

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Quality Subcommittee
 3 Representative Corcoran offered the following:

Amendment (with title amendment)

6 Remove everything after the enacting clause and insert:

7 Section 1. Paragraph (c) of subsection (4) of section
 8 381.026, Florida Statutes, is amended to read:

9 381.026 Florida Patient's Bill of Rights and
 10 Responsibilities.—

11 (4) RIGHTS OF PATIENTS.—Each health care facility or
 12 provider shall observe the following standards:

13 (c) *Financial information and disclosure.*—

14 1. A patient has the right to be given, upon request, by
 15 the responsible provider, his or her designee, or a
 16 representative of the health care facility full information and
 17 necessary counseling on the availability of known financial
 18 resources for the patient's health care.

Amendment No.

19 2. A health care provider or a health care facility shall,
20 upon request, disclose to each patient who is eligible for
21 Medicare, before treatment, whether the health care provider or
22 the health care facility in which the patient is receiving
23 medical services accepts assignment under Medicare reimbursement
24 as payment in full for medical services and treatment rendered
25 in the health care provider's office or health care facility.

26 3.a. A practitioner licensed under chapter 458 or chapter
27 459 must ~~primary care provider may~~ publish a schedule of charges
28 for the medical services that the practitioner ~~provider~~ offers
29 to patients and distribute the schedule to each patient upon
30 each visit. The schedule must describe the medical services in
31 language comprehensible to a layperson. The schedule must
32 include the prices charged to an uninsured person paying for
33 such services by cash, check, credit card, or debit card.

34 b. The schedule may ~~must~~ be posted in a conspicuous place
35 in the reception area of the practitioner's ~~provider's~~ office
36 and must include, but need is not be limited to, the 50 services
37 most frequently provided by the practitioner ~~primary care~~
38 ~~provider~~. The schedule may group services by three price levels,
39 listing services in each price level. The posting must be at
40 least 15 square feet in size. The text describing the medical
41 services must fill at least 12 square feet of the posting. A
42 primary care provider who voluntarily published and maintained
43 ~~publishes and maintains~~ a schedule of charges for medical
44 services from July 1, 2011, through June 30, 2012, in accordance
45 with chapter 2011-122, Laws of Florida, is exempt from the
46 license fee requirements for a single period of renewal of a

Amendment No.

47 professional license under chapter 456 for that licensure term
48 and is exempt from the continuing education requirements of
49 chapter 456 and the rules implementing those requirements for a
50 single 2-year period.

51 4. If a primary care provider publishes a schedule of
52 charges pursuant to subparagraph 3., he or she must continually
53 post it at all times for the duration of active licensure in
54 this state when primary care services are provided to patients.
55 If a primary care provider fails to post the schedule of charges
56 in accordance with this subparagraph, the provider shall be
57 required to pay any license fee and comply with any continuing
58 education requirements for which an exemption was received.

59 5. A health care provider or a health care facility shall,
60 upon request, ~~furnish a person,~~ before the provision of medical
61 services, furnish a reasonable estimate of charges for such
62 services. The health care provider or the health care facility
63 shall provide an uninsured person, before the provision of a
64 planned nonemergency medical service, a reasonable estimate of
65 charges for such service and information regarding the
66 provider's or facility's discount or charity policies for which
67 the uninsured person may be eligible. Such estimates ~~by a~~
68 ~~primary care provider~~ must be consistent with the schedule
69 posted under subparagraph 3. Estimates shall, to the extent
70 possible, be written in a language comprehensible to an ordinary
71 layperson. Such reasonable estimate does not preclude the health
72 care provider or health care facility from exceeding the
73 estimate or making additional charges based on changes in the
74 patient's condition or treatment needs.

078735 - h1329-strike.docx

Published On: 1/24/2012 7:04:58 PM

Amendment No.

75 6. Each licensed facility not operated by the state shall
76 make available to the public on its Internet website or by other
77 electronic means a description of and a link to the performance
78 outcome and financial data that is published by the agency
79 pursuant to s. 408.05(3)(k). The facility shall place a notice
80 in the reception area that such information is available
81 electronically and the website address. The licensed facility
82 may indicate that the pricing information is based on a
83 compilation of charges for the average patient and that each
84 patient's bill may vary from the average depending upon the
85 severity of illness and individual resources consumed. The
86 licensed facility may also indicate that the price of service is
87 negotiable for eligible patients based upon the patient's
88 ability to pay.

89 7. A patient has the right to receive a copy of an
90 itemized bill upon request. A patient has a right to be given an
91 explanation of charges upon request.

92 Section 2. Subsections (6) through (33) of section
93 395.002, Florida Statutes, are renumbered as subsections (7)
94 through (34), respectively, present subsections (10), (28), and
95 (30) of that section are amended, and a new subsection (6) is
96 added to that section, to read:

97 395.002 Definitions.—As used in this chapter:

98 (6) "Diagnostic-imaging center" means a freestanding
99 outpatient facility that provides specialized services for the
100 diagnosis of a disease by examination and also provides
101 radiological services.

Amendment No.

102 ~~(11)-(10)~~ "General hospital" means any facility which meets
103 the provisions of subsection (13) ~~(12)~~ and which regularly makes
104 its facilities and services available to the general population.

105 ~~(29)-(28)~~ "Specialty hospital" means any facility which
106 meets the provisions of subsection (13) ~~(12)~~, and which
107 regularly makes available either:

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

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

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

116 ~~(31)-(30)~~ "Urgent care center" means a facility or clinic
117 that provides immediate but not emergent ambulatory medical care
118 to patients with or without an appointment. It includes a
119 facility or clinic organization that maintains three or more
120 locations using the same or similar name, does not require a
121 patient to make an appointment, and holds itself out to the
122 general public in any manner as a facility or clinic where
123 immediate but not emergent medical care is provided.

124 Section 3. Section 395.107, Florida Statutes, is amended
125 to read:

126 395.107 ~~Urgent care centers;~~ Publishing and posting
127 schedule of charges; penalties.-

Amendment No.

128 (1) An urgent care center, an ambulatory surgical center,
129 and a diagnostic-imaging center must publish and post a schedule
130 of charges for the medical services offered to patients.

131 (2) The schedule of charges must describe the medical
132 services in language comprehensible to a layperson. The schedule
133 must include the prices charged to an uninsured person paying
134 for such services by cash, check, credit card, or debit card.
135 The schedule must be posted in a conspicuous place in the
136 reception area ~~of the urgent care center~~ and must include, but
137 is not limited to, the 50 services most frequently provided ~~by~~
138 ~~the urgent care center~~. The schedule may group services by three
139 price levels, listing services in each price level. The posting
140 must be at least 15 square feet in size. If an urgent care
141 center is affiliated with a facility licensed under chapter 395,
142 the schedule must include text that notifies the insured whether
143 the charges for medical services received at the center will be
144 the same as, or more than, charges for medical services received
145 at a hospital. The text notifying the patient shall be in a font
146 size equal to or greater than the font size used for prices and
147 must be in a contrasting color. Such text shall be included in
148 all advertisements for the center and in language comprehensible
149 to a layperson.

150 (3) The posted text describing the medical services must
151 fill at least 12 square feet of the posting. A center may use
152 an electronic device to post the schedule of charges. Such a
153 device must measure at least 22" by 33" in size and patients
154 must be able to access the schedule during all hours of
155 operation.

Amendment No.

156 (4) An urgent care center that is operated and used
157 exclusively for employees and the dependents of employees of the
158 business that owns or contracts for the urgent care center is
159 exempt from this section.

160 (5) A fine of up to \$1,000, per day shall be imposed on an
161 urgent care center, an ambulatory surgical center, or a
162 diagnostic-imaging center that fails to comply with this section
163 until the center comes into compliance. ~~The failure of an urgent~~
164 ~~care center to publish and post a schedule of charges as~~
165 ~~required by this section shall result in a fine of not more than~~
166 ~~\$1,000, per day, until the schedule is published and posted.~~

167 Section 4. Paragraph (oo) is added to subsection (1) of
168 section 456.072, Florida Statutes, to read:

169 456.072 Grounds for discipline; penalties; enforcement.—

170 (1) The following acts shall constitute grounds for which
171 the disciplinary actions specified in subsection (2) may be
172 taken:

173 (oo) Failure to comply with the provisions of s. 381.026.

174 Section 5. Subsections (20) and (21) are added to section
175 627.6131, Florida Statutes, to read:

176 627.6131 Payment of claims.—

177 (20) If any insurer is liable for emergency services and
178 care, as defined in s. 395.002, regardless of whether a contract
179 exists between the insurer and the provider of emergency
180 services and care, the insurer is solely liable for payment of
181 fees to the provider, and the insured is not liable for payment
182 of fees to the provider, other than applicable copayments and
183 deductibles, for the first 24 hours if the insured is

Amendment No.

184 transported to the facility by emergency medical transportation
185 services, as defined in s. 945.6041(1)(a).

186 (21) An insurer is solely liable for payment of fees to
187 the provider and the insured is not liable for payment of fees
188 to the provider, other than applicable copayments and
189 deductibles, for medical services and care that are:

190 (a) Nonemergency services and care as defined in s.
191 395.002;

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

194 (c) Provided by a provider that does not have a contract
195 with the insurer where the patient has no ability and
196 opportunity to choose an alternative provider having a contract
197 with the insurer.

198 Section 6. Section 627.6385, Florida Statutes, is created
199 to read:

200 627.6385 Hospital and provider transparency; duty to
201 inform.-

202 (1) Each insurer issuing a health insurance policy
203 insuring against loss or expense due to medical and related
204 services provided within a facility licensed under chapter 395
205 shall disclose to its insured whether the facility contracts
206 with providers who are not under contract with the insurer. Such
207 disclosure must be included in the insurer's member website and
208 distributed by the insurer to each insured.

209 (2) Each facility licensed under chapter 395 shall
210 disclose to each patient upon scheduling services or
211 nonemergency admission which providers will treat the patient

Amendment No.

212 and which of those providers is not under contract with the
213 patient's insurer. The disclosure must include notification to
214 the insured that such providers may bill the insured directly
215 for services rendered within the facility. The disclosure must
216 be limited to the providers that are reasonably expected to
217 provide specific medical services and treatment scheduled to be
218 received by the insured, must be in writing, and must include
219 the name, professional address, and telephone number of all such
220 providers. Failure to make such a disclosure shall result in a
221 fine of \$500 per occurrence pursuant to s. 408.813. If during
222 an episode of care the patient's condition becomes emergent the
223 disclosure provision of this subsection does not apply.

224 (3) For a patient scheduled or admitted for nonemergency
225 services to a facility licensed under chapter 395 and receiving
226 medical services from a provider not under contract with the
227 patient's insurer, that provider shall disclose to the patient
228 in writing, prior to the provision of medical services, whether
229 the patient will be billed directly for medical services
230 rendered within the facility and provide an estimate of the
231 amount to be billed directly to the patient. The patient is not
232 liable for any charges, other than applicable copayments or
233 deductibles, billed to the patient by the provider who failed to
234 make the disclosure. If the actual amount billed directly to
235 the patient is 200 percent above the estimate required by this
236 subsection, or greater, that provider may not bill the patient
237 directly for any charges for services rendered within the
238 facility. If during an episode of care the patient's condition

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1329 (2012)

Amendment No.

239 becomes emergent the disclosure provision of this subsection
240 does not apply.

241 Section 7. Subsection (4) of section 383.50, Florida
242 Statutes, is amended to read:

243 383.50 Treatment of surrendered newborn infant.—

244 (4) Each hospital of this state subject to s. 395.1041
245 shall, and any other hospital may, admit and provide all
246 necessary emergency services and care, as defined in s.
247 395.002(9), to any newborn infant left with the hospital in
248 accordance with this section. The hospital or any of its
249 licensed health care professionals shall consider these actions
250 as implied consent for treatment, and a hospital accepting
251 physical custody of a newborn infant has implied consent to
252 perform all necessary emergency services and care. The hospital
253 or any of its licensed health care professionals is immune from
254 criminal or civil liability for acting in good faith in
255 accordance with this section. Nothing in this subsection limits
256 liability for negligence.

257 Section 8. Subsection (5) of section 390.011, Florida
258 Statutes, is amended to read:

259 390.011 Definitions.—As used in this chapter, the term:

260 (5) "Hospital" means a facility as defined in s.
261 395.002(13) ~~395.002(12)~~ and licensed under chapter 395 and part
262 II of chapter 408.

263 Section 9. Subsection (7) of section 394.4787, Florida
264 Statutes, is amended to read:

Amendment No.

265 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,
266 and 394.4789.—As used in this section and ss. 394.4786,
267 394.4788, and 394.4789:

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

271 Section 10. Paragraph (b) of subsection (2) of section
272 395.003, Florida Statutes, is amended to read:

273 395.003 Licensure; denial, suspension, and revocation.—

274 (2)

275 (b) The agency shall, at the request of a licensee that is
276 a teaching hospital as defined in s. 408.07(45), issue a single
277 license to a licensee for facilities that have been previously
278 licensed as separate premises, provided such separately licensed
279 facilities, taken together, constitute the same premises as
280 defined in s. 395.002~~(23)~~. Such license for the single premises
281 shall include all of the beds, services, and programs that were
282 previously included on the licenses for the separate premises.
283 The granting of a single license under this paragraph shall not
284 in any manner reduce the number of beds, services, or programs
285 operated by the licensee.

286 Section 11. Paragraph (c) of subsection (2) of section
287 395.602, Florida Statutes, is amended to read:

288 395.602 Rural hospitals.—

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

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

078735 - h1329-strike.docx

Published On: 1/24/2012 7:04:58 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1329 (2012)

Amendment No.

293 Section 12. Paragraph (c) of subsection (1) of section
294 395.701, Florida Statutes, is amended to read:

295 395.701 Annual assessments on net operating revenues for
296 inpatient and outpatient services to fund public medical
297 assistance; administrative fines for failure to pay assessments
298 when due; exemption.—

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

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

303 Section 13. Subsection (3) of section 408.051, Florida
304 Statutes, is amended to read:

305 408.051 Florida Electronic Health Records Exchange Act.—

306 (3) EMERGENCY RELEASE OF IDENTIFIABLE HEALTH RECORD.—A
307 health care provider may release or access an identifiable
308 health record of a patient without the patient's consent for use
309 in the treatment of the patient for an emergency medical
310 condition, as defined in s. ~~395.002(8)~~, when the health care
311 provider is unable to obtain the patient's consent or the
312 consent of the patient representative due to the patient's
313 condition or the nature of the situation requiring immediate
314 medical attention. A health care provider who in good faith
315 releases or accesses an identifiable health record of a patient
316 in any form or medium under this subsection is immune from civil
317 liability for accessing or releasing an identifiable health
318 record.

319 Section 14. Subsection (8) of section 409.905, Florida
320 Statutes, is amended to read:

078735 - h1329-strike.docx

Published On: 1/24/2012 7:04:58 PM

Amendment No.

321 409.905 Mandatory Medicaid services.—The agency may make
322 payments for the following services, which are required of the
323 state by Title XIX of the Social Security Act, furnished by
324 Medicaid providers to recipients who are determined to be
325 eligible on the dates on which the services were provided. Any
326 service under this section shall be provided only when medically
327 necessary and in accordance with state and federal law.
328 Mandatory services rendered by providers in mobile units to
329 Medicaid recipients may be restricted by the agency. Nothing in
330 this section shall be construed to prevent or limit the agency
331 from adjusting fees, reimbursement rates, lengths of stay,
332 number of visits, number of services, or any other adjustments
333 necessary to comply with the availability of moneys and any
334 limitations or directions provided for in the General
335 Appropriations Act or chapter 216.

336 (8) NURSING FACILITY SERVICES.—The agency shall pay for
337 24-hour-a-day nursing and rehabilitative services for a
338 recipient in a nursing facility licensed under part II of
339 chapter 400 or in a rural hospital, as defined in s. 395.602, or
340 in a Medicare certified skilled nursing facility operated by a
341 hospital, as defined by s. 395.002(11) ~~395.002(10)~~, that is
342 licensed under part I of chapter 395, and in accordance with
343 provisions set forth in s. 409.908(2)(a), which services are
344 ordered by and provided under the direction of a licensed
345 physician. However, if a nursing facility has been destroyed or
346 otherwise made uninhabitable by natural disaster or other
347 emergency and another nursing facility is not available, the
348 agency must pay for similar services temporarily in a hospital

078735 - h1329-strike.docx

Published On: 1/24/2012 7:04:58 PM

Amendment No.

349 licensed under part I of chapter 395 provided federal funding is
350 approved and available. The agency shall pay only for bed-hold
351 days if the facility has an occupancy rate of 95 percent or
352 greater. The agency is authorized to seek any federal waivers to
353 implement this policy.

354 Section 15. Paragraph (a) of subsection (4) of section
355 409.97, Florida Statutes, is amended to read:

356 409.97 State and local Medicaid partnerships.—

357 (4) HOSPITAL RATE DISTRIBUTION.—

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

363 1. Tier 1 hospitals are statutory rural hospitals as
364 defined in s. 395.602, statutory teaching hospitals as defined
365 in s. 408.07(45), and specialty children's hospitals as defined
366 in s. 395.002(29) ~~395.002(28)~~.

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

372 3. Tier 3 hospitals include all community hospitals.

373 Section 16. Paragraph (b) of subsection (1) of section
374 409.975, Florida Statutes, is amended to read:

375 409.975 Managed care plan accountability.—In addition to
376 the requirements of s. 409.967, plans and providers

078735 - h1329-strike.docx

Published On: 1/24/2012 7:04:58 PM

Amendment No.

377 participating in the managed medical assistance program shall
378 comply with the requirements of this section.

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

385 (b) Certain providers are statewide resources and
386 essential providers for all managed care plans in all regions.
387 All managed care plans must include these essential providers in
388 their networks. Statewide essential providers include:

- 389 1. Faculty plans of Florida medical schools.
- 390 2. Regional perinatal intensive care centers as defined in
391 s. 383.16(2).
- 392 3. Hospitals licensed as specialty children's hospitals as
393 defined in s. 395.002(29) ~~395.002(28)~~.
- 394 4. Accredited and integrated systems serving medically
395 complex children that are comprised of separately licensed, but
396 commonly owned, health care providers delivering at least the
397 following services: medical group home, in-home and outpatient
398 nursing care and therapies, pharmacy services, durable medical
399 equipment, and Prescribed Pediatric Extended Care.

400
401 Managed care plans that have not contracted with all statewide
402 essential providers in all regions as of the first date of
403 recipient enrollment must continue to negotiate in good faith.
404 Payments to physicians on the faculty of nonparticipating

078735 - h1329-strike.docx

Published On: 1/24/2012 7:04:58 PM

Amendment No.

405 Florida medical schools shall be made at the applicable Medicaid
406 rate. Payments for services rendered by regional perinatal
407 intensive care centers shall be made at the applicable Medicaid
408 rate as of the first day of the contract between the agency and
409 the plan. Payments to nonparticipating specialty children's
410 hospitals shall equal the highest rate established by contract
411 between that provider and any other Medicaid managed care plan.

412 Section 17. Paragraph (1) of subsection (1) of section
413 468.505, Florida Statutes, is amended to read:

414 468.505 Exemptions; exceptions.—

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

417 (1) A person employed by a nursing facility exempt from
418 licensing under s. 395.002(13) ~~395.002(12)~~, or a person exempt
419 from licensing under s. 464.022.

420 Section 18. Paragraph (c) of subsection (4) and paragraph
421 (a) of subsection (5) of section 627.736, Florida Statutes, are
422 amended to read:

423 627.736 Required personal injury protection benefits;
424 exclusions; priority; claims.—

425 (4) BENEFITS; WHEN DUE.—Benefits due from an insurer under
426 ss. 627.730-627.7405 shall be primary, except that benefits
427 received under any workers' compensation law shall be credited
428 against the benefits provided by subsection (1) and shall be due
429 and payable as loss accrues, upon receipt of reasonable proof of
430 such loss and the amount of expenses and loss incurred which are
431 covered by the policy issued under ss. 627.730-627.7405. When
432 the Agency for Health Care Administration provides, pays, or

078735 - h1329-strike.docx

Published On: 1/24/2012 7:04:58 PM

Amendment No.

433 becomes liable for medical assistance under the Medicaid program
434 related to injury, sickness, disease, or death arising out of
435 the ownership, maintenance, or use of a motor vehicle, benefits
436 under ss. 627.730-627.7405 shall be subject to the provisions of
437 the Medicaid program.

438 (c) Upon receiving notice of an accident that is
439 potentially covered by personal injury protection benefits, the
440 insurer must reserve \$5,000 of personal injury protection
441 benefits for payment to physicians licensed under chapter 458 or
442 chapter 459 or dentists licensed under chapter 466 who provide
443 emergency services and care, as defined in s. 395.002~~(9)~~, or who
444 provide hospital inpatient care. The amount required to be held
445 in reserve may be used only to pay claims from such physicians
446 or dentists until 30 days after the date the insurer receives
447 notice of the accident. After the 30-day period, any amount of
448 the reserve for which the insurer has not received notice of a
449 claim from a physician or dentist who provided emergency
450 services and care or who provided hospital inpatient care may
451 then be used by the insurer to pay other claims. The time
452 periods specified in paragraph (b) for required payment of
453 personal injury protection benefits shall be tolled for the
454 period of time that an insurer is required by this paragraph to
455 hold payment of a claim that is not from a physician or dentist
456 who provided emergency services and care or who provided
457 hospital inpatient care to the extent that the personal injury
458 protection benefits not held in reserve are insufficient to pay
459 the claim. This paragraph does not require an insurer to
460 establish a claim reserve for insurance accounting purposes.

078735 - h1329-strike.docx

Published On: 1/24/2012 7:04:58 PM

Amendment No.

461 (5) CHARGES FOR TREATMENT OF INJURED PERSONS.—

462 (a)1. Any physician, hospital, clinic, or other person or
463 institution lawfully rendering treatment to an injured person
464 for a bodily injury covered by personal injury protection
465 insurance may charge the insurer and injured party only a
466 reasonable amount pursuant to this section for the services and
467 supplies rendered, and the insurer providing such coverage may
468 pay for such charges directly to such person or institution
469 lawfully rendering such treatment, if the insured receiving such
470 treatment or his or her guardian has countersigned the properly
471 completed invoice, bill, or claim form approved by the office
472 upon which such charges are to be paid for as having actually
473 been rendered, to the best knowledge of the insured or his or
474 her guardian. In no event, however, may such a charge be in
475 excess of the amount the person or institution customarily
476 charges for like services or supplies. With respect to a
477 determination of whether a charge for a particular service,
478 treatment, or otherwise is reasonable, consideration may be
479 given to evidence of usual and customary charges and payments
480 accepted by the provider involved in the dispute, and
481 reimbursement levels in the community and various federal and
482 state medical fee schedules applicable to automobile and other
483 insurance coverages, and other information relevant to the
484 reasonableness of the reimbursement for the service, treatment,
485 or supply.

486 2. The insurer may limit reimbursement to 80 percent of
487 the following schedule of maximum charges:

Amendment No.

- 488 a. For emergency transport and treatment by providers
489 licensed under chapter 401, 200 percent of Medicare.
- 490 b. For emergency services and care provided by a hospital
491 licensed under chapter 395, 75 percent of the hospital's usual
492 and customary charges.
- 493 c. For emergency services and care as defined by s.
494 395.002(9) provided in a facility licensed under chapter 395
495 rendered by a physician or dentist, and related hospital
496 inpatient services rendered by a physician or dentist, the usual
497 and customary charges in the community.
- 498 d. For hospital inpatient services, other than emergency
499 services and care, 200 percent of the Medicare Part A
500 prospective payment applicable to the specific hospital
501 providing the inpatient services.
- 502 e. For hospital outpatient services, other than emergency
503 services and care, 200 percent of the Medicare Part A Ambulatory
504 Payment Classification for the specific hospital providing the
505 outpatient services.
- 506 f. For all other medical services, supplies, and care, 200
507 percent of the allowable amount under the participating
508 physicians schedule of Medicare Part B. However, if such
509 services, supplies, or care is not reimbursable under Medicare
510 Part B, the insurer may limit reimbursement to 80 percent of the
511 maximum reimbursable allowance under workers' compensation, as
512 determined under s. 440.13 and rules adopted thereunder which
513 are in effect at the time such services, supplies, or care is
514 provided. Services, supplies, or care that is not reimbursable

Amendment No.

515 under Medicare or workers' compensation is not required to be
516 reimbursed by the insurer.

517 3. For purposes of subparagraph 2., the applicable fee
518 schedule or payment limitation under Medicare is the fee
519 schedule or payment limitation in effect at the time the
520 services, supplies, or care was rendered and for the area in
521 which such services were rendered, except that it may not be
522 less than the allowable amount under the participating
523 physicians schedule of Medicare Part B for 2007 for medical
524 services, supplies, and care subject to Medicare Part B.

525 4. Subparagraph 2. does not allow the insurer to apply any
526 limitation on the number of treatments or other utilization
527 limits that apply under Medicare or workers' compensation. An
528 insurer that applies the allowable payment limitations of
529 subparagraph 2. must reimburse a provider who lawfully provided
530 care or treatment under the scope of his or her license,
531 regardless of whether such provider would be entitled to
532 reimbursement under Medicare due to restrictions or limitations
533 on the types or discipline of health care providers who may be
534 reimbursed for particular procedures or procedure codes.

535 5. If an insurer limits payment as authorized by
536 subparagraph 2., the person providing such services, supplies,
537 or care may not bill or attempt to collect from the insured any
538 amount in excess of such limits, except for amounts that are not
539 covered by the insured's personal injury protection coverage due
540 to the coinsurance amount or maximum policy limits.

541 Section 19. Subsection (4) of section 766.118, Florida
542 Statutes, is amended to read:

078735 - h1329-strike.docx

Published On: 1/24/2012 7:04:58 PM

Amendment No.

766.118 Determination of noneconomic damages.—

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

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

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

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

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

Amendment No.

570 occurs prior to the stabilization of the patient following the
571 surgery.

572 Section 20. Section 766.316, Florida Statutes, is amended
573 to read:

574 766.316 Notice to obstetrical patients of participation in
575 the plan.—Each hospital with a participating physician on its
576 staff and each participating physician, other than residents,
577 assistant residents, and interns deemed to be participating
578 physicians under s. 766.314(4)(c), under the Florida Birth-
579 Related Neurological Injury Compensation Plan shall provide
580 notice to the obstetrical patients as to the limited no-fault
581 alternative for birth-related neurological injuries. Such notice
582 shall be provided on forms furnished by the association and
583 shall include a clear and concise explanation of a patient's
584 rights and limitations under the plan. The hospital or the
585 participating physician may elect to have the patient sign a
586 form acknowledging receipt of the notice form. Signature of the
587 patient acknowledging receipt of the notice form raises a
588 rebuttable presumption that the notice requirements of this
589 section have been met. Notice need not be given to a patient
590 when the patient has an emergency medical condition as defined
591 in s. 395.002(9)(b) ~~395.002(8)(b)~~ or when notice is not
592 practicable.

593 Section 21. Paragraph (b) of subsection (2) of section
594 812.014, Florida Statutes, is amended to read:

595 812.014 Theft.—

596 (2)

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1329 (2012)

Amendment No.

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

599 2. The property stolen is cargo valued at less than
600 \$50,000 that has entered the stream of interstate or intrastate
601 commerce from the shipper's loading platform to the consignee's
602 receiving dock;

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

607 4. The property stolen is law enforcement equipment,
608 valued at \$300 or more, that is taken from an authorized
609 emergency vehicle, as defined in s. 316.003,

610
611 the offender commits grand theft in the second degree,
612 punishable as a felony of the second degree, as provided in s.
613 775.082, s. 775.083, or s. 775.084. Emergency medical equipment
614 means mechanical or electronic apparatus used to provide
615 emergency services and care as defined in s. 395.002~~(9)~~ or to
616 treat medical emergencies. Law enforcement equipment means any
617 property, device, or apparatus used by any law enforcement
618 officer as defined in s. 943.10 in the officer's official
619 business. However, if the property is stolen within a county
620 that is subject to a state of emergency declared by the Governor
621 under chapter 252, the theft is committed after the declaration
622 of emergency is made, and the perpetration of the theft is
623 facilitated by conditions arising from the emergency, the theft
624 is a felony of the first degree, punishable as provided in s.

078735 - h1329-strike.docx

Published On: 1/24/2012 7:04:58 PM

Amendment No.

625 775.082, s. 775.083, or s. 775.084. As used in this paragraph,
626 the term "conditions arising from the emergency" means civil
627 unrest, power outages, curfews, voluntary or mandatory
628 evacuations, or a reduction in the presence of or response time
629 for first responders or homeland security personnel. For
630 purposes of sentencing under chapter 921, a felony offense that
631 is reclassified under this paragraph is ranked one level above
632 the ranking under s. 921.0022 or s. 921.0023 of the offense
633 committed.

634 Section 22. This act shall take effect on July 1, 2012.

635

636

637

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

638

639 Remove the entire title and insert:

640

A bill to be entitled

641

An act relating to health care consumer protection; amending s.

642

381.026, F.S.; revising the Florida Patient's Bill of Rights to

643

require certain health care practitioners to publish and

644

distribute a schedule of charges for services provided by

645

patients; specifying text size; providing that a primary care

646

provider who voluntarily published and maintained a schedule of

647

charges within specified dates is exempt from certain

648

requirements; amending s. 395.002, F.S.; defining the term

649

"diagnostic-imaging center"; amending the term "urgent care

650

center"; conforming cross-references; amending s. 395.107, F.S.;

651

requiring that urgent care centers, ambulatory surgical centers,

652

and diagnostic-imaging centers publish and post a schedule of

078735 - h1329-strike.docx

Published On: 1/24/2012 7:04:58 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1329 (2012)

Amendment No.

653 charges for services provided to patients; specifying text size;
654 requiring the schedule to be in language comprehensible to a
655 layperson; specifying posted size and allowing for electronic
656 posting; providing an exception; providing for fines; amending
657 s. 456.072, F.S.; adding failure to comply with the provisions
658 of s. 395.107, F.S., to the grounds for discipline of a
659 practitioner licensed under certain chapters; amending s.
660 627.6131, F.S.; prohibiting a provider of emergency medical care
661 and services from billing a patient under certain circumstances;
662 prohibiting certain providers of nonemergency medical care and
663 services from billing a patient under certain circumstances;
664 creating s. 627.6385, F.S.; requiring insurers to inform
665 insureds of certain providers who may bill the insured for
666 medical services; requiring hospitals to disclose to certain
667 patients which of its contracted providers will treat the
668 patients and which of those may bill the patient directly;
669 providing an exception; requiring hospitals to provide contact
670 information for those providers to the patient; requiring
671 certain providers in a hospital to inform certain patients in
672 writing whether the patients will be billed directly by the
673 providers; requiring certain providers in a hospital to provide
674 to the patient an estimate of the amount to be billed directly
675 by the provider; prohibiting certain providers from directly
676 billing a patient if the actual charges are 200 percent greater
677 than the estimate provided to the patient; releasing a patient
678 from liability if a provider fails to disclose billing
679 information; providing an exception; amending ss. 383.50,
680 390.011, 394.4787, 395.003, 395.602, 395.701, 408.051, 409.905,

078735 - h1329-strike.docx

Published On: 1/24/2012 7:04:58 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 1329 (2012)

Amendment No.

681 409.97, 409.975, 468.505, 627.736, 766.118, 766.316, and
682 812.014, F.S.; conforming cross-references; providing an
683 effective date.