

1 A bill to be entitled
2 An act relating to health care consumer protection;
3 amending s. 395.002, F.S.; defining the term
4 "diagnostic-imaging center"; conforming cross-
5 references; amending s. 395.107, F.S.; requiring
6 certain health care practitioners, urgent care
7 centers, ambulatory surgical centers, and diagnostic-
8 imaging centers to publish and post a schedule of
9 charges for services provided to patients; specifying
10 text size; requiring the schedule to be in language
11 comprehensible to a layperson; requiring certain
12 practitioners to distribute charge schedules to
13 patients; providing for fines; providing that a
14 practitioner's failure to comply is grounds for
15 discipline; amending s. 456.072, F.S.; adding failure
16 to comply with the provisions of s. 395.107, F.S., to
17 the grounds for discipline of a practitioner licensed
18 under certain chapters; amending s. 627.6131, F.S.;
19 prohibiting a provider of emergency medical care and
20 services from billing a patient under certain
21 circumstances; prohibiting certain providers of
22 nonemergency medical care and services from billing a
23 patient under certain circumstances; creating s.
24 627.6385, F.S.; requiring insurers to inform insureds
25 of certain providers who may bill the insured for
26 medical services; requiring hospitals to disclose to
27 certain patients which of its contracted providers
28 will treat the patients and which of those may bill

29 the patient directly; requiring hospitals to provide
 30 contact information for those providers to the
 31 patient; requiring certain providers in a hospital to
 32 inform certain patients in writing whether the
 33 patients will be billed directly by the providers;
 34 releasing a patient from liability if a provider fails
 35 to disclose billing information; amending ss. 383.50,
 36 390.011, 394.4787, 395.003, 395.602, 395.701, 408.051,
 37 409.905, 409.97, 409.975, 468.505, 627.736, 766.118,
 38 766.316, and 812.014, F.S.; conforming cross-
 39 references; providing an effective date.

40

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

42

43 Section 1. Subsections (6) through (33) of section
 44 395.002, Florida Statutes, are renumbered as subsections (7)
 45 through (34), respectively, present subsections (10) and (28) of
 46 that section are amended, and a new subsection (6) is added to
 47 that section, to read:

48 395.002 Definitions.—As used in this chapter:

49 (6) "Diagnostic-imaging center" means a freestanding
 50 outpatient facility that provides specialized services for the
 51 diagnosis of a disease by examination and also provides
 52 radiological services.

53 (11)~~(10)~~ "General hospital" means any facility which meets
 54 the provisions of subsection (13) ~~(12)~~ and which regularly makes
 55 its facilities and services available to the general population.

56 (29)~~(28)~~ "Specialty hospital" means any facility which

57 meets the provisions of subsection (13) ~~(12)~~, and which
 58 regularly makes available either:

59 (a) The range of medical services offered by general
 60 hospitals, but restricted to a defined age or gender group of
 61 the population;

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

65 (c) Intensive residential treatment programs for children
 66 and adolescents as defined in subsection (16) ~~(15)~~.

67 Section 2. Section 395.107, Florida Statutes, is amended
 68 to read:

69 395.107 Practitioners, urgent care centers, ambulatory
 70 surgical centers, and diagnostic-imaging centers; publishing and
 71 posting schedule of charges; distribution; penalties.-

72 (1) An urgent care center, an ambulatory surgical center,
 73 and a diagnostic-imaging center must publish a schedule of
 74 charges for the medical services offered to patients. The
 75 schedule must describe the medical services in language
 76 comprehensible to a layperson. The schedule must include the
 77 prices charged to an uninsured person paying for such services
 78 by cash, check, credit card, or debit card. The schedule must be
 79 posted in a conspicuous place in the reception area ~~of the~~
 80 ~~urgent care center~~ and must include, but is not limited to, the
 81 50 services most frequently provided ~~by the urgent care center~~.
 82 The schedule may group services by three price levels, listing
 83 services in each price level. The posting must be at least 15
 84 square feet in size. The text describing the medical services

85 must fill at least 12 square feet of the posting. If a care
 86 center is affiliated with a facility licensed under chapter 395,
 87 the schedule must include text that notifies the insured whether
 88 the charges for medical services received at the center will be
 89 the same as charges for medical services received at a hospital.
 90 The text notifying the insured must be in a font size equal to
 91 or greater than the font size used for prices and must be in a
 92 contrasting color. Such text must be included in all
 93 advertisements for the center and in language comprehensible to
 94 a layperson ~~The failure of an urgent care center to publish and~~
 95 ~~post a schedule of charges as required by this section shall~~
 96 ~~result in a fine of not more than \$1,000, per day, until the~~
 97 ~~schedule is published and posted.~~

98 (2) A practitioner licensed under chapter 458, chapter
 99 459, chapter 460, or chapter 461 must publish in writing a
 100 schedule of charges as described in subsection (1) and
 101 distribute it to patients upon each visit.

102 (3) The failure of an urgent care center, an ambulatory
 103 surgical center, or a diagnostic-imaging center to comply with
 104 this section shall result in a fine of not more than \$1,000, per
 105 day, until compliance. Failure of a practitioner licensed under
 106 chapter 458, chapter 459, chapter 460, or chapter 461 to comply
 107 with this section is grounds for discipline pursuant to s.
 108 456.072(2).

109 Section 3. Paragraph (oo) is added to subsection (1) of
 110 section 456.072, Florida Statutes, to read:

111 456.072 Grounds for discipline; penalties; enforcement.—

112 (1) The following acts shall constitute grounds for which

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113 the disciplinary actions specified in subsection (2) may be
114 taken:

115 (oo) Failure to comply with the provisions of s. 395.107.

116 Section 4. Subsections (20) and (21) are added to section
117 627.6131, Florida Statutes, to read:

118 627.6131 Payment of claims.—

119 (20) If any insurer is liable for emergency services and
120 care, as defined in s. 395.002, regardless of whether a contract
121 exists between the insurer and the provider of emergency
122 services and care, the insurer is solely liable for payment of
123 fees to the provider, and the insured is not liable for payment
124 of fees to the provider, other than applicable copayments and
125 deductibles, if the insured is transported to the facility by
126 emergency medical transportation services, as defined in s.
127 945.6041(1)(a).

128 (21) An insurer is solely liable for payment of fees to
129 the provider and the insured is not liable for payment of fees
130 to the provider, other than applicable copayments and
131 deductibles, for medical services and care that are:

132 (a) Nonemergency services and care as defined in s.
133 395.002;

134 (b) Provided in a facility licensed under chapter 395
135 which has a contract with the insurer; and

136 (c) Provided by a provider that does not have a contract
137 with the insurer where the patient has no ability and
138 opportunity to choose an alternative provider having a contract
139 with the insurer.

140 Section 5. Section 627.6385, Florida Statutes, is created

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141 to read:

142 627.6385 Hospital and provider transparency; duty to
143 inform.-

144 (1) Each insurer issuing a health insurance policy
145 insuring against loss or expense due to medical and related
146 services provided within a facility licensed under chapter 395
147 shall disclose to its insured whether the facility contracts
148 with providers who are not under contract with the insurer. Such
149 disclosure shall be included in the insurer's member website and
150 distributed by the insurer to each insured.

151 (2) Each facility licensed under chapter 395 shall
152 disclose to each patient upon scheduling services or
153 nonemergency admission which providers will treat the patient
154 and which of those providers is not under contract with the
155 patient's insurer. The disclosure shall include notification to
156 the insured that such providers may bill the insured directly
157 for services rendered within the facility. The disclosure shall
158 be limited to the providers that are reasonably expected to
159 provide specific medical services and treatment scheduled to be
160 received by the insured, shall be in writing, and shall include
161 the name, professional address, and telephone number of all such
162 providers. The disclosure shall advise all patients to contact
163 providers prior to delivery of medical services to determine
164 whether or not providers will bill the patient directly for
165 medical services rendered within the facility. Failure to make
166 such a disclosure shall result in a fine of \$500 per occurrence
167 pursuant to s. 408.813.

168 (3) For a patient scheduled or admitted for nonemergency

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169 services to a facility licensed under chapter 395 and receiving
 170 medical services from a provider not under contract with the
 171 patient's insurer, that provider shall disclose to the patient
 172 in writing, prior to the provision of medical services, whether
 173 the patient will be billed directly for medical services
 174 rendered within the facility. The patient is not liable for any
 175 charges, other than applicable copayments or deductibles, billed
 176 to the patient by the provider who failed to make the
 177 disclosure.

178 Section 6. Subsection (4) of section 383.50, Florida
 179 Statutes, is amended to read:

180 383.50 Treatment of surrendered newborn infant.—

181 (4) Each hospital of this state subject to s. 395.1041
 182 shall, and any other hospital may, admit and provide all
 183 necessary emergency services and care, as defined in s.
 184 395.002~~(9)~~, to any newborn infant left with the hospital in
 185 accordance with this section. The hospital or any of its
 186 licensed health care professionals shall consider these actions
 187 as implied consent for treatment, and a hospital accepting
 188 physical custody of a newborn infant has implied consent to
 189 perform all necessary emergency services and care. The hospital
 190 or any of its licensed health care professionals is immune from
 191 criminal or civil liability for acting in good faith in
 192 accordance with this section. Nothing in this subsection limits
 193 liability for negligence.

194 Section 7. Subsection (5) of section 390.011, Florida
 195 Statutes, is amended to read:

196 390.011 Definitions.—As used in this chapter, the term:

197 (5) "Hospital" means a facility as defined in s.
 198 395.002(13) ~~395.002(12)~~ and licensed under chapter 395 and part
 199 II of chapter 408.

200 Section 8. Subsection (7) of section 394.4787, Florida
 201 Statutes, is amended to read:

202 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,
 203 and 394.4789.—As used in this section and ss. 394.4786,
 204 394.4788, and 394.4789:

205 (7) "Specialty psychiatric hospital" means a hospital
 206 licensed by the agency pursuant to s. 395.002(29) ~~395.002(28)~~
 207 and part II of chapter 408 as a specialty psychiatric hospital.

208 Section 9. Paragraph (b) of subsection (2) of section
 209 395.003, Florida Statutes, is amended to read:

210 395.003 Licensure; denial, suspension, and revocation.—

211 (2)

212 (b) The agency shall, at the request of a licensee that is
 213 a teaching hospital as defined in s. 408.07(45), issue a single
 214 license to a licensee for facilities that have been previously
 215 licensed as separate premises, provided such separately licensed
 216 facilities, taken together, constitute the same premises as
 217 defined in s. ~~395.002(23)~~. Such license for the single premises
 218 shall include all of the beds, services, and programs that were
 219 previously included on the licenses for the separate premises.
 220 The granting of a single license under this paragraph shall not
 221 in any manner reduce the number of beds, services, or programs
 222 operated by the licensee.

223 Section 10. Paragraph (c) of subsection (2) of section
 224 395.602, Florida Statutes, is amended to read:

225 395.602 Rural hospitals.—

226 (2) DEFINITIONS.—As used in this part:

227 (c) "Inactive rural hospital bed" means a licensed acute
 228 care hospital bed, as defined in s. 395.002~~(13)~~, that is
 229 inactive in that it cannot be occupied by acute care inpatients.

230 Section 11. Paragraph (c) of subsection (1) of section
 231 395.701, Florida Statutes, is amended to read:

232 395.701 Annual assessments on net operating revenues for
 233 inpatient and outpatient services to fund public medical
 234 assistance; administrative fines for failure to pay assessments
 235 when due; exemption.—

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

237 (c) "Hospital" means a health care institution as defined
 238 in s. 395.002(13) ~~395.002(12)~~, but does not include any hospital
 239 operated by the agency or the Department of Corrections.

240 Section 12. Subsection (3) of section 408.051, Florida
 241 Statutes, is amended to read:

242 408.051 Florida Electronic Health Records Exchange Act.—

243 (3) EMERGENCY RELEASE OF IDENTIFIABLE HEALTH RECORD.—A
 244 health care provider may release or access an identifiable
 245 health record of a patient without the patient's consent for use
 246 in the treatment of the patient for an emergency medical
 247 condition, as defined in s. 395.002~~(8)~~, when the health care
 248 provider is unable to obtain the patient's consent or the
 249 consent of the patient representative due to the patient's
 250 condition or the nature of the situation requiring immediate
 251 medical attention. A health care provider who in good faith
 252 releases or accesses an identifiable health record of a patient

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253 | in any form or medium under this subsection is immune from civil
254 | liability for accessing or releasing an identifiable health
255 | record.

256 | Section 13. Subsection (8) of section 409.905, Florida
257 | Statutes, is amended to read:

258 | 409.905 Mandatory Medicaid services.—The agency may make
259 | payments for the following services, which are required of the
260 | state by Title XIX of the Social Security Act, furnished by
261 | Medicaid providers to recipients who are determined to be
262 | eligible on the dates on which the services were provided. Any
263 | service under this section shall be provided only when medically
264 | necessary and in accordance with state and federal law.

265 | Mandatory services rendered by providers in mobile units to
266 | Medicaid recipients may be restricted by the agency. Nothing in
267 | this section shall be construed to prevent or limit the agency
268 | from adjusting fees, reimbursement rates, lengths of stay,
269 | number of visits, number of services, or any other adjustments
270 | necessary to comply with the availability of moneys and any
271 | limitations or directions provided for in the General
272 | Appropriations Act or chapter 216.

273 | (8) NURSING FACILITY SERVICES.—The agency shall pay for
274 | 24-hour-a-day nursing and rehabilitative services for a
275 | recipient in a nursing facility licensed under part II of
276 | chapter 400 or in a rural hospital, as defined in s. 395.602, or
277 | in a Medicare certified skilled nursing facility operated by a
278 | hospital, as defined by s. 395.002(11) ~~395.002(10)~~, that is
279 | licensed under part I of chapter 395, and in accordance with
280 | provisions set forth in s. 409.908(2)(a), which services are

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281 ordered by and provided under the direction of a licensed
282 physician. However, if a nursing facility has been destroyed or
283 otherwise made uninhabitable by natural disaster or other
284 emergency and another nursing facility is not available, the
285 agency must pay for similar services temporarily in a hospital
286 licensed under part I of chapter 395 provided federal funding is
287 approved and available. The agency shall pay only for bed-hold
288 days if the facility has an occupancy rate of 95 percent or
289 greater. The agency is authorized to seek any federal waivers to
290 implement this policy.

291 Section 14. Paragraph (a) of subsection (4) of section
292 409.97, Florida Statutes, is amended to read:

293 409.97 State and local Medicaid partnerships.—

294 (4) HOSPITAL RATE DISTRIBUTION.—

295 (a) The agency is authorized to implement a tiered
296 hospital rate system to enhance Medicaid payments to all
297 hospitals when resources for the tiered rates are available from
298 general revenue and such contributions pursuant to subsection
299 (1) as are authorized under the General Appropriations Act.

300 1. Tier 1 hospitals are statutory rural hospitals as
301 defined in s. 395.602, statutory teaching hospitals as defined
302 in s. 408.07(45), and specialty children's hospitals as defined
303 in s. 395.002(29) ~~395.002(28)~~.

304 2. Tier 2 hospitals are community hospitals not included
305 in Tier 1 that provided more than 9 percent of the hospital's
306 total inpatient days to Medicaid patients and charity patients,
307 as defined in s. 409.911, and are located in the jurisdiction of
308 a local funding source pursuant to subsection (1).

309 3. Tier 3 hospitals include all community hospitals.

310 Section 15. Paragraph (b) of subsection (1) of section
311 409.975, Florida Statutes, is amended to read:

312 409.975 Managed care plan accountability.—In addition to
313 the requirements of s. 409.967, plans and providers
314 participating in the managed medical assistance program shall
315 comply with the requirements of this section.

316 (1) PROVIDER NETWORKS.—Managed care plans must develop and
317 maintain provider networks that meet the medical needs of their
318 enrollees in accordance with standards established pursuant to
319 s. 409.967(2)(b). Except as provided in this section, managed
320 care plans may limit the providers in their networks based on
321 credentials, quality indicators, and price.

322 (b) Certain providers are statewide resources and
323 essential providers for all managed care plans in all regions.
324 All managed care plans must include these essential providers in
325 their networks. Statewide essential providers include:

326 1. Faculty plans of Florida medical schools.

327 2. Regional perinatal intensive care centers as defined in
328 s. 383.16(2).

329 3. Hospitals licensed as specialty children's hospitals as
330 defined in s. 395.002(29) ~~395.002(28)~~.

331 4. Accredited and integrated systems serving medically
332 complex children that are comprised of separately licensed, but
333 commonly owned, health care providers delivering at least the
334 following services: medical group home, in-home and outpatient
335 nursing care and therapies, pharmacy services, durable medical
336 equipment, and Prescribed Pediatric Extended Care.

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337
338 Managed care plans that have not contracted with all statewide
339 essential providers in all regions as of the first date of
340 recipient enrollment must continue to negotiate in good faith.
341 Payments to physicians on the faculty of nonparticipating
342 Florida medical schools shall be made at the applicable Medicaid
343 rate. Payments for services rendered by regional perinatal
344 intensive care centers shall be made at the applicable Medicaid
345 rate as of the first day of the contract between the agency and
346 the plan. Payments to nonparticipating specialty children's
347 hospitals shall equal the highest rate established by contract
348 between that provider and any other Medicaid managed care plan.

349 Section 16. Paragraph (1) of subsection (1) of section
350 468.505, Florida Statutes, is amended to read:

351 468.505 Exemptions; exceptions.—

352 (1) Nothing in this part may be construed as prohibiting
353 or restricting the practice, services, or activities of:

354 (1) A person employed by a nursing facility exempt from
355 licensing under s. 395.002(13) ~~395.002(12)~~, or a person exempt
356 from licensing under s. 464.022.

357 Section 17. Paragraph (c) of subsection (4) and paragraph
358 (a) of subsection (5) of section 627.736, Florida Statutes, are
359 amended to read:

360 627.736 Required personal injury protection benefits;
361 exclusions; priority; claims.—

362 (4) BENEFITS; WHEN DUE.—Benefits due from an insurer under
363 ss. 627.730-627.7405 shall be primary, except that benefits
364 received under any workers' compensation law shall be credited

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365 against the benefits provided by subsection (1) and shall be due
366 and payable as loss accrues, upon receipt of reasonable proof of
367 such loss and the amount of expenses and loss incurred which are
368 covered by the policy issued under ss. 627.730-627.7405. When
369 the Agency for Health Care Administration provides, pays, or
370 becomes liable for medical assistance under the Medicaid program
371 related to injury, sickness, disease, or death arising out of
372 the ownership, maintenance, or use of a motor vehicle, benefits
373 under ss. 627.730-627.7405 shall be subject to the provisions of
374 the Medicaid program.

375 (c) Upon receiving notice of an accident that is
376 potentially covered by personal injury protection benefits, the
377 insurer must reserve \$5,000 of personal injury protection
378 benefits for payment to physicians licensed under chapter 458 or
379 chapter 459 or dentists licensed under chapter 466 who provide
380 emergency services and care, as defined in s. 395.002~~(9)~~, or who
381 provide hospital inpatient care. The amount required to be held
382 in reserve may be used only to pay claims from such physicians
383 or dentists until 30 days after the date the insurer receives
384 notice of the accident. After the 30-day period, any amount of
385 the reserve for which the insurer has not received notice of a
386 claim from a physician or dentist who provided emergency
387 services and care or who provided hospital inpatient care may
388 then be used by the insurer to pay other claims. The time
389 periods specified in paragraph (b) for required payment of
390 personal injury protection benefits shall be tolled for the
391 period of time that an insurer is required by this paragraph to
392 hold payment of a claim that is not from a physician or dentist

393 | who provided emergency services and care or who provided
394 | hospital inpatient care to the extent that the personal injury
395 | protection benefits not held in reserve are insufficient to pay
396 | the claim. This paragraph does not require an insurer to
397 | establish a claim reserve for insurance accounting purposes.

398 | (5) CHARGES FOR TREATMENT OF INJURED PERSONS.—

399 | (a)1. Any physician, hospital, clinic, or other person or
400 | institution lawfully rendering treatment to an injured person
401 | for a bodily injury covered by personal injury protection
402 | insurance may charge the insurer and injured party only a
403 | reasonable amount pursuant to this section for the services and
404 | supplies rendered, and the insurer providing such coverage may
405 | pay for such charges directly to such person or institution
406 | lawfully rendering such treatment, if the insured receiving such
407 | treatment or his or her guardian has countersigned the properly
408 | completed invoice, bill, or claim form approved by the office
409 | upon which such charges are to be paid for as having actually
410 | been rendered, to the best knowledge of the insured or his or
411 | her guardian. In no event, however, may such a charge be in
412 | excess of the amount the person or institution customarily
413 | charges for like services or supplies. With respect to a
414 | determination of whether a charge for a particular service,
415 | treatment, or otherwise is reasonable, consideration may be
416 | given to evidence of usual and customary charges and payments
417 | accepted by the provider involved in the dispute, and
418 | reimbursement levels in the community and various federal and
419 | state medical fee schedules applicable to automobile and other
420 | insurance coverages, and other information relevant to the

421 | reasonably of the reimbursement for the service, treatment,
 422 | or supply.

423 | 2. The insurer may limit reimbursement to 80 percent of
 424 | the following schedule of maximum charges:

425 | a. For emergency transport and treatment by providers
 426 | licensed under chapter 401, 200 percent of Medicare.

427 | b. For emergency services and care provided by a hospital
 428 | licensed under chapter 395, 75 percent of the hospital's usual
 429 | and customary charges.

430 | c. For emergency services and care as defined by s.
 431 | 395.002~~(9)~~ provided in a facility licensed under chapter 395
 432 | rendered by a physician or dentist, and related hospital
 433 | inpatient services rendered by a physician or dentist, the usual
 434 | and customary charges in the community.

435 | d. For hospital inpatient services, other than emergency
 436 | services and care, 200 percent of the Medicare Part A
 437 | prospective payment applicable to the specific hospital
 438 | providing the inpatient services.

439 | e. For hospital outpatient services, other than emergency
 440 | services and care, 200 percent of the Medicare Part A Ambulatory
 441 | Payment Classification for the specific hospital providing the
 442 | outpatient services.

443 | f. For all other medical services, supplies, and care, 200
 444 | percent of the allowable amount under the participating
 445 | physicians schedule of Medicare Part B. However, if such
 446 | services, supplies, or care is not reimbursable under Medicare
 447 | Part B, the insurer may limit reimbursement to 80 percent of the
 448 | maximum reimbursable allowance under workers' compensation, as

449 determined under s. 440.13 and rules adopted thereunder which
450 are in effect at the time such services, supplies, or care is
451 provided. Services, supplies, or care that is not reimbursable
452 under Medicare or workers' compensation is not required to be
453 reimbursed by the insurer.

454 3. For purposes of subparagraph 2., the applicable fee
455 schedule or payment limitation under Medicare is the fee
456 schedule or payment limitation in effect at the time the
457 services, supplies, or care was rendered and for the area in
458 which such services were rendered, except that it may not be
459 less than the allowable amount under the participating
460 physicians schedule of Medicare Part B for 2007 for medical
461 services, supplies, and care subject to Medicare Part B.

462 4. Subparagraph 2. does not allow the insurer to apply any
463 limitation on the number of treatments or other utilization
464 limits that apply under Medicare or workers' compensation. An
465 insurer that applies the allowable payment limitations of
466 subparagraph 2. must reimburse a provider who lawfully provided
467 care or treatment under the scope of his or her license,
468 regardless of whether such provider would be entitled to
469 reimbursement under Medicare due to restrictions or limitations
470 on the types or discipline of health care providers who may be
471 reimbursed for particular procedures or procedure codes.

472 5. If an insurer limits payment as authorized by
473 subparagraph 2., the person providing such services, supplies,
474 or care may not bill or attempt to collect from the insured any
475 amount in excess of such limits, except for amounts that are not
476 covered by the insured's personal injury protection coverage due

477 to the coinsurance amount or maximum policy limits.

478 Section 18. Subsection (4) of section 766.118, Florida
 479 Statutes, is amended to read:

480 766.118 Determination of noneconomic damages.—

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

483 Notwithstanding subsections (2) and (3), with respect to a cause
 484 of action for personal injury or wrongful death arising from
 485 medical negligence of practitioners providing emergency services
 486 and care, as defined in s. 395.002~~(9)~~, or providing services as
 487 provided in s. 401.265, or providing services pursuant to
 488 obligations imposed by 42 U.S.C. s. 1395dd to persons with whom
 489 the practitioner does not have a then-existing health care
 490 patient-practitioner relationship for that medical condition:

491 (a) Regardless of the number of such practitioner
 492 defendants, noneconomic damages shall not exceed \$150,000 per
 493 claimant.

494 (b) Notwithstanding paragraph (a), the total noneconomic
 495 damages recoverable by all claimants from all such practitioners
 496 shall not exceed \$300,000.

497
 498 The limitation provided by this subsection applies only to
 499 noneconomic damages awarded as a result of any act or omission
 500 of providing medical care or treatment, including diagnosis that
 501 occurs prior to the time the patient is stabilized and is
 502 capable of receiving medical treatment as a nonemergency
 503 patient, unless surgery is required as a result of the emergency
 504 within a reasonable time after the patient is stabilized, in

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505 | which case the limitation provided by this subsection applies to
506 | any act or omission of providing medical care or treatment which
507 | occurs prior to the stabilization of the patient following the
508 | surgery.

509 | Section 19. Section 766.316, Florida Statutes, is amended
510 | to read:

511 | 766.316 Notice to obstetrical patients of participation in
512 | the plan.—Each hospital with a participating physician on its
513 | staff and each participating physician, other than residents,
514 | assistant residents, and interns deemed to be participating
515 | physicians under s. 766.314(4)(c), under the Florida Birth-
516 | Related Neurological Injury Compensation Plan shall provide
517 | notice to the obstetrical patients as to the limited no-fault
518 | alternative for birth-related neurological injuries. Such notice
519 | shall be provided on forms furnished by the association and
520 | shall include a clear and concise explanation of a patient's
521 | rights and limitations under the plan. The hospital or the
522 | participating physician may elect to have the patient sign a
523 | form acknowledging receipt of the notice form. Signature of the
524 | patient acknowledging receipt of the notice form raises a
525 | rebuttable presumption that the notice requirements of this
526 | section have been met. Notice need not be given to a patient
527 | when the patient has an emergency medical condition as defined
528 | in s. 395.002(9)(b) ~~395.002(8)(b)~~ or when notice is not
529 | practicable.

530 | Section 20. Paragraph (b) of subsection (2) of section
531 | 812.014, Florida Statutes, is amended to read:

532 | 812.014 Theft.—

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533 (2)

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

536 2. The property stolen is cargo valued at less than
537 \$50,000 that has entered the stream of interstate or intrastate
538 commerce from the shipper's loading platform to the consignee's
539 receiving dock;

540 3. The property stolen is emergency medical equipment,
541 valued at \$300 or more, that is taken from a facility licensed
542 under chapter 395 or from an aircraft or vehicle permitted under
543 chapter 401; or

544 4. The property stolen is law enforcement equipment,
545 valued at \$300 or more, that is taken from an authorized
546 emergency vehicle, as defined in s. 316.003,
547
548 the offender commits grand theft in the second degree,
549 punishable as a felony of the second degree, as provided in s.
550 775.082, s. 775.083, or s. 775.084. Emergency medical equipment
551 means mechanical or electronic apparatus used to provide
552 emergency services and care as defined in s. 395.002~~(9)~~ or to
553 treat medical emergencies. Law enforcement equipment means any
554 property, device, or apparatus used by any law enforcement
555 officer as defined in s. 943.10 in the officer's official
556 business. However, if the property is stolen within a county
557 that is subject to a state of emergency declared by the Governor
558 under chapter 252, the theft is committed after the declaration
559 of emergency is made, and the perpetration of the theft is
560 facilitated by conditions arising from the emergency, the theft

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561 is a felony of the first degree, punishable as provided in s.
562 775.082, s. 775.083, or s. 775.084. As used in this paragraph,
563 the term "conditions arising from the emergency" means civil
564 unrest, power outages, curfews, voluntary or mandatory
565 evacuations, or a reduction in the presence of or response time
566 for first responders or homeland security personnel. For
567 purposes of sentencing under chapter 921, a felony offense that
568 is reclassified under this paragraph is ranked one level above
569 the ranking under s. 921.0022 or s. 921.0023 of the offense
570 committed.

571 Section 21. This act shall take effect July 1, 2012.