

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

16  
 17   Be It Enacted by the Legislature of the State of Florida:

18  
 19           Section 1. Paragraph (n) of subsection (1) of section  
 20   154.11, Florida Statutes, is amended to read:

21           154.11 Powers of board of trustees.—

22           (1) The board of trustees of each public health trust  
 23   shall be deemed to exercise a public and essential governmental  
 24   function of both the state and the county and in furtherance  
 25   thereof it shall, subject to limitation by the governing body of  
 26   the county in which such board is located, have all of the  
 27   powers necessary or convenient to carry out the operation and  
 28   governance of designated health care facilities, including, but

29 without limiting the generality of, the foregoing:

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

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

41 394.741 Accreditation requirements for providers of  
 42 behavioral health care services.—

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

50 (a) An ~~Any~~ organization from which the department  
 51 purchases behavioral health care services which ~~that~~ is  
 52 accredited by an accrediting organization whose standards  
 53 incorporate comparable licensure regulations required by this  
 54 state ~~the Joint Commission on Accreditation of Healthcare~~  
 55 ~~Organizations or the Council on Accreditation for Children and~~  
 56 ~~Family Services, or has those services that are being purchased~~

57 | ~~by the department accredited by CARF the Rehabilitation~~  
 58 | ~~Accreditation Commission.~~

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

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

77 |       Section 3. Section 395.3038, Florida Statutes, is amended  
 78 | to read:

79 |       395.3038 State-listed primary stroke centers and  
 80 | comprehensive stroke centers; notification of hospitals.—

81 |       (1) The agency shall make available on its website and to  
 82 | the department a list of the name and address of each hospital  
 83 | that meets the criteria for a primary stroke center and the name  
 84 | and address of each hospital that meets the criteria for a

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

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

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

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

108 ~~(3) The agency shall notify all hospitals in this state by~~  
109 ~~February 15, 2005, that the agency is compiling a list of~~  
110 ~~primary stroke centers and comprehensive stroke centers in this~~  
111 ~~state. The notice shall include an explanation of the criteria~~  
112 ~~necessary for designation as a primary stroke center and the~~

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

117 (3)~~(4)~~ The agency shall adopt by rule criteria for a  
118 primary stroke center which are substantially similar to the  
119 certification standards for primary stroke centers of the Joint  
120 Commission ~~on Accreditation of Healthcare Organizations.~~

121 (4)~~(5)~~ The agency shall adopt by rule criteria for a  
122 comprehensive stroke center. However, if the Joint Commission ~~on~~  
123 ~~Accreditation of Healthcare Organizations~~ establishes criteria  
124 for a comprehensive stroke center, ~~the~~ agency rules shall be  
125 ~~establish criteria for a comprehensive stroke center which are~~  
126 ~~substantially similar to those criteria established by the Joint~~  
127 ~~Commission on Accreditation of Healthcare Organizations.~~

128 (5)~~(6)~~ This act is not a medical practice guideline and  
129 may not be used to restrict the authority of a hospital to  
130 provide services for which it is licensed ~~has received a license~~  
131 under chapter 395. The Legislature intends that all patients be  
132 treated individually based on each patient's needs and  
133 circumstances.

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

136 397.403 License application.—

137 (3) The department shall accept proof of accreditation by  
138 an accrediting organization whose standards incorporate  
139 comparable licensure regulations required by this state ~~the~~  
140 ~~Commission on Accreditation of Rehabilitation Facilities (CARF)~~

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

146 | Section 5. Subsection (1) of section 400.925, Florida  
 147 | Statutes, is amended to read:

148 | 400.925 Definitions.—As used in this part, the term:

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

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

157 | 400.9935 Clinic responsibilities.—

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

162 | (g) Conduct systematic reviews of clinic billings to  
 163 | ensure that the billings are not fraudulent or unlawful. Upon  
 164 | discovery of an unlawful charge, the medical director or clinic  
 165 | director shall take immediate corrective action. If the clinic  
 166 | performs only the technical component of magnetic resonance  
 167 | imaging, static radiographs, computed tomography, or positron  
 168 | emission tomography, and provides the professional

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

183 (7) (a) Each clinic engaged in magnetic resonance imaging  
184 services must be accredited by a national accrediting  
185 organization that is approved by the Centers for Medicare and  
186 Medicaid Services for magnetic resonance imaging and advanced  
187 diagnostic imaging services ~~the Joint Commission on~~  
188 ~~Accreditation of Healthcare Organizations, the American College~~  
189 ~~of Radiology, or the Accreditation Association for Ambulatory~~  
190 ~~Health Care,~~ within 1 year after licensure. A clinic that is  
191 accredited ~~by the American College of Radiology~~ or that is  
192 within the original 1-year period after licensure and replaces  
193 its core magnetic resonance imaging equipment shall be given 1  
194 year after the date on which the equipment is replaced to attain  
195 accreditation. However, a clinic may request a single, 6-month  
196 extension if it provides evidence to the agency establishing

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

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

215 402.7306 Administrative monitoring of child welfare  
216 providers, and administrative, licensure, and programmatic  
217 monitoring of mental health and substance abuse service  
218 providers.—The Department of Children and Family Services, the  
219 Department of Health, the Agency for Persons with Disabilities,  
220 the Agency for Health Care Administration, community-based care  
221 lead agencies, managing entities as defined in s. 394.9082, and  
222 agencies who have contracted with monitoring agents shall  
223 identify and implement changes that improve the efficiency of  
224 administrative monitoring of child welfare services, and the

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

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

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

247 (b) Investigating complaints or suspected problems and  
248 monitoring the service provider's compliance with ~~any~~ resulting  
249 negotiated terms and conditions, including provisions relating  
250 to consent decrees that are unique to a specific service and are  
251 not statements of general applicability.

252 (c) Ensuring compliance with federal and state laws,

253 federal regulations, or state rules if such monitoring does not  
 254 duplicate the accrediting organization's review pursuant to  
 255 accreditation standards.

256  
 257 Medicaid certification and precertification reviews are exempt  
 258 from this subsection to ensure Medicaid compliance.

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

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

279 (b) Investigating complaints, identifying problems that  
 280 would affect the safety or viability of the service provider,

281 and monitoring the service provider's compliance with ~~any~~  
 282 resulting negotiated terms and conditions, including provisions  
 283 relating to consent decrees that are unique to a specific  
 284 service and are not statements of general applicability.

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

289  
 290 Federal certification and precertification reviews are exempt  
 291 from this subsection to ensure Medicaid compliance.

292 Section 8. Paragraph (k) of subsection (3) of section  
 293 408.05, Florida Statutes, is amended to read:

294 408.05 Florida Center for Health Information and Policy  
 295 Analysis.—

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

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

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

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

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

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

350  
351 When determining which patient charge data to disclose, the  
352 agency shall include such measures as the average of  
353 undiscounted charges on frequently performed procedures and  
354 preventive diagnostic procedures, the range of procedure charges  
355 from highest to lowest, average net revenue per adjusted patient  
356 day, average cost per adjusted patient day, and average cost per  
357 admission, among others.

358 2. Make available performance measures, benefit design,  
359 and premium cost data from health plans licensed pursuant to  
360 chapter 627 or chapter 641. The agency shall determine which  
361 health care quality measures and member and subscriber cost data  
362 to disclose, based upon input from the council. When determining  
363 which data to disclose, the agency shall consider information  
364 that may be required by either individual or group purchasers to

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

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

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

391 Section 9. Paragraph (b) of subsection (3) of section  
392 430.80, Florida Statutes, is amended to read:

393 430.80 Implementation of a teaching nursing home pilot  
 394 project.-

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

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

403 Section 10. Paragraph (a) of subsection (2) of section  
 404 440.13, Florida Statutes, is amended to read:

405 440.13 Medical services and supplies; penalty for  
 406 violations; limitations.-

407 (2) MEDICAL TREATMENT; DUTY OF EMPLOYER TO FURNISH.-

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

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

431  
 432 Failure of the carrier to timely comply with this subsection  
 433 shall be a violation of this chapter and the carrier shall be  
 434 subject to penalties as provided for in s. 440.525.

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

437 627.645 Denial of health insurance claims restricted.—

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

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449 Section 12. Paragraph (c) of subsection (2) of section  
450 627.668, Florida Statutes, is amended to read:

451 627.668 Optional coverage for mental and nervous disorders  
452 required; exception.—

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

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

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

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

484 627.669 Optional coverage required for substance abuse  
 485 impaired persons; exception.—

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

494 Section 14. Paragraph (a) of subsection (1) of section  
 495 627.736, Florida Statutes, is amended to read:

496 627.736 Required personal injury protection benefits;  
 497 exclusions; priority; claims.—

498 (1) REQUIRED BENEFITS.—An insurance policy complying with  
 499 the security requirements of s. 627.733 must provide personal  
 500 injury protection to the named insured, relatives residing in  
 501 the same household, persons operating the insured motor vehicle,  
 502 passengers in the motor vehicle, and other persons struck by the  
 503 motor vehicle and suffering bodily injury while not an occupant  
 504 of a self-propelled vehicle, subject to subsection (2) and

505 paragraph (4) (e), to a limit of \$10,000 in medical and  
506 disability benefits and \$5,000 in death benefits resulting from  
507 bodily injury, sickness, disease, or death arising out of the  
508 ownership, maintenance, or use of a motor vehicle as follows:

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

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

526 2. Upon referral by a provider described in subparagraph  
527 1., followup services and care consistent with the underlying  
528 medical diagnosis rendered pursuant to subparagraph 1. which may  
529 be provided, supervised, ordered, or prescribed only by a  
530 physician licensed under chapter 458 or chapter 459, a  
531 chiropractic physician licensed under chapter 460, a dentist  
532 licensed under chapter 466, or, to the extent permitted by

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

539 a. A hospital or ambulatory surgical center licensed under  
 540 chapter 395.

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

546 c. An entity that owns or is wholly owned, directly or  
 547 indirectly, by a hospital or hospitals.

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

550 e. A health care clinic licensed under part X of chapter  
 551 400 which is accredited by an accrediting organization whose  
 552 standards incorporate comparable regulations required by this  
 553 state ~~the Joint Commission on Accreditation of Healthcare~~  
 554 ~~Organizations, the American Osteopathic Association, the~~  
 555 ~~Commission on Accreditation of Rehabilitation Facilities, or the~~  
 556 ~~Accreditation Association for Ambulatory Health Care, Inc., or~~

557 (I) Has a medical director licensed under chapter 458,  
 558 chapter 459, or chapter 460;

559 (II) Has been continuously licensed for more than 3 years  
 560 or is a publicly traded corporation that issues securities

561 | traded on an exchange registered with the United States  
 562 | Securities and Exchange Commission as a national securities  
 563 | exchange; and

564 | (III) Provides at least four of the following medical  
 565 | specialties:

- 566 | (A) General medicine.
- 567 | (B) Radiography.
- 568 | (C) Orthopedic medicine.
- 569 | (D) Physical medicine.
- 570 | (E) Physical therapy.
- 571 | (F) Physical rehabilitation.
- 572 | (G) Prescribing or dispensing outpatient prescription  
 573 | medication.
- 574 | (H) Laboratory services.

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

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

587 | 5. Medical benefits do not include massage as defined in  
 588 | s. 480.033 or acupuncture as defined in s. 457.102, regardless

589 of the person, entity, or licensee providing massage or  
590 acupuncture, and a licensed massage therapist or licensed  
591 acupuncturist may not be reimbursed for medical benefits under  
592 this section.

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

599  
600 Only insurers writing motor vehicle liability insurance in this  
601 state may provide the required benefits of this section, and  
602 such insurer may not require the purchase of any other motor  
603 vehicle coverage other than the purchase of property damage  
604 liability coverage as required by s. 627.7275 as a condition for  
605 providing such benefits. Insurers may not require that property  
606 damage liability insurance in an amount greater than \$10,000 be  
607 purchased in conjunction with personal injury protection. Such  
608 insurers shall make benefits and required property damage  
609 liability insurance coverage available through normal marketing  
610 channels. An insurer writing motor vehicle liability insurance  
611 in this state who fails to comply with such availability  
612 requirement as a general business practice violates part IX of  
613 chapter 626, and such violation constitutes an unfair method of  
614 competition or an unfair or deceptive act or practice involving  
615 the business of insurance. An insurer committing such violation  
616 is subject to the penalties provided under that part, as well as

617 those provided elsewhere in the insurance code.

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

620 641.495 Requirements for issuance and maintenance of  
 621 certificate.—

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

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

635 766.1015 Civil immunity for members of or consultants to  
 636 certain boards, committees, or other entities.—

637 (2) Such committee, board, group, commission, or other  
 638 entity must be established in accordance with state law, or in  
 639 accordance with requirements of an applicable accrediting  
 640 organization whose standards incorporate comparable regulations  
 641 required by this state, ~~the Joint Commission on Accreditation of~~  
 642 ~~Healthcare Organizations,~~ established and duly constituted by  
 643 one or more public or licensed private hospitals or behavioral  
 644 health agencies, or established by a governmental agency. To be

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645 | protected by this section, the act, decision, omission, or  
646 | utterance may not be made or done in bad faith or with malicious  
647 | intent.

648 |       Section 17. This act shall take effect July 1, 2013.