A bill to be entitled

An act relating to volunteer health services; amending s. 766.1115, F.S.; revising requirements for patient referral under the "Access to Health Care Act"; eliminating a requirement that the governmental contractor approve all followup or hospital care; requiring the Department of Health to post specified information online concerning volunteer providers; permitting volunteer providers to earn continuing education credit for participation in the program up to a specified amount; deleting provisions requiring the department to make specified rules concerning methods for determination and approval of patient eligibility and referral; providing an effective date.

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

Section 1. Subsections (10) and (11) of section 766.1115, Florida Statutes, are renumbered as sections (11) and (12), respectively, a new subsection (10) is added to that section, and paragraphs (d), (f), and (g) of subsection (4) and present subsections (8) and (10) of that section are amended, to read:

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

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

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768.28(9), while acting within the scope of duties under the contract, if the contract complies with the requirements of this section and regardless of whether the individual treated is later found to be ineligible. A health care provider under contract with the state may not be named as a defendant in any action arising out of medical care or treatment provided on or after April 17, 1992, under contracts entered into under this section. The contract must provide that:

- (d) Patient selection and initial referral <u>may</u> <u>must</u> be made <u>solely</u> by the governmental contractor <u>or the provider</u>, and the provider must accept all referred patients. However, the number of patients that must be accepted may be limited by the contract, and patients may not be transferred to the provider based on a violation of the antidumping provisions of the Omnibus Budget Reconciliation Act of 1989, the Omnibus Budget Reconciliation Act of 1990, or chapter 395.
- (f) Patient care, including any followup or hospital care, is subject to approval by the governmental contractor.
- $\underline{\text{(f)}}$ The provider is subject to supervision and regular inspection by the governmental contractor.

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

- (8) REPORTING REPORT TO THE LEGISLATURE.
- (a) Annually, the department shall report to the President of the Senate, the Speaker of the House of Representatives, and the minority leaders and relevant substantive committee

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chairpersons of both houses, summarizing the efficacy of access and treatment outcomes with respect to providing health care services for low-income persons pursuant to this section.

- (b) The department shall provide an online listing of all providers volunteering under this program with their hours and the number of patient visits each provided.
- (10) CONTINUING EDUCATION CREDIT.—A provider may fulfill 1 hour of continuing education credit by performing 1 hour of volunteer services to the indigent as provided in this section, up to a maximum of eight credits per licensure period for that provider.
- <u>(11)</u> (10) RULES.—The department shall adopt rules to administer this section in a manner consistent with its purpose to provide and facilitate access to appropriate, safe, and cost-effective health care services and to maintain health care quality. The rules may include services to be provided and authorized procedures. Notwithstanding the requirements of paragraph (4) (d), the department shall adopt rules that specify required methods for determination and approval of patient eligibility and referral and the contractual conditions under which a health care provider may perform the patient eligibility and referral process on behalf of the department. These rules shall include, but not be limited to, the following requirements:
- (a) The provider must accept all patients referred by the department. However, the number of patients that must be accepted may be limited by the contract.
 - (b) The provider shall comply with departmental rules

regarding the determination and approval of patient eligibility and referral.

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- (c) The provider shall complete training conducted by the department regarding compliance with the approved methods for determination and approval of patient eligibility and referral.
- (d) The department shall retain review and oversight authority of the patient eligibility and referral determination. Section 2. This act shall take effect July 1, 2013.