

LEGISLATIVE ACTION Senate House

Senator Richter moved the following:

Senate Amendment (with title amendment)

Between lines 3831 and 3832 insert:

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Section 86. Subsection (4) of section 766.1115, Florida Statutes, is amended to read:

766.1115 Health care providers; creation of agency relationship with governmental contractors.-

(4) CONTRACT REQUIREMENTS.—A health care provider that executes a contract with a governmental contractor to deliver health care services on or after April 17, 1992, as an agent of the governmental contractor is an agent for purposes of s. 768.28(9), while acting within the scope of duties under the

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contract, if the contract complies with the requirements of this section and regardless of whether the individual treated is later found to be ineligible. A health care provider continues to be an agent for purposes of s. 768.28(9) for up to 30 days after an individual is determined to be ineligible for health care services to allow for the uninterrupted completion of the individual's course of treatment by the health care provider while the individual transitions to the care of another. A health care provider under contract with the state may not be named as a defendant in any action arising out of medical care or treatment provided on or after April 17, 1992, under contracts entered into under this section. The contract must provide that:

- (a) The right of dismissal or termination of any health care provider delivering services under the contract is retained by the governmental contractor.
- (b) The governmental contractor has access to the patient records of any health care provider delivering services under the contract.
- (c) Adverse incidents and information on treatment outcomes must be reported by any health care provider to the governmental contractor if the incidents and information pertain to a patient treated under the contract. The health care provider shall submit the reports required by s. 395.0197. If an incident involves a professional licensed by the Department of Health or a facility licensed by the Agency for Health Care Administration, the governmental contractor shall submit such incident reports to the appropriate department or agency, which shall review each incident and determine whether it involves

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conduct by the licensee that is subject to disciplinary action. All patient medical records and any identifying information contained in adverse incident reports and treatment outcomes which are obtained by governmental entities under this paragraph are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

- (d) Patient selection and initial referral must be made solely by the governmental contractor, and the provider must accept all referred patients. However, the number of patients that must be accepted may be limited by the contract, and patients may not be transferred to the provider based on a violation of the antidumping provisions of the Omnibus Budget Reconciliation Act of 1989, the Omnibus Budget Reconciliation Act of 1990, or chapter 395.
- (e) If emergency care is required, the patient need not be referred before receiving treatment, but must be referred within 48 hours after treatment is commenced or within 48 hours after the patient has the mental capacity to consent to treatment, whichever occurs later.
- (f) Patient care, including any followup or hospital care, is subject to approval by the governmental contractor.
- (g) The provider is subject to supervision and regular inspection by the governmental contractor.

A governmental contractor that is also a health care provider is not required to enter into a contract under this section with respect to the health care services delivered by its employees.

========= T I T L E A M E N D M E N T =============



And the title is amended as follows: Delete line 354 and insert:

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conform to changes made by the act; amending s. 766.1115, F.S.; providing that certain health care providers are an agent of the state for sovereign immunity purposes during a specified period after a patient is deemed ineligible for indigent care to allow for the uninterrupted completion of a course of treatment; creating s.