

945.601 Correctional Medical Authority; ss. 945.601-945.6035, definitions.—As used in this act:

- (1) “Authority” means the State of Florida Correctional Medical Authority created in this act.
- (2) “Health care provider” means:
 - (a) A regional research hospital or research center which is authorized by law to provide hospital services in accordance with chapter 395, which has a contractual or operating arrangement with a regional school of medicine, and which is located at that regional school of medicine;
 - (b) Any entity which has agreed to provide hospital services to inmates in the Department of Corrections; or
 - (c) Any entity licensed to provide hospital services in accordance with chapter 395.
- (3) “Project” means any structure, facility, machinery, equipment, or other property suitable for use by a health facility in connection with its operations or proposed operations, including, without limitation, real property therefor; a clinic, computer facility, dining hall, firefighting facility, fire prevention facility, long-term care facility, hospital, interns’ residence, laboratory, laundry, maintenance facility, nurses’ residence, office, parking area, pharmacy, recreational facility, research facility, storage facility, utility, or X-ray facility, or any combination of the foregoing; and other structure or facility related thereto or required or useful for health care purposes, the conducting of research, or the operation of a health facility, including a facility or structure essential or convenient for the orderly conduct of the health facility and other similar items necessary or convenient for the operation of a particular facility or structure in the manner for which its use is intended. “Project” does not include such items as fuel, supplies, or other items which are customarily deemed to result in a current operating charge.
- (4) “Quality management program” means to monitor and evaluate inmate health care and includes the following objectives:
 - (a) Assuring that all inmates receive appropriate and timely services in a safe environment.
 - (b) Assuring systematic monitoring of the treatment environment.
 - (c) Assisting in the reduction of professional and general liability risks.
 - (d) Enhancing efficient utilization of resources.
 - (e) Assisting in credential review and privilege delineation.
 - (f) Enhancing the identification of continuing educational needs.
 - (g) Facilitating the identification of strengths, weaknesses, and opportunities for improvement.
 - (h) Facilitating the coordination and integration of information systems.
 - (i) Assuring the resolution of identified problems.
- (5) “Real property” includes all lands, including buildings, structures, improvements, and fixtures thereon; any property of any nature appurtenant thereto or used in connection therewith; and every estate, interest, and right, legal or equitable, therein, including any such interest for a term of years.

945.602 State of Florida Correctional Medical Authority; creation; members.—

- (1) There is created the State of Florida Correctional Medical Authority, which for administrative purposes shall be assigned to the Executive Office of the Governor. The governing board of the authority shall be composed of seven persons appointed by the Governor subject to confirmation by the Senate. One member must be a member of the Florida Hospital Association, and one member must be a member of the Florida Medical Association. The authority shall contract with the Executive Office of the Governor for the provision of administrative support services, including purchasing, personnel, general services, and budgetary matters. The authority is not subject to control, supervision, or direction by the Executive Office of the Governor or the Department of Corrections. The authority shall annually elect one member to serve as chair. Members shall be appointed for terms of 4 years each. Each member may continue to serve upon the expiration of his or her term until a successor is duly appointed as provided in this section. Before entering upon his or her duties, each member of the authority shall take and subscribe to the oath or affirmation required by the State Constitution.
- (2) A member of the authority may not be a current employee of the Department of Corrections. Not more than one member of the authority may be a former employee of the Department of Corrections, and such member, if appointed, may not be appointed to a term of office which begins within 5 years after the date of his or her last employment with the Department of Corrections.

- (3) At least one member of the authority must be a physician licensed under chapter 458, and one member of the authority may be a physician licensed under chapter 458 or chapter 459. At least two other members of the authority must have had at least 5 years' experience in health care administration.
- (4) At least one member of the authority must have at least 5 years' experience in the identification and treatment of mental disorders.
- (5) At least one member of the authority must be a dentist licensed under chapter 466 and have at least 5 years' experience in the practice of dentistry.
- (6) At least one member of the authority must be a nurse licensed under part I of chapter 464 and have at least 5 years' experience in the practice of nursing.
- (7)(a) Five members of the authority shall constitute a quorum, and the affirmative vote of a majority of the members present at a meeting of the authority shall be necessary for any action taken by the authority. No vacancy in the membership of the authority shall impair the right of a quorum to exercise all the rights and perform all the duties of the authority. Any action taken by the authority under this act may be authorized by resolution at any regular or special meeting, and each such resolution shall take effect immediately and need not be published or posted. All meetings of the authority shall be open to the public in accordance with s. [286.011](#).
- (b) Neither the provisions of this section nor those of chapter 119, or of s. [154.207\(7\)](#), shall apply to any health care provider under contract with the Department of Corrections except to the extent such provisions would apply to any similar provider not under contract with the Department of Corrections.
- (c) Notwithstanding any general or special law, rule, regulation, or ordinance of any local agency to the contrary, service as a member of an authority by a trustee, director, officer, or employee of a health facility shall not in and of itself constitute a conflict of interest. However, any member of the authority who is employed by, or has received income from, a health facility under consideration by the authority or the Department of Corrections shall not vote on any matter related to such facility.
- (8) Members of the authority shall receive no compensation for the performance of their duties under this act, but each member shall be paid expenses incurred while engaged in the performance of such duties pursuant to s. [112.061](#).

945.603 Powers and duties of authority.—The purpose of the authority is to assist in the delivery of health care services for inmates in the Department of Corrections by advising the Secretary of Corrections on the professional conduct of primary, convalescent, dental, and mental health care and the management of costs consistent with quality care, by advising the Governor and the Legislature on the status of the Department of Corrections' health care delivery system, and by assuring that adequate standards of physical and mental health care for inmates are maintained at all Department of Corrections institutions. For this purpose, the authority has the authority to:

- (1) Review and advise the Secretary of Corrections on cost containment measures the Department of Corrections could implement.
- (2) Review and make recommendations regarding health care for the delivery of health care services including, but not limited to, acute hospital-based services and facilities, primary and tertiary care services, ancillary and clinical services, dental services, mental health services, intake and screening services, medical transportation services, and the use of nurse practitioner and physician assistant personnel to act as physician extenders as these relate to inmates in the Department of Corrections.
- (3) Develop and recommend to the Governor and the Legislature an annual budget for all or part of the operation of the State of Florida prison health care system.
- (4) Review and advise the Secretary of Corrections on contracts between the Department of Corrections and third parties for quality management programs.
- (5) Review and advise the Secretary of Corrections on minimum standards needed to ensure that an adequate physical and mental health care delivery system is maintained by the Department of Corrections.
- (6) Review and advise the Secretary of Corrections on the sufficiency, adequacy, and effectiveness of the Department of Corrections' Office of Health Services' quality management program.
- (7) Review and advise the Secretary of Corrections on the projected medical needs of the inmate population and the types of programs and resources required to meet such needs.

- (8) Review and advise the Secretary of Corrections on the adequacy of preservice, inservice, and continuing medical education programs for all health care personnel and, if necessary, recommend changes to such programs within the Department of Corrections.
- (9) Identify and recommend to the Secretary of Corrections the professional incentives required to attract and retain qualified professional health care staff within the prison health care system.
- (10) Coordinate the development of prospective payment arrangements as described in s. [408.50](#) when appropriate for the acquisition of inmate health care services.
- (11) Review the Department of Corrections' health services plan and advise the Secretary of Corrections on its implementation.
- (12) Sue and be sued in its own name and plead and be impleaded.
- (13) Make and execute agreements of lease, contracts, deeds, mortgages, notes, and other instruments necessary or convenient in the exercise of its powers and functions under this act.
- (14) Employ or contract with health care providers, medical personnel, management consultants, consulting engineers, architects, surveyors, attorneys, accountants, financial experts, and such other employees, entities, or agents as may be necessary in its judgment to carry out the mandates of the Correctional Medical Authority and fix their compensation.
- (15) Recommend to the Legislature such performance and financial audits of the Office of Health Services in the Department of Corrections as the authority considers advisable.

945.6031 Required reports and surveys.—

- (1) Not less than annually, the authority shall report to the Governor and the Legislature the status of the Department of Corrections' health care delivery system. The report must include, but need not be limited to:
 - (a) Recommendations regarding cost containment measures the Department of Corrections could implement; and
 - (b) Recommendations regarding performance and financial audits of the Department of Corrections' Office of Health Services.
- (2) The authority shall conduct surveys of the physical and mental health care system at each correctional institution at least triennially and shall report the survey findings for each institution to the Secretary of Corrections.
- (3) Deficiencies found by the authority to be life-threatening or otherwise serious shall be immediately reported to the Secretary of Corrections. The Department of Corrections shall take immediate action to correct life-threatening or otherwise serious deficiencies identified by the authority and within 3 calendar days file a written corrective action plan with the authority indicating the actions that will be taken to address the deficiencies. Within 60 calendar days following a survey, the authority shall submit a report to the Secretary of Corrections indicating deficiencies found at the institution.
- (4) Within 30 calendar days after the receipt of a survey report from the authority, the Department of Corrections shall file a written corrective action plan with the authority, indicating the actions which will be taken to address deficiencies determined by the authority to exist at an institution. Each plan shall set forth an estimate of the time and resources needed to correct identified deficiencies.
- (5) The authority shall monitor the Department of Corrections' implementation of corrective actions which have been taken at each institution to address deficiencies related to the Department of Corrections' provision of physical and mental health care services found to exist by the authority.
- (6) Failure of the Department of Corrections to file a corrective action plan or to timely implement the provisions of a corrective action plan correcting identified deficiencies may result in the initiation of the dispute resolution procedures by the authority pursuant to s. [945.6035](#).

945.6032 Quality management program requirements.—

- (1) The authority shall appoint a medical review committee pursuant to s. [766.101](#) to provide oversight for the Department of Corrections' inmate health care quality management program. The authority shall also designate one of its members to serve on the Department of Corrections' medical review committee in order to ensure coordination between the department and the authority with regard to issues of quality management and to enhance the authority's oversight of the Department of Corrections' quality management system.

(2) The authority's medical review committee shall review amendments to the Department of Corrections' inmate health care quality management program prior to implementation by the department.

(3) The findings and recommendations of a medical review committee created by the authority or the department pursuant to s. [766.101](#) are confidential and exempt from the provisions of s. [119.07\(1\)](#) and s. 24(a), Art. I of the State Constitution, and any proceedings of the committee are exempt from the provisions of s. [286.011](#) and s. 24(b), Art. I of the State Constitution.

945.6033 Continuing contracts with health care providers.—The Department of Corrections may enter into continuing contracts with licensed health care providers, including hospitals and health maintenance organizations, for the provision of inmate health care services which the department is unable to provide in its facilities.

945.6034 Minimum health care standards.—

(1) The Assistant Secretary for Health Services is responsible for developing a comprehensive health care delivery system and promulgating all department health care standards. Such health care standards shall include, but are not limited to, rules relating to the management structure of the health care system and the provision of health care services to inmates, health care policies, health care plans, quality management systems and procedures, health service bulletins, and treatment protocols.

(2) The department shall submit all health care standards to the authority for review prior to adoption. The authority shall review all department health care standards to determine whether they conform to the standard of care generally accepted in the professional health community at large.

(3) The department shall comply with all adopted department health care standards. Failure of the department to comply with the standards may result in a dispute resolution proceeding brought by the authority pursuant to s. [945.6035](#), but shall not create a cause of action for any third parties, including inmates or former inmates.

945.6035 Dispute resolution.—

(1) The authority and the Assistant Secretary for Health Services shall attempt to expeditiously resolve any disputes arising between the authority and the department regarding the physical and mental health care of inmates.

(2) If the authority and the Assistant Secretary for Health Services are unable to resolve a dispute regarding inmate physical or mental health care, the authority may submit a written notice to the Assistant Secretary for Health Services, setting forth each issue in controversy and the position of the authority. The Assistant Secretary for Health Services shall respond to the authority within 30 days after receipt of such written notice. The authority shall place the assistant secretary's response on the agenda of the next regularly scheduled meeting of the authority. If the dispute remains unresolved, the authority may submit a written report to the secretary detailing the authority's objections. The Assistant Secretary for Health Services shall submit a written report setting forth his or her position to the secretary on the issue or issues raised by the authority within 5 working days after receipt of the submission by the authority.

(3) The secretary shall review any disputes between the authority and the Assistant Secretary for Health Services, and shall provide written notice to the authority of his or her decision regarding such disputes within 40 days after the date when the authority provides written notice of the dispute to the secretary.

(4) If, at the end of the 40-day period, no resolution has been reached, the authority is authorized to appeal to the Administration Commission for a review and resolution of the dispute between the department and the authority.

(5) The authority, within 30 days after receiving written notice of the action of the secretary or, if no response is received, within 30 days after the secretary's response is due pursuant to subsection (3), may file an appeal by petition to the Administration Commission, filed with the Secretary of the Administration Commission. The petition shall set forth the issues in controversy between the authority and the department, in the form and manner prescribed by the Administration Commission, and shall contain the reasons for the appeal. The department has 5 days after delivery of a copy of any such petition to file its reply with the Secretary of the Administration Commission, and the department shall also deliver a copy of its reply to the authority.

(6) The issues which may be raised by the authority on appeal to the Administration Commission are:

- (a) Adoption or implementation by the department of a health care standard which does not conform to the standard of care generally accepted in the professional health community at large.
- (b) Failure of the department to comply with an adopted health care standard.
- (c) Failure to timely file a corrective action plan regarding all deficiencies which are determined by the authority to exist at an institution, as required pursuant to s. [945.6031](#).
- (d) Failure to implement a corrective action plan filed pursuant to s. [945.6031](#).
- (7) Within 30 days after receipt of a petition from the authority, the Secretary of the Administration Commission, or his or her designee, shall conduct an informal hearing to consider the matters presented in the petition and the reply, and after the informal hearing shall promptly submit a report of the findings and recommendations to the Administration Commission. Within 30 days after the informal hearing, the Administration Commission shall approve either the position of the authority or that of the department. If the position of the authority is approved, the Administration Commission shall set forth whatever remedial measures it deems appropriate and the department shall implement such remedial measures. The decision of the Administration Commission is final and binding on the authority and the department and shall not be subject to appeal pursuant to s. [120.68](#).

945.6036 Enforcement.—

- (1) If the department fails to substantially comply with the dispute resolution decision of the Administration Commission or fails to implement required remedial action within 45 days after such decision or within the time period set by the Administration Commission, whichever period is longer, the authority is authorized to petition the Circuit Court in Leon County for an order requiring the department to comply. For the purposes of this section, “substantial compliance” means a firm effort to comply fully with the decision without omitting any essential part, and that any omission consists solely of an unimportant defect.
- (2) If the authority fails to initiate a circuit court proceeding pursuant to this section, an inmate has the right to file a verified petition with the authority requesting that such a proceeding be initiated. The petition shall set forth with particularity the manner in which the department has failed to implement the decision of the Administration Commission, including any required remedial actions. The authority has 45 days after receipt of a verified petition to either initiate an action in circuit court pursuant to this section or advise the inmate in writing of the reason such an action will not be initiated.
- (3) Within 30 days after service of the written decision of the authority setting forth its reason why an action will not be initiated by the authority pursuant to this section, an inmate may initiate an appropriate proceeding in the Circuit Court in Leon County to require the department to substantially comply with the decision of the Administration Commission.