

By the Committee on Health, Aging and Long-Term Care; and  
Senator Campbell

317-1936-02

1                                   A bill to be entitled  
2           An act relating to health care; amending s.  
3           395.002, F.S.; revising definitions relating to  
4           emergency services and care provided by  
5           hospitals and related facilities; amending s.  
6           395.0161, F.S.; requiring the Agency for Health  
7           Care Administration to adopt rules governing  
8           the conduct of inspections or investigations;  
9           amending s. 395.0197, F.S.; revising provisions  
10          governing the internal risk-management program;  
11          amending s. 395.1041, F.S.; revising provisions  
12          relating to hospital service capability and  
13          access to emergency services and care;  
14          directing the Agency for Health Care  
15          Administration to convene a workgroup to report  
16          to the Legislature regarding hospital service  
17          capability requirements; creating s. 395.1042,  
18          F.S.; establishing a program under the agency  
19          to reimburse health care facilities and  
20          practitioners for the cost of uncompensated  
21          emergency services and care; amending ss.  
22          383.50, 394.4787, 395.602, 395.701, 400.051,  
23          409.905, 468.505, and 812.014, F.S.; conforming  
24          cross-references; amending s. 401.23, F.S.;  
25          redefining the terms "advanced life support"  
26          and "basic life support"; defining the term  
27          "emergency medical conditions"; amending s.  
28          409.901, F.S.; revising definitions relating to  
29          emergency services and care for purposes of  
30          Medicaid coverage; amending s. 409.9128, F.S.;  
31          revising requirements for providing emergency

1 services and care under Medicaid managed care  
2 plans and MediPass; creating s. 627.6053, F.S.;  
3 providing requirements for health insurance  
4 policy coverage of hospital emergency services  
5 and care; amending ss. 641.19, 641.47, and  
6 641.513, F.S.; revising definitions and  
7 requirements relating to the provision of  
8 emergency services and care by health  
9 maintenance organizations and prepaid health  
10 clinics; providing an effective date.

11  
12 Be It Enacted by the Legislature of the State of Florida:

13  
14 Section 1. Subsection (4) of section 383.50, Florida  
15 Statutes, is amended to read:

16 383.50 Treatment of abandoned newborn infant.--

17 (4) Each hospital of this state subject to s. 395.1041  
18 shall, and any other hospital may, admit and provide all  
19 necessary emergency services and care, as defined in s.  
20 395.002(11)~~(10)~~, to any newborn infant left with the hospital  
21 in accordance with this section. The hospital or any of its  
22 licensed health care professionals shall consider these  
23 actions as implied consent for treatment, and a hospital  
24 accepting physical custody of a newborn infant has implied  
25 consent to perform all necessary emergency services and care.  
26 The hospital or any of its licensed health care professionals  
27 is immune from criminal or civil liability for acting in good  
28 faith in accordance with this section. Nothing in this  
29 subsection limits liability for negligence.

30 Section 2. Subsection (7) of section 394.4787, Florida  
31 Statutes, is amended to read:

1           394.4787 Definitions; ss. 394.4786, 394.4787,  
2 394.4788, and 394.4789.--As used in this section and ss.  
3 394.4786, 394.4788, and 394.4789:

4           (7) "Specialty psychiatric hospital" means a hospital  
5 licensed by the agency pursuant to s. 395.002~~(31)~~~~(29)~~as a  
6 specialty psychiatric hospital.

7           Section 3. Present subsections (9), (10), (26), and  
8 (30) of section 395.002, Florida Statutes, are amended,  
9 present subsections (10) through (21) and (22) through (33)  
10 are renumbered as subsections (11) through (22) and (24)  
11 through (35), respectively, and new subsections (10) and (23)  
12 are added to that section, to read:

13           395.002 Definitions.--As used in this chapter:

14           (9) "Emergency medical condition" means:

15           (a) A medical condition manifesting itself by acute  
16 symptoms of sufficient severity, which may include severe  
17 pain, psychiatric disturbances, symptoms of substance abuse,  
18 or other acute symptoms, such that the absence of immediate  
19 medical attention could reasonably be expected to result in  
20 any of the following:

21           1. Serious jeopardy to patient health, including a  
22 pregnant woman or fetus.

23           2. Serious impairment to bodily functions.

24           3. Serious dysfunction of any bodily organ or part.

25           (b) With respect to a pregnant woman:

26           1. That there is inadequate time to effect safe  
27 transfer to another hospital prior to delivery;

28           2. That a transfer may pose a threat to the health and  
29 safety of the patient or fetus; or

30           3. That there is evidence of the onset and persistence  
31 of uterine contractions or rupture of the membranes.

1           (c) With respect to a person exhibiting acute  
2 psychiatric disturbance or substance abuse, or taken into  
3 custody and delivered to a hospital under a court ex parte  
4 order for examination or placed by an authorized party for  
5 involuntary examination in accordance with chapter 394 or  
6 chapter 397, that the absence of immediate medical attention  
7 could reasonably be expected to result in:

- 8           1. Serious jeopardy to the health of a patient; or
- 9           2. Serious jeopardy to the health of others.

10           (10) "Emergency medical services provider" means a  
11 provider licensed pursuant to chapter 401.

12           (11)(10) "Emergency services and care" means medical  
13 screening, examination, and evaluation by a physician, or, to  
14 the extent permitted by applicable law, by other appropriate  
15 personnel under the supervision of a physician, to determine  
16 if an emergency medical condition exists and, if it does, the  
17 care, treatment, or surgery by a physician necessary to  
18 stabilize ~~relieve or eliminate~~ the emergency medical  
19 condition, within the service capability of the facility.

20           (23) "Medically unnecessary procedure" means a  
21 surgical or other invasive procedure that no reasonable  
22 physician, in light of the patient's history and available  
23 diagnostic information, would deem to be indicated in order to  
24 treat, cure, or palliate the patient's condition or disease.

25           (28)(26) "Service capability" means the physical  
26 space, equipment, supplies, and services that the hospital  
27 provides and the level of care that the medical staff can  
28 provide within the training and scope of their professional  
29 licenses and hospital privileges ~~all services offered by the~~  
30 ~~facility where identification of services offered is evidenced~~

31

1 ~~by the appearance of the service in a patient's medical record~~  
2 ~~or itemized bill.~~

3 (32)~~(30)~~ "Stabilized" means, with respect to an  
4 emergency medical condition, that no material deterioration of  
5 the condition is likely, within reasonable medical  
6 probability, to result from the transfer or discharge of the  
7 patient from a hospital.

8 Section 4. Subsection (5) is added to section  
9 395.0161, Florida Statutes, to read:

10 395.0161 Licensure inspection.--

11 (5)(a) The agency shall adopt rules governing the  
12 conduct of inspections or investigations it initiates in  
13 response to:

14 1. Reports filed pursuant to s. 395.0197.

15 2. Complaints alleging violations of state or federal  
16 emergency access laws.

17 3. Complaints made by the public alleging violations  
18 of law by licensed facilities or personnel.

19 (b) The rules must set forth the procedures to be used  
20 in the investigations or inspections in order to protect the  
21 due process rights of licensed facilities and personnel and to  
22 minimize, to the greatest reasonable extent possible, the  
23 disruption of facility operations and the cost to facilities  
24 resulting from those investigations.

25 Section 5. Subsections (2), (14), and (16) of section  
26 395.0197, Florida Statutes, are amended to read:

27 395.0197 Internal risk management program.--

28 (2) The internal risk management program is the  
29 responsibility of the governing board of the health care  
30 facility. Each licensed facility shall use the services of  
31 ~~hire~~ a risk manager, licensed under s. 395.10974, who is

1 responsible for implementation and oversight of such  
2 facility's internal risk management program as required by  
3 this section. ~~A risk manager must not be made responsible for~~  
4 ~~more than four internal risk management programs in separate~~  
5 ~~licensed facilities, unless the facilities are under one~~  
6 ~~corporate ownership or the risk management programs are in~~  
7 ~~rural hospitals.~~

8           (14) The agency shall have access, as set forth in  
9 rules adopted under s. 395.0161(5), to all licensed facility  
10 records necessary to carry out the provisions of this section.  
11 The records obtained by the agency under subsection (6),  
12 subsection (8), or subsection (10) are not available to the  
13 public under s. 119.07(1), nor shall they be discoverable or  
14 admissible in any civil or administrative action, except in  
15 disciplinary proceedings by the agency or the appropriate  
16 regulatory board, nor shall records obtained pursuant to s.  
17 456.071 be available to the public as part of the record of  
18 investigation for and prosecution in disciplinary proceedings  
19 made available to the public by the agency or the appropriate  
20 regulatory board. However, the agency or the appropriate  
21 regulatory board shall make available, upon written request by  
22 a health care professional against whom probable cause has  
23 been found, any such records which form the basis of the  
24 determination of probable cause, except that, with respect to  
25 medical review committee records, s. 766.101 controls.

26           (16) The agency shall review, as part of its licensure  
27 inspection process, the internal risk management program at  
28 each licensed facility regulated by this section to determine  
29 whether the program meets standards established in statutes  
30 and rules, whether the program is being conducted in a manner  
31 designed to reduce adverse incidents, and whether the program

1 is appropriately reporting incidents under this section. Only  
2 a risk manager, licensed under s. 395.10974 and employed by  
3 the Agency for Health Care Administration has the authority to  
4 conduct inspections necessary to determine whether a program  
5 meets the requirements of this section. A determination must  
6 be based on the care, skill, and judgment which, in light of  
7 all relevant surrounding circumstances, is recognized as  
8 acceptable and appropriate by reasonably prudent similar  
9 licensed risk managers.

10 Section 6. Subsections (1) and (2) and paragraphs (c)  
11 and (d) of subsection (3) of section 395.1041, Florida  
12 Statutes, are amended to read:

13 395.1041 Access to emergency services and care.--

14 (1) LEGISLATIVE INTENT.--The Legislature finds and  
15 declares it to be of vital importance that emergency services  
16 and care be provided by hospitals and physicians to every  
17 person in need of such care. The Legislature finds that  
18 persons have been denied emergency services and care by  
19 hospitals. It is the intent of the Legislature that the  
20 agency vigorously enforce the ability of persons to receive  
21 all necessary and appropriate emergency services and care and  
22 that the agency act in a thorough and timely manner against  
23 hospitals and physicians which deny persons emergency services  
24 and care. It is further the intent of the Legislature that  
25 hospitals, emergency medical services providers, and other  
26 health care providers work together in their local communities  
27 to enter into agreements or arrangements to ensure access to  
28 emergency services and care. ~~The Legislature further~~  
29 ~~recognizes that appropriate emergency services and care often~~  
30 ~~require followup consultation and treatment in order to~~  
31 ~~effectively care for emergency medical conditions.~~

1           (2) INVENTORY OF HOSPITAL EMERGENCY SERVICES.--The  
2 agency shall establish and maintain an inventory of hospitals  
3 with emergency services. The inventory shall list all  
4 services within the service capability of the hospital, and  
5 such services shall appear on the face of the hospital  
6 license. Each hospital having emergency services shall notify  
7 the agency of its service capability in the manner and form  
8 prescribed by the agency. The agency, in cooperation with the  
9 Department of Health shall provide ~~use~~ the inventory to ~~assist~~  
10 emergency medical services providers and shall make the  
11 inventory available to others to assist in locating  
12 appropriate emergency medical care. The inventory shall also  
13 be made available to the general public. On or before August  
14 1, 1992, the agency shall request that each hospital identify  
15 the services which are within its service capability. ~~On or~~  
16 ~~before November 1, 1992, the agency shall notify each hospital~~  
17 ~~of the service capability to be included in the inventory.~~  
18 ~~The hospital has 15 days from the date of receipt to respond~~  
19 ~~to the notice. By December 1, 1992, the agency shall publish~~  
20 ~~a final inventory.~~ Each hospital shall reaffirm its service  
21 capability when its license is renewed and shall notify the  
22 agency of the addition of a new service or the termination of  
23 a service prior to a change in its service capability.

24           (3) EMERGENCY SERVICES; DISCRIMINATION; LIABILITY OF  
25 FACILITY OR HEALTH CARE PERSONNEL.--

26           (c) A patient that has not been stabilized, ~~whether~~  
27 ~~stabilized or not~~, may be transferred to another hospital  
28 which has the requisite service capability or is not at  
29 service capacity, if:

30           1. The patient, or a person who is legally responsible  
31 for the patient and acting on the patient's behalf, after



1 being informed of the hospital's obligation under this section  
2 and of the risk of transfer, requests that the transfer be  
3 effected;

4           2. A physician has signed a certification that, based  
5 upon the reasonable risks and benefits to the patient, and  
6 based upon the information available at the time of transfer,  
7 the medical benefits reasonably expected from the provision of  
8 appropriate medical treatment at another hospital outweigh the  
9 increased risks to the individual's medical condition from  
10 effecting the transfer; or

11           3. A physician is not physically present in the  
12 emergency services area at the time an individual is  
13 transferred and a qualified medical person signs a  
14 certification that a physician, in consultation with  
15 personnel, has determined that the medical benefits reasonably  
16 expected from the provision of appropriate medical treatment  
17 at another medical facility outweigh the increased risks to  
18 the individual's medical condition from effecting the  
19 transfer. The consulting physician must countersign the  
20 certification;

21  
22 provided that this paragraph shall not be construed to require  
23 acceptance of a transfer that is not medically necessary.

24           (d)1. Every hospital shall ensure the provision of  
25 services within the service capability of the hospital, at all  
26 times, either directly or indirectly through an arrangement  
27 with another hospital, through an arrangement with one or more  
28 physicians, or as otherwise made through prior arrangements.  
29 A hospital may enter into an agreement with another hospital  
30 for purposes of meeting its service capability requirement,  
31

1 and appropriate compensation or other reasonable conditions  
2 may be negotiated for these backup services.

3         2. If any arrangement requires the provision of  
4 emergency medical transportation, such arrangement must be  
5 made in consultation with the applicable emergency medical  
6 service provider and may not require the emergency medical  
7 service provider to provide transportation that is outside the  
8 routine service area of that emergency medical service  
9 provider or in a manner that impairs the ability of the  
10 emergency medical service provider to timely respond to  
11 prehospital emergency calls. Emergency medical transportation  
12 provided under this subparagraph is considered to be emergency  
13 services and care as defined in s. 395.002.

14         3. A hospital shall not be required to ensure service  
15 capability at all times as required in subparagraph 1. if,  
16 prior to the receiving of any patient needing such service  
17 capability, such hospital has demonstrated to the agency that  
18 it lacks the ability to ensure such capability and it has  
19 exhausted all reasonable efforts to ensure such capability  
20 through backup arrangements. In reviewing a hospital's  
21 demonstration of lack of ability to ensure service capability,  
22 the agency shall consider factors relevant to the particular  
23 case, including the following:

24             a. Number and proximity of hospitals with the same  
25 service capability.

26             b. Number, type, credentials, and privileges of  
27 specialists.

28             c. Frequency of procedures.

29             d. Size of hospital.

30         4. The agency shall publish proposed rules  
31 implementing a reasonable exemption procedure ~~by November 1,~~

1 ~~1992. Subparagraph 1. shall become effective upon the~~  
2 ~~effective date of said rules or January 31, 1993, whichever is~~  
3 ~~earlier. For a period not to exceed 1 year from the effective~~  
4 ~~date of subparagraph 1., a hospital requesting an exemption~~  
5 ~~shall be deemed to be exempt from offering the service until~~  
6 ~~the agency initially acts to deny or grant the original~~  
7 ~~request. The agency has 45 days from the date of receipt of~~  
8 ~~the request for exemption to approve or deny the request.~~  
9 ~~After the first year from the effective date of subparagraph~~  
10 ~~1., If the agency fails to initially act within the time~~  
11 ~~period, the hospital is deemed to be exempt from offering the~~  
12 ~~service until the agency initially acts to deny the request.~~

13 5. The agency shall convene a workgroup consisting of  
14 representatives from the Florida Hospital Association, the  
15 Florida Statutory Teaching Hospital Council, the Florida  
16 Medical Association, and the Florida College of Emergency  
17 Physicians to make recommendations to the Legislature for  
18 changes to this paragraph regarding:

19 a. Services performed on an infrequent basis that  
20 would not be considered to be within the service capability of  
21 the hospital.

22 b. Situations in which hospitals would be deemed  
23 exempt from providing services at all times that are within  
24 their service capability.

25 Section 7. Section 395.1042, Florida Statutes, is  
26 created to read:

27 395.1042 Uncompensated Emergency Services and Care  
28 Reimbursement Program.--

29 (1) There is established the Uncompensated Emergency  
30 Services and Care Reimbursement Program for the purpose of  
31 reimbursing health care facilities and health care

1 practitioners for the cost of uncompensated emergency services  
2 and care provided as required by s. 395.1041. The Agency for  
3 Health Care Administration shall reimburse providers for  
4 services at the Medicaid rate in an amount equal to the  
5 provider's pro rata share of uncompensated emergency services  
6 and care provided in the prior fiscal year.

7 (2) Any funds appropriated in the General  
8 Appropriations Act for the implementation of s. 395.1041, and  
9 any other funds that become available for the implementation  
10 of s. 395.1041, shall be used exclusively to compensate  
11 providers under the Uncompensated Emergency Services and Care  
12 Reimbursement Program.

13 Section 8. Paragraph (c) of subsection (2) of section  
14 395.602, Florida Statutes, is amended to read:

15 395.602 Rural hospitals.--

16 (2) DEFINITIONS.--As used in this part:

17 (c) "Inactive rural hospital bed" means a licensed  
18 acute care hospital bed, as defined in s. 395.002~~(15)~~~~(14)~~,  
19 that is inactive in that it cannot be occupied by acute care  
20 inpatients.

21 Section 9. Paragraph (c) of subsection (1) of section  
22 395.701, Florida Statutes, is amended to read:

23 395.701 Annual assessments on net operating revenues  
24 for inpatient and outpatient services to fund public medical  
25 assistance; administrative fines for failure to pay  
26 assessments when due; exemption.--

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

28 (c) "Hospital" means a health care institution as  
29 defined in s. 395.002~~(14)~~~~(13)~~, but does not include any  
30 hospital operated by the agency or the Department of  
31 Corrections.

1           Section 10. Paragraph (b) of subsection (1) of section  
2 400.051, Florida Statutes, is amended to read:

3           400.051 Homes or institutions exempt from the  
4 provisions of this part.--

5           (1) The following shall be exempt from the provisions  
6 of this part:

7           (b) Any hospital, as defined in s. 395.002~~(12)~~~~(11)~~,  
8 that is licensed under chapter 395.

9           Section 11. Section 401.23, Florida Statutes, is  
10 amended to read:

11           401.23 Definitions.--As used in this part, the term:

12           (1) "Advanced life support" means the use of skills  
13 and techniques described in the most recent U.S. DOT National  
14 Standard Paramedic Curriculum by a paramedic under the  
15 supervision of a licensee's medical director as required by  
16 rules of the department. The term "advanced life support" also  
17 includes other techniques which have been approved and are  
18 performed under conditions specified by rules of the  
19 department. The term "advanced life support" also includes  
20 provision of care by a paramedic under the supervision of a  
21 licensee's medical director to one experiencing an emergency  
22 medical condition as defined herein.~~"Advanced life support"~~  
23 ~~means treatment of life-threatening medical emergencies~~  
24 ~~through the use of techniques such as endotracheal intubation,~~  
25 ~~the administration of drugs or intravenous fluids, telemetry,~~  
26 ~~cardiac monitoring, and cardiac defibrillation by a qualified~~  
27 ~~person, pursuant to rules of the department.~~

28           (2) "Advanced life support service" means any  
29 emergency medical transport or nontransport service which uses  
30 advanced life support techniques.

31

1           (3) "Air ambulance" means any fixed-wing or  
2 rotary-wing aircraft used for, or intended to be used for, air  
3 transportation of sick or injured persons requiring or likely  
4 to require medical attention during transport.

5           (4) "Air ambulance service" means any publicly or  
6 privately owned service, licensed in accordance with the  
7 provisions of this part, which operates air ambulances to  
8 transport persons requiring or likely to require medical  
9 attention during transport.

10           (5) "Ambulance" or "emergency medical services  
11 vehicle" means any privately or publicly owned land or water  
12 vehicle that is designed, constructed, reconstructed,  
13 maintained, equipped, or operated for, and is used for, or  
14 intended to be used for, land or water transportation of sick  
15 or injured persons requiring or likely to require medical  
16 attention during transport.

17           (6) "Ambulance driver" means any person who meets the  
18 requirements of s. 401.281.

19           (7) "Basic life support" means the use of skills and  
20 techniques described in the most recent U.S. DOT National  
21 Standard EMT-Basic Curriculum by an emergency medical  
22 technician or paramedic under the supervision of a licensee's  
23 medical director as required by rules of the department. The  
24 term "basic life support" also includes other techniques which  
25 have been approved and are performed under conditions  
26 specified by rules of the department. The term "basic life  
27 support" also includes provision of care by a paramedic or  
28 emergency medical technician under the supervision of a  
29 licensee's medical director to one experiencing an emergency  
30 medical condition as defined herein. ~~"Basic life support"~~  
31 ~~means treatment of medical emergencies by a qualified person~~

1 ~~through the use of techniques such as patient assessment,~~  
2 ~~cardiopulmonary resuscitation (CPR), splinting, obstetrical~~  
3 ~~assistance, bandaging, administration of oxygen, application~~  
4 ~~of medical antishock trousers, administration of a~~  
5 ~~subcutaneous injection using a premeasured autoinjector of~~  
6 ~~epinephrine to a person suffering an anaphylactic reaction,~~  
7 ~~and other techniques described in the Emergency Medical~~  
8 ~~Technician Basic Training Course Curriculum of the United~~  
9 ~~States Department of Transportation. The term "basic life~~  
10 ~~support" also includes other techniques which have been~~  
11 ~~approved and are performed under conditions specified by rules~~  
12 ~~of the department.~~

13 (8) "Basic life support service" means any emergency  
14 medical service which uses only basic life support techniques.

15 (9) "Certification" means any authorization issued  
16 pursuant to this part to a person to act as an emergency  
17 medical technician or a paramedic.

18 (10) "Department" means the Department of Health.

19 (11) "Emergency medical condition" means:

20 (a) A medical condition manifesting itself by acute  
21 symptoms of sufficient severity, which may include severe  
22 pain, psychiatric disturbances, symptoms of substance abuse,  
23 or other acute symptoms, such that the absence of immediate  
24 medical attention could reasonably be expected to result in  
25 any of the following:

26 1. Serious jeopardy to patient health, including a  
27 pregnant woman or fetus.

28 2. Serious impairment to bodily functions.

29 3. Serious dysfunction of any bodily organ or part.

30  
31

1           (b) With respect to a pregnant woman, that there is  
2 evidence of the onset and persistence of uterine contractions  
3 or rupture of the membranes.

4           (c) With respect to a person exhibiting acute  
5 psychiatric disturbance or substance abuse, that the absence  
6 of immediate medical attention could reasonably be expected to  
7 result in:

8           1. Serious jeopardy to the health of a patient; or

9           2. Serious jeopardy to the health of others.

10          (12)~~(11)~~ "Emergency medical technician" means a person  
11 who is certified by the department to perform basic life  
12 support pursuant to this part.

13          (13)~~(12)~~ "Interfacility transfer" means the  
14 transportation by ambulance of a patient between two  
15 facilities licensed under chapter 393, chapter 395, or chapter  
16 400, pursuant to this part.

17          (14)~~(13)~~ "Licensee" means any basic life support  
18 service, advanced life support service, or air ambulance  
19 service licensed pursuant to this part.

20          (15)~~(14)~~ "Medical direction" means direct supervision  
21 by a physician through two-way voice communication or, when  
22 such voice communication is unavailable, through established  
23 standing orders, pursuant to rules of the department.

24          (16)~~(15)~~ "Medical director" means a physician who is  
25 employed or contracted by a licensee and who provides medical  
26 supervision, including appropriate quality assurance but not  
27 including administrative and managerial functions, for daily  
28 operations and training pursuant to this part.

29          (17)~~(16)~~ "Mutual aid agreement" means a written  
30 agreement between two or more entities whereby the signing  
31 parties agree to lend aid to one another under conditions



1 specified in the agreement and as sanctioned by the governing  
2 body of each affected county.

3 (18)~~(17)~~ "Paramedic" means a person who is certified  
4 by the department to perform basic and advanced life support  
5 pursuant to this part.

6 (19)~~(18)~~ "Permit" means any authorization issued  
7 pursuant to this part for a vehicle to be operated as a basic  
8 life support or advanced life support transport vehicle or an  
9 advanced life support nontransport vehicle providing basic or  
10 advanced life support.

11 (20)~~(19)~~ "Physician" means a practitioner who is  
12 licensed under the provisions of chapter 458 or chapter 459.  
13 For the purpose of providing "medical direction" as defined in  
14 subsection (14) for the treatment of patients immediately  
15 prior to or during transportation to a United States  
16 Department of Veterans Affairs medical facility, "physician"  
17 also means a practitioner employed by the United States  
18 Department of Veterans Affairs.

19 (21)~~(20)~~ "Registered nurse" means a practitioner who  
20 is licensed to practice professional nursing pursuant to part  
21 I of chapter 464.

22 (22)~~(21)~~ "Secretary" means the Secretary of Health.

23 (23)~~(22)~~ "Service location" means any permanent  
24 location in or from which a licensee solicits, accepts, or  
25 conducts business under this part.

26 Section 12. Subsections (9) and (10) of section  
27 409.901, Florida Statutes, are amended to read:

28 409.901 Definitions; ss. 409.901-409.920.--As used in  
29 ss. 409.901-409.920, except as otherwise specifically  
30 provided, the term:

31 (9) "Emergency medical condition" means:

1 (a) A medical condition manifesting itself by acute  
2 symptoms of sufficient severity, which may include severe  
3 pain, psychiatric disturbances, symptoms of substance abuse,  
4 or other acute symptoms, such that the absence of immediate  
5 medical attention could reasonably be expected to result in  
6 any of the following:

- 7 1. Serious jeopardy to the health of a patient,  
8 including a pregnant woman or a fetus.
- 9 2. Serious impairment to bodily functions.
- 10 3. Serious dysfunction of any bodily organ or part.

11 (b) With respect to a pregnant woman:

- 12 1. That there is inadequate time to effect safe  
13 transfer to another hospital prior to delivery.
- 14 2. That a transfer may pose a threat to the health and  
15 safety of the patient or fetus.
- 16 3. That there is evidence of the onset and persistence  
17 of uterine contractions or rupture of the membranes.

18 (c) With respect to a person exhibiting acute  
19 psychiatric disturbance or substance abuse, or taken into  
20 custody and delivered to a hospital under a court ex parte  
21 order for examination or placed by an authorized party for  
22 involuntary examination in accordance with chapter 394 or  
23 chapter 397, that the absence of immediate medical attention  
24 could reasonably be expected to result in:

- 25 1. Serious jeopardy to the health of a patient; or
- 26 2. Serious jeopardy to the health of others.

27 (10) "Emergency services and care" means medical  
28 screening, examination, and evaluation by a physician, or, to  
29 the extent permitted by applicable laws, by other appropriate  
30 personnel under the supervision of a physician, to determine  
31 whether an emergency medical condition exists and, if it does,

1 the care, treatment, including an inpatient admission, or  
2 surgery for a covered service by a physician which is  
3 necessary to stabilize ~~relieve or eliminate~~ the emergency  
4 medical condition, within the service capability of a  
5 hospital.

6 Section 13. Subsection (8) of section 409.905, Florida  
7 Statutes, is amended to read:

8 409.905 Mandatory Medicaid services.--The agency may  
9 make payments for the following services, which are required  
10 of the state by Title XIX of the Social Security Act,  
11 furnished by Medicaid providers to recipients who are  
12 determined to be eligible on the dates on which the services  
13 were provided. Any service under this section shall be  
14 provided only when medically necessary and in accordance with  
15 state and federal law. Mandatory services rendered by  
16 providers in mobile units to Medicaid recipients may be  
17 restricted by the agency. Nothing in this section shall be  
18 construed to prevent or limit the agency from adjusting fees,  
19 reimbursement rates, lengths of stay, number of visits, number  
20 of services, or any other adjustments necessary to comply with  
21 the availability of moneys and any limitations or directions  
22 provided for in the General Appropriations Act or chapter 216.

23 (8) NURSING FACILITY SERVICES.--The agency shall pay  
24 for 24-hour-a-day nursing and rehabilitative services for a  
25 recipient in a nursing facility licensed under part II of  
26 chapter 400 or in a rural hospital, as defined in s. 395.602,  
27 or in a Medicare certified skilled nursing facility operated  
28 by a hospital, as defined by s. 395.002~~(11)~~(12), that is  
29 licensed under part I of chapter 395, and in accordance with  
30 provisions set forth in s. 409.908(2)(a), which services are  
31 ordered by and provided under the direction of a licensed

1 physician. However, if a nursing facility has been destroyed  
2 or otherwise made uninhabitable by natural disaster or other  
3 emergency and another nursing facility is not available, the  
4 agency must pay for similar services temporarily in a hospital  
5 licensed under part I of chapter 395 provided federal funding  
6 is approved and available.

7 Section 14. Section 409.9128, Florida Statutes, is  
8 amended to read:

9 409.9128 Requirements for providing emergency services  
10 and care.--

11 (1) Emergency services and care is a covered service.  
12 In providing for emergency services and care as a covered  
13 service, neither a managed care plan nor the MediPass program  
14 may:

15 (a) Require prior authorization for the receipt of  
16 prehospital transport or treatment or for the provision of  
17 emergency services and care.

18 (b) Indicate that emergencies are covered only if care  
19 is secured within a certain period of time or from a health  
20 care provider that has a contract with the managed care plan  
21 or MediPass program.

22 (c) Use terms such as "life threatening" or "bona  
23 fide" to qualify the kind of emergency that is covered.

24 (d) Deny payment based on the enrollee's or the  
25 hospital's failure to notify the managed care plan or MediPass  
26 primary care provider in advance or within a certain period of  
27 time after the care is given or to obtain care from a health  
28 care provider that has a contract with the managed care plan.

29 (2) Prehospital and hospital-based trauma services and  
30 emergency services and care must be provided as a covered  
31

1 service to an enrollee of a managed care plan or the MediPass  
2 program as required under ss. 395.1041, 395.4045, and 401.45.

3 (3)(a) When an enrollee is present at a hospital  
4 seeking emergency services and care, the determination as to  
5 whether an emergency medical condition, as defined in s.  
6 409.901, exists shall be made, for the purposes of treatment,  
7 by a physician of the hospital or, to the extent permitted by  
8 applicable law, by other appropriate licensed professional  
9 hospital personnel under the supervision of the hospital  
10 physician. The physician or the appropriate personnel shall  
11 indicate in the patient's chart the results of the screening,  
12 examination, and evaluation. The managed care plan or the  
13 Medicaid program on behalf of MediPass patients shall  
14 compensate the provider for the screening, evaluation, and  
15 examination that is required by law to determine reasonably  
16 ~~calculated to assist the health care provider in arriving at a~~  
17 ~~determination as to~~ whether the patient's condition is an  
18 emergency medical condition and shall not deny payment if an  
19 emergency medical condition is not found to exist. When an  
20 emergency medical condition does exist, the managed care plan  
21 or the Medicaid program on behalf of MediPass patients shall  
22 compensate the provider for all emergency services and care  
23 and any medically necessary followup care provided in  
24 accordance with this subsection. ~~If a determination is made~~  
25 ~~that an emergency medical condition does not exist, payment~~  
26 ~~for services rendered subsequent to that determination is~~  
27 ~~governed by the managed care plan's contract with the agency.~~

28 (b) If a determination has been made that an emergency  
29 medical condition exists and the enrollee has notified the  
30 hospital, or the hospital emergency personnel otherwise has  
31 knowledge that the patient is an enrollee of the managed care

1 plan or the MediPass program, the hospital must make a  
2 reasonable attempt to notify the enrollee's primary care  
3 physician, if known, or the managed care plan, if the managed  
4 care plan had previously requested in writing that the  
5 notification be made directly to the managed care plan, of the  
6 existence of the emergency medical condition. If the primary  
7 care physician is not known, or has not been contacted, the  
8 hospital must:

9           1. Notify the managed care plan or the MediPass  
10 provider as soon as possible prior to discharge of the  
11 enrollee from the emergency care area; or

12           2. Notify the managed care plan or the MediPass  
13 provider within 24 hours or on the next business day after  
14 admission of the enrollee as an inpatient to the hospital.

15  
16 If notification required by this paragraph is not  
17 accomplished, the hospital must document its attempts to  
18 notify the managed care plan or the MediPass provider or the  
19 circumstances that precluded attempts to notify the managed  
20 care plan or the MediPass provider. Neither a managed care  
21 plan nor the Medicaid program on behalf of MediPass patients  
22 may deny payment for emergency services and care based on a  
23 hospital's failure to comply with the notification  
24 requirements of this paragraph.

25           (c) The physician who provides the care, treatment, or  
26 surgery necessary to stabilize the emergency medical condition  
27 may, at his or her sole discretion, continue to care for the  
28 patient for the duration of the patient's hospital stay and  
29 for any medically necessary followup or may transfer care of  
30 the patient, in accordance with state and federal laws, to a  
31 provider that has a contract with the managed care plan or

1 MediPass provider. ~~If the enrollee's primary care physician~~  
2 ~~responds to the notification, the hospital physician and the~~  
3 ~~primary care physician may discuss the appropriate care and~~  
4 ~~treatment of the enrollee. The managed care plan may have a~~  
5 ~~member of the hospital staff with whom it has a contract~~  
6 ~~participate in the treatment of the enrollee within the scope~~  
7 ~~of the physician's hospital staff privileges. The enrollee~~  
8 ~~may be transferred, in accordance with state and federal law,~~  
9 ~~to a hospital that has a contract with the managed care plan~~  
10 ~~and has the service capability to treat the enrollee's~~  
11 ~~emergency medical condition. Notwithstanding any other state~~  
12 ~~law, a hospital may request and collect insurance or financial~~  
13 ~~information from a patient in accordance with federal law,~~  
14 ~~which is necessary to determine if the patient is an enrollee~~  
15 ~~of a managed care plan or the MediPass program, if emergency~~  
16 ~~services and care are not delayed.~~

17 (4) Nothing in this section is intended to prohibit or  
18 limit application of a nominal copayment as provided in s.  
19 409.9081 for the use of an emergency room for services other  
20 than emergency services and care.

21 (5) Reimbursement amounts for services provided to an  
22 enrollee of a managed care plan under this section shall be  
23 governed by the terms of the contract with the provider if  
24 such contract exists. Reimbursement amounts for services under  
25 this section by a provider that who does not have a contract  
26 with the managed care plan shall be the lesser of:

27 (a) The provider's charges;

28 (b) For nonhospital providers, the usual and customary  
29 provider charges for similar services in the community where  
30 the services were provided;

31

1 (c) The charge mutually agreed to by the entity and  
2 the provider within 35 ~~60~~ days after submittal of the claim;  
3 or

4 (d) The Medicaid rate.

5 (6) The provisions of this section may not be waived,  
6 voided, or nullified by contract.

7 Section 15. Paragraph (1) of subsection (1) of section  
8 468.505, Florida Statutes, is amended to read:

9 468.505 Exemptions; exceptions.--

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

13 (1) A person employed by a nursing facility exempt  
14 from licensing under s. 395.002~~(14)(13)~~, or a person exempt  
15 from licensing under s. 464.022.

16 Section 16. Section 627.6053, Florida Statutes, is  
17 created to read:

18 627.6053 Requirements for providing emergency services  
19 and care.--

20 (1) An individual, group, blanket, or franchise health  
21 insurance policy governed by this chapter, including a health  
22 benefit plan issued pursuant to s. 627.6699, must provide  
23 coverage for hospital emergency services and care pursuant to  
24 this section.

25 (2) As used in this section, the term:

26 (a) "Emergency medical condition" means:

27 1. A medical condition manifesting itself by acute  
28 symptoms of sufficient severity, which may include severe  
29 pain, psychiatric disturbances, symptoms of substance abuse,  
30 or other acute symptoms, such that the absence of immediate  
31



1 medical attention could reasonably be expected to result in  
2 any of the following:  
3 a. Serious jeopardy to the health of a patient,  
4 including a pregnant woman or a fetus.  
5 b. Serious impairment to bodily functions.  
6 c. Serious dysfunction of any bodily organ or part.  
7 2. With respect to a pregnant woman:  
8 a. That there is inadequate time to effect safe  
9 transfer to another hospital prior to delivery;  
10 b. That a transfer may pose a threat to the health and  
11 safety of the patient or fetus; or  
12 c. That there is evidence of the onset and persistence  
13 of uterine contractions or rupture of the membranes.  
14 3. With respect to a person exhibiting acute  
15 psychiatric disturbance or substance abuse, or taken into  
16 custody and delivered to a hospital under a court ex parte  
17 order for examination or placed by an authorized party for  
18 involuntary examination in accordance with chapter 394 or  
19 chapter 397, that the absence of immediate medical attention  
20 could reasonably be expected to result in:  
21 a. Serious jeopardy to the health of a patient; or  
22 b. Serious jeopardy to the health of others.  
23 (b) "Emergency services and care" means medical  
24 screening, examination, and evaluation by a physician, or, to  
25 the extent permitted by applicable law, by other appropriate  
26 personnel under the supervision of a physician, to determine  
27 if an emergency medical condition exists and, if it does, the  
28 care, treatment, including an inpatient admission, or surgery  
29 for a covered service by a physician necessary to stabilize  
30 the emergency medical condition, within the service capability  
31 of a hospital.

1           (c) "Provider" means any physician, hospital, or other  
2 institution, organization, or person that furnishes health  
3 care services and is licensed or otherwise authorized to  
4 practice in the state.

5           (3) Emergency services and care is a covered service.  
6 In providing for emergency services and care as a covered  
7 service, a health insurer may not:

8           (a) Require prior authorization for the receipt of  
9 prehospital transport or treatment or for the provision of  
10 emergency services and care.

11           (b) Indicate that emergencies are covered only if care  
12 is secured within a certain period of time or from a health  
13 care provider who has a contract with the health insurer.

14           (c) Use terms such as "life threatening" or "bona  
15 fide" to qualify the kind of emergency that is covered.

16           (d) Deny payment based on the insured's failure to  
17 notify the health insurer in advance of seeking treatment or  
18 within a certain period after the care is given or to obtain  
19 care from a health care provider that has a contract with the  
20 health insurer.

21           (4) Prehospital and hospital-based trauma services and  
22 emergency services and care must be provided as a covered  
23 service to an insured as required under ss. 395.1041,  
24 395.4045, and 401.45.

25           (5)(a) When an insured is present at a hospital  
26 seeking emergency services and care, the determination as to  
27 whether an emergency medical condition exists shall be made,  
28 for the purposes of treatment, by a physician of the hospital  
29 or, to the extent permitted by applicable law, by other  
30 appropriate licensed professional hospital personnel under the  
31 supervision of the hospital physician. The physician or the

1 appropriate personnel shall indicate in the patient's chart  
2 the results of the screening, examination, and evaluation.  
3 The health insurer shall compensate the provider for the  
4 screening, evaluation, and examination that is required by law  
5 to determine whether the patient's condition is an emergency  
6 medical condition and shall not deny payment if an emergency  
7 medical condition is not found to exist. When an emergency  
8 medical condition does exist, the health insurer shall  
9 compensate the provider for all emergency services and care  
10 and any medically necessary followup care provided in  
11 accordance with this subsection.

12 (b) If a determination has been made that an emergency  
13 medical condition exists and the insured has notified the  
14 hospital, or the hospital emergency personnel otherwise has  
15 knowledge that the patient has health insurance, the hospital  
16 must make a reasonable attempt to notify the insurer of the  
17 existence of the emergency medical condition. The hospital  
18 must:

19 1. Notify the health insurer as soon as possible prior  
20 to discharge of the insured from the emergency care area; or

21 2. Notify the health insurer within 24 hours or on the  
22 next business day after admission of the insured as an  
23 inpatient to the hospital.

24  
25 If notification required by this paragraph is not  
26 accomplished, the hospital must document its attempts to  
27 notify the health insurer of the circumstances that precluded  
28 attempts to notify the health insurer. A health insurer may  
29 not deny payment for emergency services and care based on a  
30 hospital's failure to comply with the notification  
31 requirements of this paragraph. This paragraph does not alter

1 any contractual responsibility of an insured to make contact  
2 with a health insurer, subsequent to receiving treatment for  
3 the emergency medical condition.

4 (c) The physician who provides the care, treatment, or  
5 surgery necessary to stabilize the emergency medical condition  
6 may, at his or her sole discretion, continue to provide care  
7 to the patient for the duration of the patient's hospital stay  
8 and for any medically necessary followup or may transfer care  
9 of the patient, in accordance with state and federal laws, to  
10 a provider that has a contract with the health insurer.

11 (6) Reimbursement amounts for services under this  
12 section shall be governed by the terms of the contract with  
13 the provider if such contract exists. Reimbursement amounts  
14 for services under this section by a provider that does not  
15 have a contract with the health insurer shall be the lesser  
16 of:

17 (a) The provider's charges;

18 (b) For nonhospital providers, the usual and customary  
19 provider charges for similar services in the community where  
20 the services were provided; or

21 (c) The charge mutually agreed to by the health  
22 insurer and the provider within 35 days after the submittal of  
23 the claim.

24 (7) This section shall govern the provision of  
25 emergency services and care pursuant to a policy subject to s.  
26 627.6471 or s. 627.6472.

27 (8) The provisions of this section may not be waived,  
28 voided, or nullified by contract.

29 Section 17. Subsection (7) of section 641.19, Florida  
30 Statutes, is amended to read:

31 641.19 Definitions.--As used in this part, the term:

- 1           (7) "Emergency medical condition" means:
- 2           (a) A medical condition manifesting itself by acute
- 3 symptoms of sufficient severity, which may include severe
- 4 pain, psychiatric disturbances, symptoms of substance abuse,
- 5 or other acute symptoms, such that the absence of immediate
- 6 medical attention could reasonably be expected to result in
- 7 any of the following:
- 8           1. Serious jeopardy to the health of a patient,
- 9 including a pregnant woman or a fetus.
- 10           2. Serious impairment to bodily functions.
- 11           3. Serious dysfunction of any bodily organ or part.
- 12           (b) With respect to a pregnant woman:
- 13           1. That there is inadequate time to effect safe
- 14 transfer to another hospital prior to delivery;
- 15           2. That a transfer may pose a threat to the health and
- 16 safety of the patient or fetus; or
- 17           3. That there is evidence of the onset and persistence
- 18 of uterine contractions or rupture of the membranes.
- 19           (c) With respect to a person exhibiting acute
- 20 psychiatric disturbance or substance abuse, or taken into
- 21 custody and delivered to a hospital under a court ex parte
- 22 order for examination or placed by an authorized party for
- 23 involuntary examination in accordance with chapter 394 or
- 24 chapter 397, that the absence of immediate medical attention
- 25 could reasonably be expected to result in:
- 26           1. Serious jeopardy to the health of a patient; or
- 27           2. Serious jeopardy to the health of others.
- 28           Section 18. Subsections (7) and (8) of section 641.47,
- 29 Florida Statutes, are amended to read:
- 30           641.47 Definitions.--As used in this part, the term:
- 31           (7) "Emergency medical condition" means:

1 (a) A medical condition manifesting itself by acute  
2 symptoms of sufficient severity, which may include severe  
3 pain, psychiatric disturbances, symptoms of substance abuse,  
4 or other acute symptoms, such that the absence of immediate  
5 medical attention could reasonably be expected to result in  
6 any of the following:

- 7 1. Serious jeopardy to the health of a patient,  
8 including a pregnant woman or a fetus.
- 9 2. Serious impairment to bodily functions.
- 10 3. Serious dysfunction of any bodily organ or part.

11 (b) With respect to a pregnant woman:

- 12 1. That there is inadequate time to effect safe  
13 transfer to another hospital prior to delivery;
- 14 2. That a transfer may pose a threat to the health and  
15 safety of the patient or fetus; or
- 16 3. That there is evidence of the onset and persistence  
17 of uterine contractions or rupture of the membranes.

18 (c) With respect to a person exhibiting acute  
19 psychiatric disturbance or substance abuse, or taken into  
20 custody and delivered to a hospital under a court ex parte  
21 order for examination or placed by authorized party for  
22 involuntary examination in accordance with chapter 394 or  
23 chapter 397, that the absence of immediate medical attention  
24 could reasonably be expected to result in:

- 25 1. Serious jeopardy to the health of a patient; or
- 26 2. Serious jeopardy to the health of others.

27 (8) "Emergency services and care" means medical  
28 screening, examination, and evaluation by a physician or, to  
29 the extent permitted by applicable law, by other appropriate  
30 personnel under the supervision of a physician, to determine  
31 if an emergency medical condition exists, and if it does, the

1 care, treatment, including an inpatient admission, or surgery  
2 for a covered service by a physician necessary to relieve or  
3 eliminate the emergency medical condition within the service  
4 capability of a hospital.

5 Section 19. Section 641.513, Florida Statutes, is  
6 amended to read:

7 641.513 Requirements for providing emergency services  
8 and care.--

9 (1) Emergency services and care is a covered service.  
10 In providing for emergency services and care as a covered  
11 service, a health maintenance organization may not:

12 (a) Require prior authorization for the receipt of  
13 prehospital transport or treatment or for the provision of  
14 emergency services and care.

15 (b) Indicate that emergencies are covered only if care  
16 is secured within a certain period of time or from a health  
17 care provider that has a contract with the health maintenance  
18 organization.

19 (c) Use terms such as "life threatening" or "bona  
20 fide" to qualify the kind of emergency that is covered.

21 (d) Deny payment based on the subscriber's failure to  
22 notify the health maintenance organization in advance of  
23 seeking treatment or within a certain period of time after the  
24 care is given or to obtain care from a health care provider  
25 that does not have a contract with the health maintenance  
26 organization.

27 (2) Prehospital and hospital-based trauma services and  
28 emergency services and care must be provided as a covered  
29 service to a subscriber of a health maintenance organization  
30 as required under ss. 395.1041, 395.4045, and 401.45.

31

1           (3)(a) When a subscriber is present at a hospital  
2 seeking emergency services and care, the determination as to  
3 whether an emergency medical condition, as defined in s.  
4 641.47, exists shall be made, for the purposes of treatment,  
5 by a physician of the hospital or, to the extent permitted by  
6 applicable law, by other appropriate licensed professional  
7 hospital personnel under the supervision of the hospital  
8 physician. The physician or the appropriate personnel shall  
9 indicate in the patient's chart the results of the screening,  
10 examination, and evaluation. The health maintenance  
11 organization shall compensate the provider for the screening,  
12 evaluation, and examination that is required by law to  
13 determine ~~reasonably calculated to assist the health care~~  
14 ~~provider in arriving at a determination as to~~ whether the  
15 patient's condition is an emergency medical condition and  
16 shall not deny payment if an emergency medical condition is  
17 not found to exist. When an emergency medical condition does  
18 exist, the health maintenance organization shall compensate  
19 the provider for all emergency services and care and any  
20 medically necessary followup care provided in accordance with  
21 this subsection. ~~If a determination is made that an emergency~~  
22 ~~medical condition does not exist, payment for services~~  
23 ~~rendered subsequent to that determination is governed by the~~  
24 ~~contract under which the subscriber is covered.~~

25           (b) If a determination has been made that an emergency  
26 medical condition exists and the subscriber has notified the  
27 hospital, or the hospital emergency personnel otherwise have  
28 knowledge that the patient is a subscriber of the health  
29 maintenance organization, the hospital must make a reasonable  
30 attempt to notify the subscriber's primary care physician, if  
31 known, or the health maintenance organization, if the health



1 maintenance organization had previously requested in writing  
2 that the notification be made directly to the health  
3 maintenance organization, of the existence of the emergency  
4 medical condition. If the primary care physician is not  
5 known, or has not been contacted, the hospital must:

6 1. Notify the health maintenance organization as soon  
7 as possible prior to discharge of the subscriber from the  
8 emergency care area; or

9 2. Notify the health maintenance organization within  
10 24 hours or on the next business day after admission of the  
11 subscriber as an inpatient to the hospital.

12  
13 If notification required by this paragraph is not  
14 accomplished, the hospital must document its attempts to  
15 notify the health maintenance organization of the  
16 circumstances that precluded attempts to notify the health  
17 maintenance organization. A health maintenance organization  
18 may not deny payment for emergency services and care based on  
19 a hospital's failure to comply with the notification  
20 requirements of this paragraph. Nothing in this paragraph  
21 shall alter any contractual responsibility of a subscriber to  
22 make contact with the health maintenance organization,  
23 subsequent to receiving treatment for the emergency medical  
24 condition.

25 (c) The physician who provides the care, treatment, or  
26 surgery necessary to stabilize the emergency medical condition  
27 may, at his or her sole discretion, continue to provide care  
28 to the patient for the duration of the patient's hospital stay  
29 and for any medically necessary followup, or may transfer care  
30 of the patient, in accordance with state and federal law, to a  
31 provider that has a contract with the health maintenance

1 ~~organization.~~ if the subscriber's primary care physician  
2 ~~responds to the notification, the hospital physician and the~~  
3 ~~primary care physician may discuss the appropriate care and~~  
4 ~~treatment of the subscriber. The health maintenance~~  
5 ~~organization may have a member of the hospital staff with whom~~  
6 ~~it has a contract participate in the treatment of the~~  
7 ~~subscriber within the scope of the physician's hospital staff~~  
8 ~~privileges. The subscriber may be transferred, in accordance~~  
9 ~~with state and federal law, to a hospital that has a contract~~  
10 ~~with the health maintenance organization and has the service~~  
11 ~~capability to treat the subscriber's emergency medical~~  
12 ~~condition. Notwithstanding any other state law, a hospital may~~  
13 ~~request and collect insurance or financial information from a~~  
14 ~~patient in accordance with federal law, which is necessary to~~  
15 ~~determine if the patient is a subscriber of a health~~  
16 ~~maintenance organization, if emergency services and care are~~  
17 ~~not delayed.~~

18 (4) A subscriber may be charged a reasonable  
19 copayment, as provided in s. 641.31(12), for the use of an  
20 emergency room.

21 (5) Reimbursement amounts for services pursuant to  
22 this section shall be governed by the terms of the contract  
23 with the provider if such contract exists. Reimbursement  
24 amounts for services pursuant to this section by a provider  
25 that who does not have a contract with the health maintenance  
26 organization shall be the lesser of:

27 (a) The provider's charges;

28 (b) For nonhospital providers, the usual and customary  
29 provider charges for similar services in the community where  
30 the services were provided; or

31

1           (c) The charge mutually agreed to by the health  
2 maintenance organization and the provider within 35 ~~60~~ days  
3 after ~~of~~ the submittal of the claim.

4  
5 Such reimbursement shall be net of any applicable copayment  
6 authorized pursuant to subsection (4).

7           (6) Reimbursement amounts for services under this  
8 section provided to subscribers who are Medicaid recipients  
9 shall be governed by the terms of the contract with the  
10 provider. Reimbursement amounts for services under this  
11 section by a provider when for whom no contract exists between  
12 the provider and the health maintenance organization shall be  
13 the lesser of:

14           (a) The provider's charges;

15           (b) For nonhospital providers, the usual and customary  
16 provider charges for similar services in the community where  
17 the services were provided;

18           (c) The charge mutually agreed to by the entity and  
19 the provider within 35 ~~60~~ days after submittal of the claim;  
20 or

21           (d) The Medicaid rate.

22           (7) The provisions of this section may not be waived,  
23 voided, or nullified by contract.

24           Section 20. Paragraph (b) of subsection (2) of section  
25 812.014, Florida Statutes, is amended to read:

26           812.014 Theft.--

27           (2)

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

30           2. The property stolen is cargo valued at less than  
31 \$50,000 that has entered the stream of interstate or

1 intrastate commerce from the shipper's loading platform to the  
2 consignee's receiving dock; or

3 3. The property stolen is emergency medical equipment,  
4 valued at \$300 or more, that is taken from a facility licensed  
5 under chapter 395 or from an aircraft or vehicle permitted  
6 under chapter 401,

7  
8 the offender commits grand theft in the second degree,  
9 punishable as a felony of the second degree, as provided in s.  
10 775.082, s. 775.083, or s. 775.084. Emergency medical  
11 equipment means mechanical or electronic apparatus used to  
12 provide emergency services and care as defined in s.  
13 395.002(11)~~(10)~~ or to treat medical emergencies.

14 Section 21. This act shall take effect July 1, 2002.

15

16 STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN  
17 COMMITTEE SUBSTITUTE FOR  
18 SB 1490

19 The Committee Substitute differs from SB 1490 in the following  
ways:

20 New requirements are established for hospital licensure  
inspections and investigations by AHCA.

21 The limitation on the number of programs for which an internal  
22 risk manager could be responsible is removed. Only a risk  
manager licensed and employed by AHCA may conduct inspections  
23 for compliance with s. 395.0197, F.S.

24 A representative of the Florida Statutory Teaching Hospital  
Council will serve on the workgroup convened by AHCA to  
25 recommend statutory changes regarding services a hospital  
would be required to perform.

26 The definitions of advanced life support and basic life  
27 support do not include services for persons with psychiatric  
disturbance or symptoms of substance abuse.

28 The curriculums for advanced life support and basic life  
29 support will be the current U.S. DOT curriculums for  
paramedics and emergency medical technicians, respectively.

30 Emergency services and care may include an inpatient  
31 admission.

The bill does not contain an appropriation.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31