7. A professional association, partnership, corporation,  
4235 joint venture, or other association established by the  
4236 individuals set forth in subparagraphs 2.-4. for professional  
4237 activity.

4238 8. An other medical facility.

4239 a. As used in this subparagraph, the term "other medical  
4240 facility" means:

4241 (I) A facility the primary purpose of which is to provide  
4242 human medical diagnostic services, or a facility providing  
4243 nonsurgical human medical treatment which discharges patients on  
4244 the same working day that the patients are admitted; and

4245 (II) A facility that is not part of a hospital.

4246 b. The term does not include a facility existing for the  
4247 primary purpose of performing terminations of pregnancy, or an  
4248 office maintained by a physician or dentist for the practice of  
4249 medicine.

4250 **Section 117. Paragraph (b) of subsection (28) of section**

4251 **1001.42, Florida Statutes, is amended to read:**

4252       1001.42 Powers and duties of district school board.—The  
4253 district school board, acting as a board, shall exercise all  
4254 powers and perform all duties listed below:

4255       (28) UNACCOMPANIED HOMELESS YOUTH.—Provide to each student  
4256 who is an unaccompanied homeless youth certified under s.  
4257 743.067 a card that includes information on the rights and  
4258 benefits for such youth, as well as the contact information for  
4259 the school district's liaison for homeless children and youths.  
4260 The card must be similar in size to the student identification  
4261 card issued to students in the district and include all of the  
4262 following information:

4263       (b) On the back of the card, the following statement:

4264  
4265       Section 743.067, Florida Statutes, provides that this  
4266 certified youth may consent to medical care; dental  
4267 care; behavioral health care services, including  
4268 psychological counseling and treatment, psychiatric  
4269 treatment, and substance abuse prevention and  
4270 treatment services; and surgical diagnosis and  
4271 treatment, including preventative care and care by a  
4272 facility licensed under chapter 394, chapter 395,  
4273 chapter 396, or chapter 397 and any forensic medical  
4274 examination for the purpose of investigating any  
4275 felony offense under chapter 784, chapter 787, chapter

4276        794, chapter 800, or chapter 827, for himself or  
4277        herself or his or her child, if the certified youth is  
4278        unmarried, is the parent of the child, and has actual  
4279        custody of the child.

4280

4281        **Section 118. Subsection (1) of section 1012.965, Florida**

4282        **Statutes, is amended to read:**

4283        1012.965 Payment of costs of civil action against  
4284        employees.—

4285        (1) An employee or agent under the right of control of a  
4286        university board of trustees who, pursuant to the university  
4287        board's policies or rules, renders medical care or treatment at  
4288        any hospital or health care facility with which the university  
4289        board maintains an affiliation agreement whereby the hospital or  
4290        health care facility provides to the university board a clinical  
4291        setting for health care education, research, and services, is  
4292        ~~shall not be~~ deemed to be an agent of any person other than the  
4293        university board in any civil action resulting from any act or  
4294        omission of the employee or agent while rendering said medical  
4295        care or treatment. For this subsection to apply, the patient  
4296        shall be provided separate written conspicuous notice by the  
4297        university board of trustees or by the hospital or health care  
4298        facility, and shall acknowledge receipt of this notice, in  
4299        writing, unless impractical by reason of an emergency, either  
4300        personally or through another person authorized to give consent

4301 for him or her, that he or she will receive care provided by  
4302 university board's employees and liability, if any, that may  
4303 arise from that care is limited as provided by law. Compliance  
4304 by a hospital or health care facility with the requirements of  
4305 chapter 395, chapter 396, or s. 766.110(1) may ~~shall~~ not be used  
4306 as evidence in any civil action to establish an employment or  
4307 agency relationship between the hospital or health care facility  
4308 and an employee or agent of the university board of trustees  
4309 providing services within the hospital or health care facility.

4310 **Section 119.** This act shall take effect July 1, 2026.