



1 A bill to be entitled

2 An act relating to health care accrediting
3 organizations; amending ss. 154.11, 394.741, 397.403,
4 400.925, 400.9935, 402.7306, 408.05, 430.80, 440.13,
5 627.645, 627.668, 627.669, 627.736, 641.495, and
6 766.1015, F.S.; conforming provisions to the revised
7 definition of the term "accrediting organizations" in
8 s. 395.002, F.S., as amended by s. 4, ch. 2012-66,
9 Laws of Florida, for purposes of hospital licensing
10 and regulation by the Agency for Health Care
11 Administration; amending s. 395.3038, F.S.; deleting
12 an obsolete provision relating to a requirement that
13 the agency provide certain notice relating to stroke
14 centers to hospitals; conforming provisions to changes
15 made by the act; amending s. 486.102, F.S.; specifying
16 accrediting agencies for physical therapist assistant
17 programs; providing an effective date.

18
19 Be It Enacted by the Legislature of the State of Florida:

20
21 Section 1. Paragraph (n) of subsection (1) of section
22 154.11, Florida Statutes, is amended to read:

23 154.11 Powers of board of trustees.—

24 (1) The board of trustees of each public health trust
25 shall be deemed to exercise a public and essential governmental
26 function of both the state and the county and in furtherance
27 thereof it shall, subject to limitation by the governing body of
28 the county in which such board is located, have all of the



29 powers necessary or convenient to carry out the operation and
 30 governance of designated health care facilities, including, but
 31 without limiting the generality of, the foregoing:

32 (n) To appoint originally the staff of physicians to
 33 practice in a ~~any~~ designated facility owned or operated by the
 34 board and to approve the bylaws and rules to be adopted by the
 35 medical staff of a ~~any~~ designated facility owned and operated by
 36 the board, such governing regulations shall ~~to be in accordance~~
 37 ~~with the standards of the Joint Commission on the Accreditation~~
 38 ~~of Hospitals which~~ provide, among other things, for the method
 39 of appointing additional staff members and for the removal of
 40 staff members.

41 Section 2. Subsection (2) of section 394.741, Florida
 42 Statutes, is amended to read:

43 394.741 Accreditation requirements for providers of
 44 behavioral health care services.-

45 (2) Notwithstanding any provision of law to the contrary,
 46 accreditation shall be accepted by the agency and department in
 47 lieu of the agency's and department's facility licensure onsite
 48 review requirements and shall be accepted as a substitute for
 49 the department's administrative and program monitoring
 50 requirements, except as required by subsections (3) and (4),
 51 for:

52 (a) An ~~Any~~ organization from which the department
 53 purchases behavioral health care services which ~~that~~ is
 54 accredited by an accrediting organization whose standards
 55 incorporate comparable licensure regulations required by this
 56 state ~~the Joint Commission on Accreditation of Healthcare~~



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57 ~~Organizations or the Council on Accreditation for Children and~~
58 ~~Family Services, or has those services that are being purchased~~
59 ~~by the department accredited by CARF the Rehabilitation~~
60 ~~Accreditation Commission.~~

61 (b) A ~~Any~~ mental health facility licensed by the agency or
62 a ~~any~~ substance abuse component licensed by the department which
63 ~~that~~ is accredited by an accrediting organization whose
64 standards incorporate comparable licensure regulations required
65 by this state ~~the Joint Commission on Accreditation of~~
66 ~~Healthcare Organizations, CARF the Rehabilitation Accreditation~~
67 ~~Commission, or the Council on Accreditation of Children and~~
68 ~~Family Services.~~

69 (c) A ~~Any~~ network of providers from which the department
70 or the agency purchases behavioral health care services
71 accredited by an accrediting organization whose standards
72 incorporate comparable licensure regulations required by this
73 state ~~the Joint Commission on Accreditation of Healthcare~~
74 ~~Organizations, CARF the Rehabilitation Accreditation Commission,~~
75 ~~the Council on Accreditation of Children and Family Services, or~~
76 ~~the National Committee for Quality Assurance. A provider~~
77 organization that, ~~which~~ is part of an accredited network, is
78 afforded the same rights under this part.

79 Section 3. Section 395.3038, Florida Statutes, is amended
80 to read:

81 395.3038 State-listed primary stroke centers and
82 comprehensive stroke centers; notification of hospitals.—

83 (1) The agency shall make available on its website and to
84 the department a list of the name and address of each hospital



85 that meets the criteria for a primary stroke center and the name
86 and address of each hospital that meets the criteria for a
87 comprehensive stroke center. The list of primary and
88 comprehensive stroke centers must ~~shall~~ include only those
89 hospitals that attest in an affidavit submitted to the agency
90 that the hospital meets the named criteria, or those hospitals
91 that attest in an affidavit submitted to the agency that the
92 hospital is certified as a primary or a comprehensive stroke
93 center by an accrediting organization ~~the Joint Commission on~~
94 ~~Accreditation of Healthcare Organizations.~~

95 (2) (a) If a hospital no longer chooses to meet the
96 criteria for a primary or comprehensive stroke center, the
97 hospital shall notify the agency and the agency shall
98 immediately remove the hospital from the list.

99 (b)1. This subsection does not apply if the hospital is
100 unable to provide stroke treatment services for a period of time
101 not to exceed 2 months. The hospital shall immediately notify
102 all local emergency medical services providers when the
103 temporary unavailability of stroke treatment services begins and
104 when the services resume.

105 2. If stroke treatment services are unavailable for more
106 than 2 months, the agency shall remove the hospital from the
107 list of primary or comprehensive stroke centers until the
108 hospital notifies the agency that stroke treatment services have
109 been resumed.

110 ~~(3) The agency shall notify all hospitals in this state by~~
111 ~~February 15, 2005, that the agency is compiling a list of~~
112 ~~primary stroke centers and comprehensive stroke centers in this~~



113 ~~state. The notice shall include an explanation of the criteria~~
114 ~~necessary for designation as a primary stroke center and the~~
115 ~~criteria necessary for designation as a comprehensive stroke~~
116 ~~center. The notice shall also advise hospitals of the process by~~
117 ~~which a hospital might be added to the list of primary or~~
118 ~~comprehensive stroke centers.~~

119 ~~(3)~~(4) The agency shall adopt by rule criteria for a
120 primary stroke center which are substantially similar to the
121 certification standards for primary stroke centers of the Joint
122 Commission ~~on Accreditation of Healthcare Organizations.~~

123 ~~(4)~~(5) The agency shall adopt by rule criteria for a
124 comprehensive stroke center. However, if the Joint Commission ~~on~~
125 ~~Accreditation of Healthcare Organizations~~ establishes criteria
126 for a comprehensive stroke center, ~~the~~ agency rules shall be
127 ~~establish criteria for a comprehensive stroke center which are~~
128 ~~substantially similar to those criteria established by the Joint~~
129 ~~Commission on Accreditation of Healthcare Organizations.~~

130 ~~(5)~~(6) This act is not a medical practice guideline and
131 may not be used to restrict the authority of a hospital to
132 provide services for which it is licensed ~~has received a license~~
133 under chapter 395. The Legislature intends that all patients be
134 treated individually based on each patient's needs and
135 circumstances.

136 Section 4. Subsection (3) of section 397.403, Florida
137 Statutes, is amended to read:

138 397.403 License application.—

139 (3) The department shall accept proof of accreditation by
140 an accrediting organization whose standards incorporate



141 comparable licensure regulations required by this state ~~the~~
 142 ~~Commission on Accreditation of Rehabilitation Facilities (CARF)~~
 143 ~~or the joint commission,~~ or through another ~~any other~~ nationally
 144 recognized certification process that is acceptable to the
 145 department and meets the minimum licensure requirements under
 146 this chapter, in lieu of requiring the applicant to submit the
 147 information required by paragraphs (1) (a)-(c).

148 Section 5. Subsection (1) of section 400.925, Florida
 149 Statutes, is amended to read:

150 400.925 Definitions.—As used in this part, the term:

151 (1) "Accrediting organizations" means an organization ~~the~~
 152 ~~Joint Commission on Accreditation of Healthcare Organizations or~~
 153 ~~other national accreditation agencies~~ whose standards
 154 incorporate licensure regulations ~~for accreditation are~~
 155 ~~comparable to those~~ required by this state ~~part~~ for licensure.

156 Section 6. Paragraph (g) of subsection (1) and paragraph
 157 (a) of subsection (7) of section 400.9935, Florida Statutes, are
 158 amended to read:

159 400.9935 Clinic responsibilities.—

160 (1) Each clinic shall appoint a medical director or clinic
 161 director who shall agree in writing to accept legal
 162 responsibility for the following activities on behalf of the
 163 clinic. The medical director or the clinic director shall:

164 (g) Conduct systematic reviews of clinic billings to
 165 ensure that the billings are not fraudulent or unlawful. Upon
 166 discovery of an unlawful charge, the medical director or clinic
 167 director shall take immediate corrective action. If the clinic
 168 performs only the technical component of magnetic resonance



169 imaging, static radiographs, computed tomography, or positron
170 emission tomography, and provides the professional
171 interpretation of such services, in a fixed facility that is
172 accredited by a national accrediting organization that is
173 approved by the Centers for Medicare and Medicaid Services for
174 magnetic resonance imaging and advanced diagnostic imaging
175 services ~~the Joint Commission on Accreditation of Healthcare~~
176 ~~Organizations or the Accreditation Association for Ambulatory~~
177 ~~Health Care, and the American College of Radiology;~~ and if, in
178 the preceding quarter, the percentage of scans performed by that
179 clinic which was billed to all personal injury protection
180 insurance carriers was less than 15 percent, the chief financial
181 officer of the clinic may, in a written acknowledgment provided
182 to the agency, assume the responsibility for the conduct of the
183 systematic reviews of clinic billings to ensure that the
184 billings are not fraudulent or unlawful.

185 (7) (a) Each clinic engaged in magnetic resonance imaging
186 services must be accredited by a national accrediting
187 organization that is approved by the Centers for Medicare and
188 Medicaid Services for magnetic resonance imaging and advanced
189 diagnostic imaging services ~~the Joint Commission on~~
190 ~~Accreditation of Healthcare Organizations, the American College~~
191 ~~of Radiology, or the Accreditation Association for Ambulatory~~
192 ~~Health Care,~~ within 1 year after licensure. A clinic that is
193 accredited ~~by the American College of Radiology~~ or that is
194 within the original 1-year period after licensure and replaces
195 its core magnetic resonance imaging equipment shall be given 1
196 year after the date on which the equipment is replaced to attain



197 accreditation. However, a clinic may request a single, 6-month
198 extension if it provides evidence to the agency establishing
199 that, for good cause shown, such clinic cannot be accredited
200 within 1 year after licensure, and that such accreditation will
201 be completed within the 6-month extension. After obtaining
202 accreditation as required by this subsection, each such clinic
203 must maintain accreditation as a condition of renewal of its
204 license. A clinic that files a change of ownership application
205 must comply with the original accreditation timeframe
206 requirements of the transferor. The agency shall deny a change
207 of ownership application if the clinic is not in compliance with
208 the accreditation requirements. When a clinic adds, replaces, or
209 modifies magnetic resonance imaging equipment and the
210 accrediting ~~accreditation~~ agency requires new accreditation, the
211 clinic must be accredited within 1 year after the date of the
212 addition, replacement, or modification but may request a single,
213 6-month extension if the clinic provides evidence of good cause
214 to the agency.

215 Section 7. Subsections (1) and (2) of section 402.7306,
216 Florida Statutes, are amended to read:

217 402.7306 Administrative monitoring of child welfare
218 providers, and administrative, licensure, and programmatic
219 monitoring of mental health and substance abuse service
220 providers.—The Department of Children and Family Services, the
221 Department of Health, the Agency for Persons with Disabilities,
222 the Agency for Health Care Administration, community-based care
223 lead agencies, managing entities as defined in s. 394.9082, and
224 agencies who have contracted with monitoring agents shall



225 identify and implement changes that improve the efficiency of
226 administrative monitoring of child welfare services, and the
227 administrative, licensure, and programmatic monitoring of mental
228 health and substance abuse service providers. For the purpose of
229 this section, the term "mental health and substance abuse
230 service provider" means a provider who provides services to this
231 state's priority population as defined in s. 394.674. To assist
232 with that goal, each such agency shall adopt the following
233 policies:

234 (1) Limit administrative monitoring to once every 3 years
235 if the child welfare provider is accredited by an accrediting
236 organization whose standards incorporate comparable licensure
237 regulations required by this state ~~the Joint Commission, the~~
238 ~~Commission on Accreditation of Rehabilitation Facilities, or the~~
239 ~~Council on Accreditation~~. If the accrediting body does not
240 require documentation that the state agency requires, that
241 documentation shall be requested by the state agency and may be
242 posted by the service provider on the data warehouse for the
243 agency's review. Notwithstanding the survey or inspection of an
244 accrediting organization specified in this subsection, an agency
245 specified in and subject to this section may continue to monitor
246 the service provider as necessary with respect to:

247 (a) Ensuring that services for which the agency is paying
248 are being provided.

249 (b) Investigating complaints or suspected problems and
250 monitoring the service provider's compliance with ~~any~~ resulting
251 negotiated terms and conditions, including provisions relating
252 to consent decrees that are unique to a specific service and are



253 not statements of general applicability.

254 (c) Ensuring compliance with federal and state laws,
255 federal regulations, or state rules if such monitoring does not
256 duplicate the accrediting organization's review pursuant to
257 accreditation standards.

258
259 Medicaid certification and precertification reviews are exempt
260 from this subsection to ensure Medicaid compliance.

261 (2) Limit administrative, licensure, and programmatic
262 monitoring to once every 3 years if the mental health or
263 substance abuse service provider is accredited by an accrediting
264 organization whose standards incorporate comparable licensure
265 regulations required by this state ~~the Joint Commission, the~~
266 ~~Commission on Accreditation of Rehabilitation Facilities, or the~~
267 ~~Council on Accreditation~~. If the services being monitored are
268 not the services for which the provider is accredited, the
269 limitations of this subsection do not apply. If the accrediting
270 body does not require documentation that the state agency
271 requires, that documentation, except documentation relating to
272 licensure applications and fees, must be requested by the state
273 agency and may be posted by the service provider on the data
274 warehouse for the agency's review. Notwithstanding the survey or
275 inspection of an accrediting organization specified in this
276 subsection, an agency specified in and subject to this section
277 may continue to monitor the service provider as necessary with
278 respect to:

279 (a) Ensuring that services for which the agency is paying
280 are being provided.



281 (b) Investigating complaints, identifying problems that
282 would affect the safety or viability of the service provider,
283 and monitoring the service provider's compliance with ~~any~~
284 resulting negotiated terms and conditions, including provisions
285 relating to consent decrees that are unique to a specific
286 service and are not statements of general applicability.

287 (c) Ensuring compliance with federal and state laws,
288 federal regulations, or state rules if such monitoring does not
289 duplicate the accrediting organization's review pursuant to
290 accreditation standards.

291
292 Federal certification and precertification reviews are exempt
293 from this subsection to ensure Medicaid compliance.

294 Section 8. Paragraph (k) of subsection (3) of section
295 408.05, Florida Statutes, is amended to read:

296 408.05 Florida Center for Health Information and Policy
297 Analysis.—

298 (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.—In order to
299 produce comparable and uniform health information and statistics
300 for the development of policy recommendations, the agency shall
301 perform the following functions:

302 (k) Develop, in conjunction with the State Consumer Health
303 Information and Policy Advisory Council, and implement a long-
304 range plan for making available health care quality measures and
305 financial data that will allow consumers to compare health care
306 services. The health care quality measures and financial data
307 the agency must make available includes ~~shall include~~, but is
308 not limited to, pharmaceuticals, physicians, health care



309 facilities, and health plans and managed care entities. The
310 agency shall update the plan and report on the status of its
311 implementation annually. The agency shall also make the plan and
312 status report available to the public on its Internet website.
313 As part of the plan, the agency shall identify the process and
314 timeframes for implementation, ~~any~~ barriers to implementation,
315 and recommendations of changes in the law that may be enacted by
316 the Legislature to eliminate the barriers. As preliminary
317 elements of the plan, the agency shall:

318 1. Make available patient-safety indicators, inpatient
319 quality indicators, and performance outcome and patient charge
320 data collected from health care facilities pursuant to s.
321 408.061(1)(a) and (2). The terms "patient-safety indicators" and
322 "inpatient quality indicators" have the same meaning as that
323 ascribed ~~shall be as defined~~ by the Centers for Medicare and
324 Medicaid Services, an accrediting organization whose standards
325 incorporate comparable regulations required by this state, ~~the~~
326 ~~National Quality Forum, the Joint Commission on Accreditation of~~
327 ~~Healthcare Organizations, the Agency for Healthcare Research and~~
328 ~~Quality, the Centers for Disease Control and Prevention,~~ or a
329 ~~similar~~ national entity that establishes standards to measure
330 the performance of health care providers, or by other states.
331 The agency shall determine which conditions, procedures, health
332 care quality measures, and patient charge data to disclose based
333 upon input from the council. When determining which conditions
334 and procedures are to be disclosed, the council and the agency
335 shall consider variation in costs, variation in outcomes, and
336 magnitude of variations and other relevant information. When



337 determining which health care quality measures to disclose, the
338 agency:

339 a. Shall consider such factors as volume of cases; average
340 patient charges; average length of stay; complication rates;
341 mortality rates; and infection rates, among others, which shall
342 be adjusted for case mix and severity, if applicable.

343 b. May consider such additional measures that are adopted
344 by the Centers for Medicare and Medicaid Studies, an accrediting
345 organization whose standards incorporate comparable regulations
346 required by this state, the National Quality Forum, the Joint
347 Commission on Accreditation of Healthcare Organizations, the
348 Agency for Healthcare Research and Quality, the Centers for
349 Disease Control and Prevention, or a similar national entity
350 that establishes standards to measure the performance of health
351 care providers, or by other states.

352

353 When determining which patient charge data to disclose, the
354 agency shall include such measures as the average of
355 undiscounted charges on frequently performed procedures and
356 preventive diagnostic procedures, the range of procedure charges
357 from highest to lowest, average net revenue per adjusted patient
358 day, average cost per adjusted patient day, and average cost per
359 admission, among others.

360 2. Make available performance measures, benefit design,
361 and premium cost data from health plans licensed pursuant to
362 chapter 627 or chapter 641. The agency shall determine which
363 health care quality measures and member and subscriber cost data
364 to disclose, based upon input from the council. When determining



365 | which data to disclose, the agency shall consider information
366 | that may be required by either individual or group purchasers to
367 | assess the value of the product, which may include membership
368 | satisfaction, quality of care, current enrollment or membership,
369 | coverage areas, accreditation status, premium costs, plan costs,
370 | premium increases, range of benefits, copayments and
371 | deductibles, accuracy and speed of claims payment, credentials
372 | of physicians, number of providers, names of network providers,
373 | and hospitals in the network. Health plans shall make available
374 | to the agency ~~any~~ such data or information that is not currently
375 | reported to the agency or the office.

376 | 3. Determine the method and format for public disclosure
377 | of data reported pursuant to this paragraph. The agency shall
378 | make its determination based upon input from the State Consumer
379 | Health Information and Policy Advisory Council. At a minimum,
380 | the data shall be made available on the agency's Internet
381 | website in a manner that allows consumers to conduct an
382 | interactive search that allows them to view and compare the
383 | information for specific providers. The website must include
384 | such additional information as is determined necessary to ensure
385 | that the website enhances informed decisionmaking among
386 | consumers and health care purchasers, which shall include, at a
387 | minimum, appropriate guidance on how to use the data and an
388 | explanation of why the data may vary from provider to provider.

389 | 4. Publish on its website undiscounted charges for no
390 | fewer than 150 of the most commonly performed adult and
391 | pediatric procedures, including outpatient, inpatient,
392 | diagnostic, and preventative procedures.



393 Section 9. Paragraph (b) of subsection (3) of section
 394 430.80, Florida Statutes, is amended to read:

395 430.80 Implementation of a teaching nursing home pilot
 396 project.—

397 (3) To be designated as a teaching nursing home, a nursing
 398 home licensee must, at a minimum:

399 (b) Participate in a nationally recognized accrediting
 400 ~~accreditation~~ program and hold a valid accreditation, such as
 401 the accreditation awarded by the Joint Commission ~~on~~
 402 ~~Accreditation of Healthcare Organizations~~, or, at the time of
 403 initial designation, possess a Gold Seal Award as conferred by
 404 the state on its licensed nursing home;

405 Section 10. Paragraph (a) of subsection (2) of section
 406 440.13, Florida Statutes, is amended to read:

407 440.13 Medical services and supplies; penalty for
 408 violations; limitations.—

409 (2) MEDICAL TREATMENT; DUTY OF EMPLOYER TO FURNISH.—

410 (a) Subject to the limitations specified elsewhere in this
 411 chapter, the employer shall furnish to the employee such
 412 medically necessary remedial treatment, care, and attendance for
 413 such period as the nature of the injury or the process of
 414 recovery may require, which is in accordance with established
 415 practice parameters and protocols of treatment as provided for
 416 in this chapter, including medicines, medical supplies, durable
 417 medical equipment, orthoses, prostheses, and other medically
 418 necessary apparatus. Remedial treatment, care, and attendance,
 419 including work-hardening programs or pain-management programs
 420 accredited by an accrediting organization whose standards



421 incorporate comparable regulations required by this state ~~the~~
 422 ~~Commission on Accreditation of Rehabilitation Facilities or~~
 423 ~~Joint Commission on the Accreditation of Health Organizations~~ or
 424 pain-management programs affiliated with medical schools, shall
 425 be considered ~~as~~ covered treatment only when such care is given
 426 based on a referral by a physician as defined in this chapter.
 427 Medically necessary treatment, care, and attendance does not
 428 include chiropractic services in excess of 24 treatments or
 429 rendered 12 weeks beyond the date of the initial chiropractic
 430 treatment, whichever comes first, unless the carrier authorizes
 431 additional treatment or the employee is catastrophically
 432 injured.

433
 434 Failure of the carrier to timely comply with this subsection
 435 shall be a violation of this chapter and the carrier shall be
 436 subject to penalties as provided for in s. 440.525.

437 Section 11. Subsection (1) of section 627.645, Florida
 438 Statutes, is amended to read:

439 627.645 Denial of health insurance claims restricted.—

440 (1) A ~~No~~ claim for payment under a health insurance policy
 441 or self-insured program of health benefits for treatment, care,
 442 or services in a licensed hospital that ~~which~~ is accredited by
 443 an accrediting organization whose standards incorporate
 444 comparable regulations required by this state may not ~~the Joint~~
 445 ~~Commission on the Accreditation of Hospitals, the American~~
 446 ~~Osteopathic Association, or the Commission on the Accreditation~~
 447 ~~of Rehabilitative Facilities~~ shall be denied because such
 448 hospital lacks major surgical facilities and is primarily of a

CODING: Words **stricken** are deletions; words **underlined** are additions.



449 rehabilitative nature, if such rehabilitation is specifically
450 for treatment of physical disability.

451 Section 12. Paragraph (c) of subsection (2) of section
452 627.668, Florida Statutes, is amended to read:

453 627.668 Optional coverage for mental and nervous disorders
454 required; exception.—

455 (2) Under group policies or contracts, inpatient hospital
456 benefits, partial hospitalization benefits, and outpatient
457 benefits consisting of durational limits, dollar amounts,
458 deductibles, and coinsurance factors shall not be less favorable
459 than for physical illness generally, except that:

460 (c) Partial hospitalization benefits shall be provided
461 under the direction of a licensed physician. For purposes of
462 this part, the term "partial hospitalization services" is
463 defined as those services offered by a program that is
464 accredited by an accrediting organization whose standards
465 incorporate comparable regulations required by this state ~~the~~
466 ~~Joint Commission on Accreditation of Hospitals (JCAH) or in~~
467 ~~compliance with equivalent standards.~~ Alcohol rehabilitation
468 programs accredited by an accrediting organization whose
469 standards incorporate comparable regulations required by this
470 state ~~the Joint Commission on Accreditation of Hospitals~~ or
471 approved by the state and licensed drug abuse rehabilitation
472 programs shall also be qualified providers under this section.
473 In a given ~~any~~ benefit year, if partial hospitalization services
474 or a combination of inpatient and partial hospitalization are
475 used ~~utilized~~, the total benefits paid for all such services may
476 ~~shall~~ not exceed the cost of 30 days after ~~of~~ inpatient



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477 hospitalization for psychiatric services, including physician
478 fees, which prevail in the community in which the partial
479 hospitalization services are rendered. If partial
480 hospitalization services benefits are provided beyond the limits
481 set forth in this paragraph, the durational limits, dollar
482 amounts, and coinsurance factors thereof need not be the same as
483 those applicable to physical illness generally.

484 Section 13. Subsection (3) of section 627.669, Florida
485 Statutes, is amended to read:

486 627.669 Optional coverage required for substance abuse
487 impaired persons; exception.—

488 (3) The benefits provided under this section are ~~shall be~~
489 applicable only if treatment is provided by, or under the
490 supervision of, or is prescribed by, a licensed physician or
491 licensed psychologist and if services are provided in a program
492 that is accredited by an accrediting organization whose
493 standards incorporate comparable regulations required by this
494 state the Joint Commission on Accreditation of Hospitals or that
495 is approved by this the state.

496 Section 14. Paragraph (a) of subsection (1) of section
497 627.736, Florida Statutes, is amended to read:

498 627.736 Required personal injury protection benefits;
499 exclusions; priority; claims.—

500 (1) REQUIRED BENEFITS.—An insurance policy complying with
501 the security requirements of s. 627.733 must provide personal
502 injury protection to the named insured, relatives residing in
503 the same household, persons operating the insured motor vehicle,
504 passengers in the motor vehicle, and other persons struck by the



505 | motor vehicle and suffering bodily injury while not an occupant
506 | of a self-propelled vehicle, subject to subsection (2) and
507 | paragraph (4) (e), to a limit of \$10,000 in medical and
508 | disability benefits and \$5,000 in death benefits resulting from
509 | bodily injury, sickness, disease, or death arising out of the
510 | ownership, maintenance, or use of a motor vehicle as follows:

511 | (a) Medical benefits.—Eighty percent of all reasonable
512 | expenses for medically necessary medical, surgical, X-ray,
513 | dental, and rehabilitative services, including prosthetic
514 | devices and medically necessary ambulance, hospital, and nursing
515 | services if the individual receives initial services and care
516 | pursuant to subparagraph 1. within 14 days after the motor
517 | vehicle accident. The medical benefits provide reimbursement
518 | only for:

519 | 1. Initial services and care that are lawfully provided,
520 | supervised, ordered, or prescribed by a physician licensed under
521 | chapter 458 or chapter 459, a dentist licensed under chapter
522 | 466, or a chiropractic physician licensed under chapter 460 or
523 | that are provided in a hospital or in a facility that owns, or
524 | is wholly owned by, a hospital. Initial services and care may
525 | also be provided by a person or entity licensed under part III
526 | of chapter 401 which provides emergency transportation and
527 | treatment.

528 | 2. Upon referral by a provider described in subparagraph
529 | 1., followup services and care consistent with the underlying
530 | medical diagnosis rendered pursuant to subparagraph 1. which may
531 | be provided, supervised, ordered, or prescribed only by a
532 | physician licensed under chapter 458 or chapter 459, a



533 | chiropractic physician licensed under chapter 460, a dentist
534 | licensed under chapter 466, or, to the extent permitted by
535 | applicable law and under the supervision of such physician,
536 | osteopathic physician, chiropractic physician, or dentist, by a
537 | physician assistant licensed under chapter 458 or chapter 459 or
538 | an advanced registered nurse practitioner licensed under chapter
539 | 464. Followup services and care may also be provided by ~~any of~~
540 | the following persons or entities:

541 | a. A hospital or ambulatory surgical center licensed under
542 | chapter 395.

543 | b. An entity wholly owned by one or more physicians
544 | licensed under chapter 458 or chapter 459, chiropractic
545 | physicians licensed under chapter 460, or dentists licensed
546 | under chapter 466 or by such practitioners and the spouse,
547 | parent, child, or sibling of such practitioners.

548 | c. An entity that owns or is wholly owned, directly or
549 | indirectly, by a hospital or hospitals.

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

552 | e. A health care clinic licensed under part X of chapter
553 | 400 which is accredited by an accrediting organization whose
554 | standards incorporate comparable regulations required by this
555 | state ~~the Joint Commission on Accreditation of Healthcare~~
556 | ~~Organizations, the American Osteopathic Association, the~~
557 | ~~Commission on Accreditation of Rehabilitation Facilities, or the~~
558 | ~~Accreditation Association for Ambulatory Health Care, Inc., or~~

559 | (I) Has a medical director licensed under chapter 458,
560 | chapter 459, or chapter 460;



561 (II) Has been continuously licensed for more than 3 years
562 or is a publicly traded corporation that issues securities
563 traded on an exchange registered with the United States
564 Securities and Exchange Commission as a national securities
565 exchange; and

566 (III) Provides at least four of the following medical
567 specialties:

568 (A) General medicine.

569 (B) Radiography.

570 (C) Orthopedic medicine.

571 (D) Physical medicine.

572 (E) Physical therapy.

573 (F) Physical rehabilitation.

574 (G) Prescribing or dispensing outpatient prescription
575 medication.

576 (H) Laboratory services.

577 3. Reimbursement for services and care provided in
578 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
579 licensed under chapter 458 or chapter 459, a dentist licensed
580 under chapter 466, a physician assistant licensed under chapter
581 458 or chapter 459, or an advanced registered nurse practitioner
582 licensed under chapter 464 has determined that the injured
583 person had an emergency medical condition.

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



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

595 | 6. The Financial Services Commission shall adopt by rule
596 | the form that must be used by an insurer and a health care
597 | provider specified in sub-subparagraph 2.b., sub-subparagraph
598 | 2.c., or sub-subparagraph 2.e. to document that the health care
599 | provider meets the criteria of this paragraph. Such, ~~which~~ rule
600 | must include a requirement for a sworn statement or affidavit.

601 |
602 | Only insurers writing motor vehicle liability insurance in this
603 | state may provide the required benefits of this section, and
604 | such insurer may not require the purchase of any other motor
605 | vehicle coverage other than the purchase of property damage
606 | liability coverage as required by s. 627.7275 as a condition for
607 | providing such benefits. Insurers may not require that property
608 | damage liability insurance in an amount greater than \$10,000 be
609 | purchased in conjunction with personal injury protection. Such
610 | insurers shall make benefits and required property damage
611 | liability insurance coverage available through normal marketing
612 | channels. An insurer writing motor vehicle liability insurance
613 | in this state who fails to comply with such availability
614 | requirement as a general business practice violates part IX of
615 | chapter 626, and such violation constitutes an unfair method of
616 | competition or an unfair or deceptive act or practice involving



617 the business of insurance. An insurer committing such violation
618 is subject to the penalties provided under that part, as well as
619 those provided elsewhere in the insurance code.

620 Section 15. Subsection (12) of section 641.495, Florida
621 Statutes, is amended to read:

622 641.495 Requirements for issuance and maintenance of
623 certificate.—

624 (12) The provisions of part I of chapter 395 do not apply
625 to a health maintenance organization that, on or before January
626 1, 1991, provides not more than 10 outpatient holding beds for
627 short-term and hospice-type patients in an ambulatory care
628 facility for its members, provided that such health maintenance
629 organization maintains current accreditation by an accrediting
630 organization whose standards incorporate comparable regulations
631 required by this state ~~the Joint Commission on Accreditation of~~
632 ~~Health Care Organizations, the Accreditation Association for~~
633 ~~Ambulatory Health Care, or the National Committee for Quality~~
634 ~~Assurance.~~

635 Section 16. Subsection (2) of section 766.1015, Florida
636 Statutes, is amended to read:

637 766.1015 Civil immunity for members of or consultants to
638 certain boards, committees, or other entities.—

639 (2) Such committee, board, group, commission, or other
640 entity must be established in accordance with state law, or in
641 accordance with requirements of an applicable accrediting
642 organization whose standards incorporate comparable regulations
643 required by this state, ~~the Joint Commission on Accreditation of~~
644 ~~Healthcare Organizations,~~ established and duly constituted by



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645 one or more public or licensed private hospitals or behavioral
646 health agencies, or established by a governmental agency. To be
647 protected by this section, the act, decision, omission, or
648 utterance may not be made or done in bad faith or with malicious
649 intent.

650 Section 17. Paragraph (a) of subsection (3) of section
651 486.102, Florida Statutes, is amended to read:

652 486.102 Physical therapist assistant; licensing
653 requirements.—To be eligible for licensing by the board as a
654 physical therapist assistant, an applicant must:

655 (3) (a) Have been graduated from a school giving a course
656 of not less than 2 years for physical therapist assistants,
657 which has been approved for the educational preparation of
658 physical therapist assistants by the appropriate accrediting
659 agency recognized by the Commission on Recognition of
660 Postsecondary Accreditation or the United States Department of
661 Education, which includes, but is not limited to, any regional
662 or national institutional accrediting agencies recognized by the
663 United States Department of Education or the Commission on
664 Accreditation for Physical Therapy Education (CAPTE), at the
665 time of her or his graduation and have passed to the
666 satisfaction of the board an examination to determine her or his
667 fitness for practice as a physical therapist assistant as
668 hereinafter provided;

669 Section 18. This act shall take effect July 1, 2013.