

FOR CONSIDERATION By the Committee on Health Regulation

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1 A bill to be entitled
2 An act relating to health care consumer protection;
3 amending s. 381.026, F.S.; revising the Florida
4 Patient's Bill of Rights to require certain health
5 care practitioners to publish and post a schedule of
6 charges for services provided to patients; specifying
7 text size; providing that a primary care provider who
8 voluntarily published and maintained a schedule of
9 charges within specified dates is exempt from certain
10 requirements; amending s. 395.002, F.S.; defining the
11 term "diagnostic-imaging center"; conforming cross-
12 references; amending s. 395.107, F.S.; requiring that
13 urgent care centers, ambulatory surgical centers, and
14 diagnostic-imaging centers publish and post a schedule
15 of charges for services provided to patients;
16 specifying text size and requiring the schedule to be
17 in language comprehensible to a layperson; specifying
18 posted size and allowing for electronic posting;
19 providing an exception; providing for fines; amending
20 s. 456.072, F.S.; adding failure to comply with the
21 provisions of s. 395.107, F.S., to the grounds for
22 discipline of a practitioner licensed under certain
23 chapters; amending s. 627.6131, F.S.; prohibiting a
24 provider of emergency medical care and services from
25 billing a patient under certain circumstances;
26 prohibiting certain providers of nonemergency medical
27 care and services from billing a patient under certain
28 circumstances; creating s. 627.6385, F.S.; requiring
29 insurers to inform insureds of certain providers who

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30 may bill the insured for medical services; requiring
31 hospitals to disclose to certain patients which of its
32 contracted providers will treat the patients and which
33 of those may bill the patient directly; requiring
34 hospitals to provide contact information for those
35 providers to the patient; requiring certain providers
36 in a hospital to inform certain patients in writing
37 whether the patients will be billed directly by the
38 providers; releasing a patient from liability if a
39 provider fails to disclose billing information;
40 amending ss. 383.50, 390.011, 394.4787, 395.003,
41 395.602, 395.701, 408.051, 409.905, 409.97, 409.975,
42 468.505, 627.736, 766.118, 766.316, and 812.014, F.S.;
43 conforming cross-references; providing an effective
44 date.

45

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

47

48 Section 1. Paragraph (c) of subsection (4) of section
49 381.026, Florida Statutes, is amended to read:

50 381.026 Florida Patient's Bill of Rights and
51 Responsibilities.—

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

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

55 1. A patient has the right to be given, upon request, by
56 the responsible provider, his or her designee, or a
57 representative of the health care facility full information and
58 necessary counseling on the availability of known financial

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59 resources for the patient's health care.

60 2. A health care provider or a health care facility shall,
61 upon request, disclose to each patient who is eligible for
62 Medicare, before treatment, whether the health care provider or
63 the health care facility in which the patient is receiving
64 medical services accepts assignment under Medicare reimbursement
65 as payment in full for medical services and treatment rendered
66 in the health care provider's office or health care facility.

67 3. A practitioner licensed under chapter 458, chapter 459,
68 chapter 460, or chapter 461 must ~~primary care provider may~~
69 publish a schedule of charges for the medical services that the
70 practitioner ~~provider~~ offers to patients and distribute the
71 schedule to patients upon each visit. The schedule must describe
72 the medical services in language comprehensible to a layperson.
73 The schedule must include the prices charged to an uninsured
74 person paying for such services by cash, check, credit card, or
75 debit card. The schedule must be posted in a conspicuous place
76 in the reception area of the practitioner's ~~provider's~~ office
77 and must include, but need is not be limited to, the 50 services
78 most frequently provided by the practitioner ~~primary care~~
79 ~~provider~~. The schedule may group services by three price levels,
80 listing services in each price level. The posting must be at
81 least 15 square feet in size. The text describing the medical
82 services must fill at least 12 square feet of the posting. A
83 primary care provider who voluntarily published and maintained
84 ~~publishes and maintains~~ a schedule of charges for medical
85 services from July 1, 2011, through June 30, 2012, in accordance
86 with chapter 2011-122, Laws of Florida, is exempt from the
87 license fee requirements for a single period of renewal of a

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88 professional license under chapter 456 for that licensure term
89 and is exempt from the continuing education requirements of
90 chapter 456 and the rules implementing those requirements for a
91 single 2-year period.

92 ~~4. If a primary care provider publishes a schedule of~~
93 ~~charges pursuant to subparagraph 3., he or she must continually~~
94 ~~post it at all times for the duration of active licensure in~~
95 ~~this state when primary care services are provided to patients.~~
96 ~~If a primary care provider fails to post the schedule of charges~~
97 ~~in accordance with this subparagraph, the provider shall be~~
98 ~~required to pay any license fee and comply with any continuing~~
99 ~~education requirements for which an exemption was received.~~

100 4.5. A health care provider or a health care facility
101 shall, upon request, ~~furnish a person,~~ before the provision of
102 medical services, furnish a reasonable estimate of charges for
103 such services. The health care provider or the health care
104 facility shall provide an uninsured person, before the provision
105 of a planned nonemergency medical service, a reasonable estimate
106 of charges for such service and information regarding the
107 provider's or facility's discount or charity policies for which
108 the uninsured person may be eligible. Such estimates ~~by a~~
109 ~~primary care provider~~ must be consistent with the schedule
110 posted under subparagraph 3. Estimates shall, to the extent
111 possible, be written in a language comprehensible to an ordinary
112 layperson. Such reasonable estimate does not preclude the health
113 care provider or health care facility from exceeding the
114 estimate or making additional charges based on changes in the
115 patient's condition or treatment needs.

116 5.6. Each licensed facility not operated by the state shall

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117 make available to the public on its Internet website or by other
118 electronic means a description of and a link to the performance
119 outcome and financial data that is published by the agency
120 pursuant to s. 408.05(3)(k). The facility shall place a notice
121 in the reception area that such information is available
122 electronically and the website address. The licensed facility
123 may indicate that the pricing information is based on a
124 compilation of charges for the average patient and that each
125 patient's bill may vary from the average depending upon the
126 severity of illness and individual resources consumed. The
127 licensed facility may also indicate that the price of service is
128 negotiable for eligible patients based upon the patient's
129 ability to pay.

130 ~~6.7.~~ A patient has the right to receive a copy of an
131 itemized bill upon request. A patient has a right to be given an
132 explanation of charges upon request.

133 Section 2. Subsections (6) through (33) of section 395.002,
134 Florida Statutes, are renumbered as subsections (7) through
135 (34), respectively, present subsections (10) and (28) of that
136 section are amended, and a new subsection (6) is added to that
137 section, to read:

138 395.002 Definitions.—As used in this chapter:

139 (6) "Diagnostic-imaging center" means a freestanding
140 outpatient facility that provides specialized services for the
141 diagnosis of a disease by examination and also provides
142 radiological services.

143 (11) ~~(10)~~ "General hospital" means a ~~any~~ facility that ~~which~~
144 meets the provisions of subsection (13) ~~(12)~~ and that ~~which~~
145 regularly makes its facilities and services available to the

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146 general population.

147 ~~(29)-(28)~~ "Specialty hospital" means a any facility that
148 ~~which~~ meets the provisions of subsection (13) ~~(12)~~, and that
149 ~~which~~ regularly makes available ~~either~~:

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

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

156 (c) Intensive residential treatment programs for children
157 and adolescents ~~as defined in subsection (15)~~.

158 Section 3. Section 395.107, Florida Statutes, is amended to
159 read:

160 395.107 ~~Urgent care centers~~; Publishing and posting
161 schedule of charges; penalties.—An urgent care center, an
162 ambulatory surgical center, and a diagnostic-imaging center must
163 publish and post a schedule of charges for the medical services
164 offered to patients.

165 (1) The schedule must describe the medical services in
166 language comprehensible to a layperson. The schedule must
167 include the prices charged to an uninsured person paying for
168 such services by cash, check, credit card, or debit card. The
169 schedule must be posted in a conspicuous place in the reception
170 ~~area of the urgent care center~~ and must include, but is not
171 limited to, the 50 services most frequently provided ~~by the~~
172 ~~urgent care center~~. The schedule may group services by three
173 price levels, listing services in each price level. The posting
174 must be at least 15 square feet in size. If a center is

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175 affiliated with a facility licensed under chapter 395, the
176 schedule must include text that notifies the patient whether the
177 charges for medical services received at the center will be the
178 same as, more than, or less than charges for medical services
179 received at a hospital. The text notifying the patient must be
180 in a font size equal to or greater than the font size used for
181 prices and must be in a contrasting color. Such text must be
182 included in all advertisements for the center and in language
183 comprehensible to a layperson.

184 (2) The posted text describing the medical services must
185 fill at least 12 square feet of the posting. A center may use an
186 electronic device to post the schedule of charges.

187 (3) An urgent care center that is operated and used
188 exclusively for employees and the family members of employees of
189 the business that owns or contracts for the urgent care center
190 is exempt from this section.

191 (4) A fine of up to \$1,000 per day shall be imposed on an
192 urgent care center, an ambulatory surgical center, or a
193 diagnostic-imaging center that fails to comply with this section
194 until the center comes into compliance. ~~The failure of an urgent~~
195 ~~care center to publish and post a schedule of charges as~~
196 ~~required by this section shall result in a fine of not more than~~
197 ~~\$1,000, per day, until the schedule is published and posted.~~

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

200 456.072 Grounds for discipline; penalties; enforcement.—

201 (1) The following acts shall constitute grounds for which
202 the disciplinary actions specified in subsection (2) may be
203 taken:

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204 (oo) Failure to comply with s. 395.107.

205 Section 5. Subsections (20) and (21) are added to section
206 627.6131, Florida Statutes, to read:

207 627.6131 Payment of claims.—

208 (20) If an insurer is liable for emergency services and
209 care, as defined in s. 395.002, regardless of whether a contract
210 exists between the insurer and the provider of emergency
211 services and care, the insurer is solely liable for payment of
212 fees to the provider, and the insured is not liable for payment
213 of fees to the provider, other than applicable copayments and
214 deductibles, if the insured is transported to the facility by
215 emergency medical transportation services, as defined in s.
216 945.6041(1).

217 (21) An insurer is solely liable for payment of fees to the
218 provider and the insured is not liable for payment of fees to
219 the provider, other than applicable copayments and deductibles,
220 for medical services and care that are:

221 (a) Nonemergency services and care as defined in s.
222 395.002;

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

225 (c) Provided by a provider that does not have a contract
226 with the insurer where the patient has no ability and
227 opportunity to choose an alternative provider having a contract
228 with the insurer.

229 Section 6. Section 627.6385, Florida Statutes, is created
230 to read:

231 627.6385 Hospital and provider transparency; duty to
232 inform.—

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233 (1) Each insurer issuing a health insurance policy insuring
234 against loss or expense due to medical and related services
235 provided within a facility licensed under chapter 395 shall
236 disclose to its insured whether the facility contracts with
237 providers who are not under contract with the insurer. Such
238 disclosure must be included in the insurer's member website and
239 distributed by the insurer to each insured.

240 (2) Each facility licensed under chapter 395 shall disclose
241 to each patient upon scheduling services or nonemergency
242 admission which providers will treat the patient and which of
243 those providers are not under contract with the patient's
244 insurer. The disclosure must include notification to the insured
245 that such providers may bill the insured directly for services
246 rendered within the facility. The disclosure must be limited to
247 the providers that are reasonably expected to provide specific
248 medical services and treatment scheduled to be received by the
249 insured, must be in writing, and must include the name,
250 professional address, and telephone number of all such
251 providers. The disclosure must advise all patients to contact
252 providers before the delivery of medical services to determine
253 whether or not providers will bill the patient directly for
254 medical services rendered within the facility. Failure to make
255 such a disclosure shall result in a fine of \$500 per occurrence
256 pursuant to s. 408.813.

257 (3) For a patient scheduled or admitted for nonemergency
258 services to a facility licensed under chapter 395 and receiving
259 medical services from a provider not under contract with the
260 patient's insurer, that provider shall disclose to the patient
261 in writing, before the provision of medical services, whether

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262 the patient will be billed directly for medical services
263 rendered within the facility. The patient is not liable for any
264 charges, other than applicable copayments or deductibles, billed
265 to the patient by the provider who failed to make the
266 disclosure.

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

269 383.50 Treatment of surrendered newborn infant.—

270 (4) Each hospital of this state subject to s. 395.1041
271 shall, and any other hospital may, admit and provide all
272 necessary emergency services and care, as defined in s.
273 395.002~~(9)~~, to any newborn infant left with the hospital in
274 accordance with this section. The hospital or any of its
275 licensed health care professionals shall consider these actions
276 as implied consent for treatment, and a hospital accepting
277 physical custody of a newborn infant has implied consent to
278 perform all necessary emergency services and care. The hospital
279 or any of its licensed health care professionals is immune from
280 criminal or civil liability for acting in good faith in
281 accordance with this section. Nothing in this subsection limits
282 liability for negligence.

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

285 390.011 Definitions.—As used in this chapter, the term:

286 (5) "Hospital" means a facility as defined in s.
287 395.002~~(12)~~ and licensed under chapter 395 and part II of
288 chapter 408.

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

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291 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788, and
292 394.4789.—As used in this section and ss. 394.4786, 394.4788,
293 and 394.4789:

294 (7) "Specialty psychiatric hospital" means a specialty
295 hospital as defined in s. 395.002 and licensed by the agency
296 pursuant to ~~s. 395.002(28)~~ and part II of chapter 408 as a
297 specialty psychiatric hospital.

298 Section 10. Paragraph (b) of subsection (2) of section
299 395.003, Florida Statutes, is amended to read:

300 395.003 Licensure; denial, suspension, and revocation.—

301 (2)

302 (b) The agency shall, at the request of a licensee that is
303 a teaching hospital as defined in s. 408.07~~(45)~~, issue a single
304 license to a licensee for facilities that have been previously
305 licensed as separate premises, provided such separately licensed
306 facilities, taken together, constitute the same premises as
307 defined in s. 395.002~~(23)~~. Such license for the single premises
308 ~~shall~~ include all of the beds, services, and programs that were
309 previously included on the licenses for the separate premises.
310 The granting of a single license under this paragraph does ~~shall~~
311 not in any manner reduce the number of beds, services, or
312 programs operated by the licensee.

313 Section 11. Paragraph (c) of subsection (2) of section
314 395.602, Florida Statutes, is amended to read:

315 395.602 Rural hospitals.—

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

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

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320 Section 12. Paragraph (c) of subsection (1) of section
321 395.701, Florida Statutes, is amended to read:

322 395.701 Annual assessments on net operating revenues for
323 inpatient and outpatient services to fund public medical
324 assistance; administrative fines for failure to pay assessments
325 when due; exemption.—

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

327 (c) "Hospital" has the same meaning as provided ~~means a~~
328 ~~health care institution as defined in s. 395.002(12)~~, but does
329 not include a ~~any~~ hospital operated by the agency or the
330 Department of Corrections.

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

333 408.051 Florida Electronic Health Records Exchange Act.—

334 (3) EMERGENCY RELEASE OF IDENTIFIABLE HEALTH RECORD.—A
335 health care provider may release or access an identifiable
336 health record of a patient without the patient's consent for use
337 in the treatment of the patient for an emergency medical
338 condition, as defined in s. 395.002(8), if ~~when~~ the health care
339 provider is unable to obtain the patient's consent or the
340 consent of the patient representative due to the patient's
341 condition or the nature of the situation requiring immediate
342 medical attention. A health care provider who in good faith
343 releases or accesses an identifiable health record of a patient
344 in any form or medium under this subsection is immune from civil
345 liability for accessing or releasing an identifiable health
346 record.

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

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349 409.905 Mandatory Medicaid services.—The agency may make
350 payments for the following services, which are required of the
351 state by Title XIX of the Social Security Act, furnished by
352 Medicaid providers to recipients who are determined to be
353 eligible on the dates on which the services were provided. Any
354 service under this section shall be provided only when medically
355 necessary and in accordance with state and federal law.
356 Mandatory services rendered by providers in mobile units to
357 Medicaid recipients may be restricted by the agency. Nothing in
358 this section shall be construed to prevent or limit the agency
359 from adjusting fees, reimbursement rates, lengths of stay,
360 number of visits, number of services, or any other adjustments
361 necessary to comply with the availability of moneys and any
362 limitations or directions provided for in the General
363 Appropriations Act or chapter 216.

364 (8) NURSING FACILITY SERVICES.—The agency shall pay for 24-
365 hour-a-day nursing and rehabilitative services for a recipient
366 in a nursing facility licensed under part II of chapter 400 or
367 in a rural hospital, as defined in s. 395.602, or in a Medicare
368 certified skilled nursing facility operated by a hospital, as
369 defined by s. 395.002(10), that is licensed under part I of
370 chapter 395, and in accordance with ~~provisions set forth in s.~~
371 409.908(2)(a), which services are ordered by and provided under
372 the direction of a licensed physician. However, if a nursing
373 facility has been destroyed or otherwise made uninhabitable by
374 natural disaster or other emergency and another nursing facility
375 is not available, the agency must pay for similar services
376 temporarily in a hospital licensed under part I of chapter 395
377 provided federal funding is approved and available. The agency

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378 shall pay only for bed-hold days if the facility has an
379 occupancy rate of 95 percent or greater. The agency is
380 authorized to seek any federal waivers to implement this policy.

381 Section 15. Paragraph (a) of subsection (4) of section
382 409.97, Florida Statutes, is amended to read:

383 409.97 State and local Medicaid partnerships.—

384 (4) HOSPITAL RATE DISTRIBUTION.—

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

390 1. Tier 1 hospitals are statutory rural hospitals as
391 defined in s. 395.602, statutory teaching hospitals as defined
392 in s. 408.07(45), and specialty ~~children's~~ hospitals for
393 children as defined in s. 395.002(28).

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

399 3. Tier 3 hospitals include all community hospitals.

400 Section 16. Paragraph (b) of subsection (1) of section
401 409.975, Florida Statutes, is amended to read:

402 409.975 Managed care plan accountability.—In addition to
403 the requirements of s. 409.967, plans and providers
404 participating in the managed medical assistance program shall
405 comply with the requirements of this section.

406 (1) PROVIDER NETWORKS.—Managed care plans must develop and

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407 maintain provider networks that meet the medical needs of their
408 enrollees in accordance with standards established pursuant to
409 s. 409.967(2)(b). Except as provided in this section, managed
410 care plans may limit the providers in their networks based on
411 credentials, quality indicators, and price.

412 (b) Certain providers are statewide resources and essential
413 providers for all managed care plans in all regions. All managed
414 care plans must include these essential providers in their
415 networks. Statewide essential providers include:

416 1. Faculty plans of Florida medical schools.

417 2. Regional perinatal intensive care centers as defined in
418 s. 383.16~~(2)~~.

419 3. Hospitals licensed as specialty ~~children's~~ hospitals for
420 children as defined in s. 395.002~~(28)~~.

421 4. Accredited and integrated systems serving medically
422 complex children that are comprised of separately licensed, but
423 commonly owned, health care providers delivering at least the
424 following services: medical group home, in-home and outpatient
425 nursing care and therapies, pharmacy services, durable medical
426 equipment, and Prescribed Pediatric Extended Care.

427
428 Managed care plans that have not contracted with all statewide
429 essential providers in all regions as of the first date of
430 recipient enrollment must continue to negotiate in good faith.
431 Payments to physicians on the faculty of nonparticipating
432 Florida medical schools shall be made at the applicable Medicaid
433 rate. Payments for services rendered by regional perinatal
434 intensive care centers shall be made at the applicable Medicaid
435 rate as of the first day of the contract between the agency and

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436 the plan. Payments to nonparticipating specialty children's
437 hospitals shall equal the highest rate established by contract
438 between that provider and any other Medicaid managed care plan.

439 Section 17. Paragraph (1) of subsection (1) of section
440 468.505, Florida Statutes, is amended to read:

441 468.505 Exemptions; exceptions.—

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

444 (1) A person employed by a nursing facility exempt from
445 licensing as a hospital under chapter 395 s. 395.002(12), or a
446 person exempt from licensing under s. 464.022.

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

450 627.736 Required personal injury protection benefits;
451 exclusions; priority; claims.—

452 (4) BENEFITS; WHEN DUE.—Benefits due from an insurer under
453 ss. 627.730-627.7405 shall be primary, except that benefits
454 received under any workers' compensation law shall be credited
455 against the benefits provided by subsection (1) and shall be due
456 and payable as loss accrues, upon receipt of reasonable proof of
457 such loss and the amount of expenses and loss incurred which are
458 covered by the policy issued under ss. 627.730-627.7405. When
459 the Agency for Health Care Administration provides, pays, or
460 becomes liable for medical assistance under the Medicaid program
461 related to injury, sickness, disease, or death arising out of
462 the ownership, maintenance, or use of a motor vehicle, benefits
463 under ss. 627.730-627.7405 shall be subject to the provisions of
464 the Medicaid program.

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465 (c) Upon receiving notice of an accident that is
466 potentially covered by personal injury protection benefits, the
467 insurer must reserve \$5,000 of personal injury protection
468 benefits for payment to physicians licensed under chapter 458 or
469 chapter 459 or dentists licensed under chapter 466 who provide
470 emergency services and care, as defined in s. 395.002(9), or who
471 provide hospital inpatient care. The amount required to be held
472 in reserve may be used only to pay claims from such physicians
473 or dentists until 30 days after the date the insurer receives
474 notice of the accident. After the 30-day period, any amount of
475 the reserve for which the insurer has not received notice of a
476 claim from a physician or dentist who provided emergency
477 services and care or who provided hospital inpatient care may
478 ~~then~~ be used by the insurer to pay other claims. The time
479 periods specified in paragraph (b) for required payment of
480 personal injury protection benefits shall be tolled for the
481 period of time that an insurer is required by this paragraph to
482 hold payment of a claim that is not from a physician or dentist
483 who provided emergency services and care or who provided
484 hospital inpatient care to the extent that the personal injury
485 protection benefits not held in reserve are insufficient to pay
486 the claim. This paragraph does not require an insurer to
487 establish a claim reserve for insurance accounting purposes.

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

489 (a)1. Any physician, hospital, clinic, or other person or
490 institution lawfully rendering treatment to an injured person
491 for a bodily injury covered by personal injury protection
492 insurance may charge the insurer and injured party only a
493 reasonable amount pursuant to this section for the services and

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494 supplies rendered, and the insurer providing such coverage may
495 pay for such charges directly to such person or institution
496 lawfully rendering such treatment, if the insured receiving such
497 treatment or his or her guardian has countersigned the properly
498 completed invoice, bill, or claim form approved by the office
499 upon which such charges are to be paid for as having actually
500 been rendered, to the best knowledge of the insured or his or
501 her guardian. In no event, however, may such a charge be in
502 excess of the amount the person or institution customarily
503 charges for like services or supplies. With respect to a
504 determination of whether a charge for a particular service,
505 treatment, or otherwise is reasonable, consideration may be
506 given to evidence of usual and customary charges and payments
507 accepted by the provider involved in the dispute, and
508 reimbursement levels in the community and various federal and
509 state medical fee schedules applicable to automobile and other
510 insurance coverages, and other information relevant to the
511 reasonableness of the reimbursement for the service, treatment,
512 or supply.

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

515 a. For emergency transport and treatment by providers
516 licensed under chapter 401, 200 percent of Medicare.

517 b. For emergency services and care provided by a hospital
518 licensed under chapter 395, 75 percent of the hospital's usual
519 and customary charges.

520 c. For emergency services and care as defined by s.
521 395.002(9) provided in a facility licensed under chapter 395
522 rendered by a physician or dentist, and related hospital

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523 inpatient services rendered by a physician or dentist, the usual
524 and customary charges in the community.

525 d. For hospital inpatient services, other than emergency
526 services and care, 200 percent of the Medicare Part A
527 prospective payment applicable to the specific hospital
528 providing the inpatient services.

529 e. For hospital outpatient services, other than emergency
530 services and care, 200 percent of the Medicare Part A Ambulatory
531 Payment Classification for the specific hospital providing the
532 outpatient services.

533 f. For all other medical services, supplies, and care, 200
534 percent of the allowable amount under the participating
535 physicians schedule of Medicare Part B. However, if such
536 services, supplies, or care is not reimbursable under Medicare
537 Part B, the insurer may limit reimbursement to 80 percent of the
538 maximum reimbursable allowance under workers' compensation, as
539 determined under s. 440.13 and rules adopted thereunder which
540 are in effect at the time such services, supplies, or care is
541 provided. Services, supplies, or care that is not reimbursable
542 under Medicare or workers' compensation is not required to be
543 reimbursed by the insurer.

544 3. For purposes of subparagraph 2., the applicable fee
545 schedule or payment limitation under Medicare is the fee
546 schedule or payment limitation in effect at the time the
547 services, supplies, or care was rendered and for the area in
548 which such services were rendered, except that it may not be
549 less than the allowable amount under the participating
550 physicians schedule of Medicare Part B for 2007 for medical
551 services, supplies, and care subject to Medicare Part B.

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552 4. Subparagraph 2. does not allow the insurer to apply any
553 limitation on the number of treatments or other utilization
554 limits that apply under Medicare or workers' compensation. An
555 insurer that applies the allowable payment limitations of
556 subparagraph 2. must reimburse a provider who lawfully provided
557 care or treatment under the scope of his or her license,
558 regardless of whether such provider would be entitled to
559 reimbursement under Medicare due to restrictions or limitations
560 on the types or discipline of health care providers who may be
561 reimbursed for particular procedures or procedure codes.

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

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

570 766.118 Determination of noneconomic damages.—

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

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

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

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

587
588 The limitation provided by this subsection applies only to
589 noneconomic damages awarded as a result of any act or omission
590 of providing medical care or treatment, including diagnosis that
591 occurs before ~~prior to the time~~ the patient is stabilized and is
592 capable of receiving medical treatment as a nonemergency
593 patient, unless surgery is required as a result of the emergency
594 within a reasonable time after the patient is stabilized, in
595 which case the limitation provided by this subsection applies to
596 any act or omission of providing medical care or treatment which
597 occurs before ~~prior to~~ the stabilization of the patient
598 following the surgery.

599 Section 20. Section 766.316, Florida Statutes, is amended
600 to read:

601 766.316 Notice to obstetrical patients of participation in
602 the plan.—Each hospital with a participating physician on its
603 staff and each participating physician, other than residents,
604 assistant residents, and interns deemed to be participating
605 physicians under s. 766.314(4)(c), under the Florida Birth-
606 Related Neurological Injury Compensation Plan shall provide
607 notice to the obstetrical patients as to the limited no-fault
608 alternative for birth-related neurological injuries. Such notice
609 shall be provided on forms furnished by the association and

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610 shall include a clear and concise explanation of a patient's
611 rights and limitations under the plan. The hospital or the
612 participating physician may elect to have the patient sign a
613 form acknowledging receipt of the notice form. Signature of the
614 patient acknowledging receipt of the notice form raises a
615 rebuttable presumption that the notice requirements of this
616 section have been met. Notice need not be given to a patient
617 when the patient has an emergency medical condition as defined
618 in s. 395.002(9)(b) ~~395.002(8)(b)~~ or when notice is not
619 practicable.

620 Section 21. Paragraph (b) of subsection (2) of section
621 812.014, Florida Statutes, is amended to read:

622 812.014 Theft.—

623 (2)

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

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

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

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

637

638 the offender commits grand theft in the second degree,

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639 punishable as a felony of the second degree, as provided in s.
640 775.082, s. 775.083, or s. 775.084. Emergency medical equipment
641 means mechanical or electronic apparatus used to provide
642 emergency services and care as defined in s. 395.002~~(9)~~ or to
643 treat medical emergencies. Law enforcement equipment means any
644 property, device, or apparatus used by any law enforcement
645 officer as defined in s. 943.10 in the officer's official
646 business. However, if the property is stolen within a county
647 that is subject to a state of emergency declared by the Governor
648 under chapter 252, the theft is committed after the declaration
649 of emergency is made, and the perpetration of the theft is
650 facilitated by conditions arising from the emergency, the theft
651 is a felony of the first degree, punishable as provided in s.
652 775.082, s. 775.083, or s. 775.084. As used in this paragraph,
653 the term "conditions arising from the emergency" means civil
654 unrest, power outages, curfews, voluntary or mandatory
655 evacuations, or a reduction in the presence of or response time
656 for first responders or homeland security personnel. For
657 purposes of sentencing under chapter 921, a felony offense that
658 is reclassified under this paragraph is ranked one level above
659 the ranking under s. 921.0022 or s. 921.0023 of the offense
660 committed.

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