

THE FLORIDA SENATE
2013 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 1159 — Health Care

by Health and Human Services Committee; Health Innovation Subcommittee; and Rep. O’Toole (CS/CS/SB 1482 by Judiciary Committee; Health Policy Committee; and Senator Hays)

The bill amends various sections of law relating to the provision of health care. Specifically, the bill amends sections relating to:

Obstetrical Services in Specialty Licensed Children’s Hospitals

The bill allows a specialty licensed children’s hospital located in a county with a population of 1,750,000 or more to provide obstetrical services, in accordance with the guidelines with the American College of Obstetricians and Gynecologists, to up to 10 beds. These services are restricted to the diagnosis, care, and treatment of pregnant women who have documentation by an examining physician that their fetus has at least one fetal characteristic or condition diagnosed intra-utero that would characterize the pregnancy or delivery as high risk or who have medical advice or a diagnosis indicating that the fetus may require at least one perinatal intervention.

The Cancer Treatment Fairness Act

The bill creates the “Cancer Treatment Fairness Act” which requires an individual or group insurance policy, or a health maintenance organization contract, that provides medical, major medical, or similar comprehensive coverage and includes coverage for cancer treatment to also cover prescribed, orally administered cancer treatment medications. The Act restricts such policies and contracts from applying cost-sharing requirements for orally administered cancer treatment medications that are less favorable than cost-sharing requirements for other cancer treatment medications covered under the policy or contract except that if the cost sharing requirements for intravenous or injected cancer medications are less than \$50 per month the cost-sharing requirements for orally administered cancer treatment medications may be up to \$50 a month. The Act also restricts insurers offering such policies and contracts from:

- Varying the terms of the policy or contract after July 1, 2014 to avoid compliance with these provisions;
- Providing any incentive or imposing any treatment limitation to encourage a covered person to accept less than the minimum protections available under these provisions;
- Penalizing a health care practitioner for recommending or providing services or care to a covered person as required under these provisions;
- Providing any incentive to induce a health care practitioner to not comply with these provisions; or,

- Changing the classification of any intravenous or injected cancer treatment medication or increasing the amount of cost sharing applicable to any intravenous or injected cancer treatment medication in order to achieve compliance with this section.

Grandfathered health plans, Medicare supplement, dental, vision, long-term care, disability, accident only, and specified disease policies, or other supplemental limited-benefit plans are exempted from the provisions of the act.

The Prescription Drug Monitoring Program

The bill appropriates \$500,000 of nonrecurring funds to the Department of Health for the general administration of the prescription drug monitoring program.

Level II Trauma Center Designation

The bill requires the Department of Health to designate a hospital as a Level II trauma center if the hospital has a valid certificate of trauma center verification from the American College of Surgeons and is located in an area with limited access to trauma center services. A hospital is located within an area with limited access to trauma center services when it is located:

- In a trauma service area with a population of greater than 600,000 persons and a density of less than 225 persons per square mile;
- In a county with no verified trauma center; and,
- At least 15 miles or 20 minutes travel time by ground transport from the nearest verified trauma center.

Clinics

The bill exempts pediatric cardiology and perinatology clinical facilities, anesthesia clinical facilities that are not otherwise exempt, and entities that are owned by a corporation that has \$250 million or more in total annual sales of health care services provided by licensed health care practitioners where one or more of the persons responsible for the operations of the entity are a health care practitioner from the definition of “clinic” under s. 400.9905, F.S.

Expedited Review for Certain Nursing Home Certificates of Need

The bill allows for an expedited review for the certificate of need application for the construction of a new nursing home, regardless of the moratorium on nursing home certificates of need established by s. 408.0435, F.S., in a retirement community:

- Where the residential use area is deed-restricted as housing for older persons as defined in s. 790.29(4)(b), F.S.;

- That is located in a county with 25 percent or more of its population aged 65 and older;
- That is located in a county that has a rate of no more than 16.1 nursing home beds per 1,000 people age 65 or older;
- That has a population of at least 8,000 residents; and,
- Where the number of proposed nursing home beds does not exceed 16.1 beds per 1,000 persons aged 65 or older for the county projected 3 years into the future.

The bill authorizes the expedited review process for up to 120 new beds per application and for a total of 240 beds per community regardless of whether the community spans multiple counties. Each community may make a second request for an expedited review of a certificate of need application 2 years after the construction of the first nursing home facility has commenced or 1 year after the initial beds have been licensed. Also, each nursing home approved for the expedited review process must be dually certified for participation in the Medicare and Medicaid programs.

After verifying that a retirement community meets the criteria for the expedited review, the Agency for Health Care Administration (Agency) must publish a notice of the request in the Florida Administrative Weekly which includes the information specified in the bill. The retirement community must determine what requirements applicants for the certificate of need must meet and make land available to applicants it deems to have met the requirements. However, the retirement community only must sell or lease land to the applicant that is issued the certificate of need by the Agency. Within the certificate of need application, the applicant must identify the intended site for the project and show written evidence that the retirement community's requirements are met. If there are multiple applicants that meet the requirements specified by the retirement community, the community may notify the Agency of which applicant it prefers.

If approved by the Governor, and except as specified in the act, these provisions take effect upon becoming law.

Vote: Senate 37-2; House 103-13