1 A bill to be entitled
2 An act relating to health care; amending s. 395.4001,
3 F.S.; revising the definition of the terms "level II
4 trauma center" and "trauma center"; amending s.
5 395.401, F.S.; making conforming changes; amending s.
6 395.4025, F.S.; establishing criteria for designating
7 Level II trauma centers in areas with limited access
8 to trauma center services; amending s. 400.9905, F.S.;
9 revising a definition; amending s. 408.036, F.S.;
10 providing for expedited review of certificate-of-need
11 for licensed skilled nursing facilities in qualifying
12 retirement communities; providing criteria for
13 expedited review for licensed skilled nursing homes in
14 qualifying retirement communities; limiting the number
15 of beds per retirement community that can be added
16 through expedited review; amending s. 395.003, F.S.;
17 authorizing certain specialty-licensed children's
18 hospitals to provide obstetrical services under
19 certain circumstances; providing a short title;
20 creating ss. 627.42391 and 641.313, F.S.; providing
21 definitions; requiring that an individual or group
22 insurance policy or contract or a health maintenance
23 contract that provides coverage for cancer treatment
24 medications provide coverage for orally administered
25 cancer treatment medications; requiring that an
26 individual or group insurance policy or contract or a
27 health maintenance contract provide coverage for
28 orally administered cancer treatment medications on a

29 basis no less favorable than that required by the
30 policy or contract for intravenously administered or
31 injected cancer treatment medications; excluding
32 grandfathered health plans and other specified types
33 of health care policies and supplemental limited-
34 benefit plans from coverage and from coverage and
35 cost-sharing requirements; prohibiting insurers,
36 health maintenance organizations, and certain other
37 entities from engaging in specified actions to avoid
38 compliance with this act; providing limits on certain
39 cost-sharing requirements; providing an appropriation
40 to the Department of Health to fund the administration
41 of the prescription drug monitoring program; providing
42 effective dates.
43
44 Be It Enacted by the Legislature of the State of Florida:
45
46 Section 1. Paragraph (a) of subsection (7) and subsection
47 (14) of section 395.4001, Florida Statutes, are amended to read:
48 395.4001 Definitions.—As used in this part, the term:
49 (7) "Level II trauma center" means a trauma center that:
50 (a) Is verified by the department to be in substantial
51 compliance with Level II trauma center standards and has been
52 approved by the department to operate as a Level II trauma
53 center or is designated pursuant to s. 395.4025(14).
54 (14) "Trauma center" means a hospital that has been
55 verified by the department to be in substantial compliance with
56 the requirements in s. 395.4025 and has been approved by the

57 department to operate as a Level I trauma center, Level II
58 trauma center, or pediatric trauma center, or is designated by
59 the department as a Level II trauma center pursuant to s.
60 395.4025(14).
61 Section 2. Paragraph (k) of subsection (1) of section
62 395.401, Florida Statutes, is amended to read:
63 395.401 Trauma services system plans; approval of trauma
64 centers and pediatric trauma centers; procedures; renewal.—
65 (1)
66 (k) It is unlawful for any hospital or other facility to
67 hold itself out as a trauma center unless it has been so
68 verified or designated pursuant to s. 395.4025(14).
69 Section 3. Subsection (14) of section 395.4025, Florida
70 Statutes, is amended to read:
71 395.4025 Trauma centers; selection; quality assurance;
72 records.—
73 (14) Notwithstanding the procedures established pursuant
74 to subsections (1) through (13) in this section, hospitals
75 located in areas with limited access to trauma center services
76 shall be designated by the department as Level II trauma centers
77 based on documentation of a valid certificate of trauma center
78 verification from the American College of Surgeons. Areas with
79 limited access to trauma center services are defined by the
80 following criteria:
81 (a) The hospital is located in a trauma service area with
82 a population greater than 600,000 persons but a population
83 density of less than 225 persons per square mile; and
84 (b) The hospital is located in a county with no verified

85 trauma center; and
86 (c) The hospital is located at least 15 miles or 20
87 minutes travel time by ground transport from the nearest
88 verified trauma center ~~any other provisions of this section and~~
89 ~~rules adopted pursuant to this section, until the department has~~
90 ~~conducted the review provided under s. 395.402, only hospitals~~
91 ~~located in trauma services areas where there is no existing~~
92 ~~trauma center may apply~~.
93 Section 4. Paragraphs (l) and (m) of subsection (4) of
94 section 400.9905, Florida Statutes, are amended to read:
95 400.9905 Definitions.—
96 (4) "Clinic" means an entity where health care services
97 are provided to individuals and which tenders charges for
98 reimbursement for such services, including a mobile clinic and a
99 portable equipment provider. As used in this part, the term does
100 not include and the licensure requirements of this part do not
101 apply to:
102 (l) Orthotic, ~~or~~ prosthetic, pediatric cardiology, or
103 perinatology clinical facilities or anesthesia clinical
104 facilities that are not otherwise exempt under paragraph (a) or
105 paragraph (k) and that are a publicly traded corporation or ~~that~~
106 are wholly owned, directly or indirectly, by a publicly traded
107 corporation. As used in this paragraph, a publicly traded
108 corporation is a corporation that issues securities traded on an
109 exchange registered with the United States Securities and
110 Exchange Commission as a national securities exchange.
111 (m) Entities that are owned by a corporation that has $250
112 million or more in total annual sales of health care services

113 provided by licensed health care practitioners where one or more
114 of the persons responsible for the operations of the entity are
115 ~~owners is~~ a health care practitioner who is licensed in this
116 state and who is responsible for supervising the business
117 activities of the entity and is ~~legally~~ responsible for the
118 entity's compliance with state law for purposes of this part.
119
120 Notwithstanding this subsection, an entity shall be deemed a
121 clinic and must be licensed under this part in order to receive
122 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.
123 627.730-627.7405, unless exempted under s. 627.736(5)(h).
124 Section 5. Subsection (2) of section 408.036, Florida
125 Statutes, is amended to read:
126 408.036 Projects subject to review; exemptions.—
127 (2) PROJECTS SUBJECT TO EXPEDITED REVIEW.—Unless exempt
128 pursuant to subsection (3), projects subject to an expedited
129 review shall include, but not be limited to:
130 (a) A transfer of a certificate of need, except that when
131 an existing hospital is acquired by a purchaser, all
132 certificates of need issued to the hospital which are not yet
133 operational shall be acquired by the purchaser, without need for
134 a transfer.
135 (b) Replacement of a nursing home within the same
136 district, if the proposed project site is located within a
137 geographic area that contains at least 65 percent of the
138 facility's current residents and is within a 30-mile radius of
139 the replaced nursing home.
140 (c) Relocation of a portion of a nursing home's licensed

141 beds to a facility within the same district, if the relocation
142 is within a 30-mile radius of the existing facility and the
143 total number of nursing home beds in the district does not
144 increase.
145 (d) The new construction of a community nursing home in a
146 retirement community as further provided in this paragraph.
147 1. Expedited review under this paragraph is available if
148 all of the following criteria are met:
149 a. The residential use area of the retirement community is
150 deed-restricted as housing for older persons as defined in s.
151 760.29(4)(b).
152 b. The retirement community is located in a county in
153 which 25 percent or more of its population is age 65 and older.
154 c. The retirement community is located in a county that
155 has a rate of no more than 16.1 beds per 1,000 persons age 65
156 years or older. The rate shall be determined by using the
157 current number of licensed and approved community nursing home
158 beds in the county per the agency's most recent published
159 inventory.
160 d. The retirement community has a population of at least
161 8,000 residents within the county, based on a population data
162 source accepted by the agency.
163 e. The number of proposed community nursing home beds in
164 an application does not exceed the projected bed need after
165 applying the rate of 16.1 beds per 1,000 persons aged 65 years
166 and older projected for the county 3 years into the future using
167 the estimates adopted by the agency, after subtracting the
168 inventory of licensed and approved community nursing home beds

169 in the county per the agency's most recent published inventory.
170 2. No more than 120 community nursing home beds shall be
171 approved for a qualified retirement community under each request
172 for application for expedited review. Subsequent requests for
173 expedited review under this process shall not be made until 2
174 years after construction of the facility has commenced or 1 year
175 after the beds approved through the initial request are
176 licensed, whichever occurs first.
177 3. The total number of community nursing home beds which
178 may be approved for any single deed-restricted community
179 pursuant to this paragraph shall not exceed 240, regardless of
180 whether the retirement community is located in more than one
181 qualifying county.
182 4. Each nursing home facility approved under this
183 paragraph shall be dually certified for participation in the
184 Medicare and Medicaid programs.
185 5. Each nursing home facility approved under this
186 paragraph shall be at least one mile from an existing approved
187 and licensed community nursing home, measured over publicly
188 owned roadways.
189 6. Section 408.0435 does not apply to this paragraph.
190 7. A retirement community requesting expedited review
191 under this paragraph shall submit a written request to the
192 agency for an expedited review. The request shall include the
193 number of beds to be added and provide evidence of compliance
194 with the criteria specified in subparagraph 1.
195 8. After verifying that the retirement community meets the
196 criteria for expedited review specified in subparagraph 1., the

197 agency shall publicly notice in the Florida Administrative
198 Register that a request for an expedited review has been
199 submitted by a qualifying retirement community and that the
200 qualifying retirement community intends to make land available
201 for the construction and operation of a community nursing home.
202 The agency's notice shall identify where potential applicants
203 can obtain information describing the sales price of, or terms
204 of the land lease for, the property on which the project will be
205 located and the requirements established by the retirement
206 community. The agency notice shall also specify the deadline for
207 submission of any certificate-of-need application, which shall
208 not be earlier than the 91st day and not be later than the 125th
209 day after the date the notice appears in the Florida
210 Administrative Register.
211 9. The qualified retirement community shall make land
212 available to applicants it deems to have met its requirements
213 for the construction and operation of a community nursing home
214 but will sell or lease the land only to the applicant that is
215 issued a certificate of need by the agency under the provisions
216 of this paragraph.
217 a. A certificate of need application submitted pursuant to
218 this paragraph shall identify the intended site for the project
219 within the retirement community and the anticipated costs for
220 the project based on that site. The application shall also
221 include written evidence that the retirement community has
222 determined that the provider submitting the application and the
223 project proposed by that provider satisfies its requirements for
224 the project.

225 b. The retirement community's determination that more than
226 one provider satisfies its requirements for the project does not
227 preclude the retirement community from notifying the agency of
228 the provider it prefers.
229 10. Each application submitted shall be reviewed by the
230 agency. If multiple applications are submitted for the project
231 as published pursuant to subparagraph 8. above, then the
232 competing applications shall be reviewed by the agency.
233
234 The agency shall develop rules to implement the provisions for
235 expedited review, including time schedule, application content
236 which may be reduced from the full requirements of s.
237 408.037(1), and application processing.
238 Section 6. Subsection (6) of section 395.003, Florida
239 Statutes, is amended to read:
240 395.003 Licensure; denial, suspension, and revocation.—
241 (6)(a) A specialty hospital may not provide any service or
242 regularly serve any population group beyond those services or
243 groups specified in its license. A specialty-licensed children's
244 hospital that is authorized to provide pediatric cardiac
245 catheterization and pediatric open-heart surgery services may
246 provide cardiovascular service to adults who, as children, were
247 previously served by the hospital for congenital heart disease,
248 or to those patients who are referred for a specialized
249 procedure only for congenital heart disease by an adult
250 hospital, without obtaining additional licensure as a provider
251 of adult cardiovascular services. The agency may request
252 documentation as needed to support patient selection and

253 treatment. This subsection does not apply to a specialty-
254 licensed children's hospital that is already licensed to provide
255 adult cardiovascular services.
256 (b) A specialty-licensed children's hospital that has
257 licensed neonatal intensive care unit beds and is located in a
258 county with a population of 1,750,000 or more may provide
259 obstetrical services, in accordance with the pertinent
260 guidelines promulgated by the American College of Obstetricians
261 and Gynecologists and with verification of guidelines and
262 compliance with internal safety standards by the Voluntary
263 Review for Quality of Care Program of the American College of
264 Obstetricians and Gynecologists and in compliance with the
265 agency's rules pertaining to the obstetrical department in a
266 hospital and offer healthy mothers all necessary critical care
267 equipment, services, and the capability of providing up to 10
268 beds for labor and delivery care, which services are restricted
269 to the diagnosis, care, and treatment of pregnant women of any
270 age who have documentation by an examining physician that
271 includes information regarding:
272 1. At least one fetal characteristic or condition diagnosed
273 intra-utero that would characterize the pregnancy or delivery as
274 high risk including structural abnormalities of the digestive,
275 central nervous, and cardiovascular systems and disorders of
276 genetic malformations and skeletal dysplasia, acute metabolic
277 emergencies, and babies of mothers with rheumatologic disorders;
278 or
279 2. Medical advice or a diagnosis indicating that the fetus
280 may require at least one perinatal intervention.

CODING: Words stricken are deletions; words underlined are additions.

281
282 This paragraph shall not preclude a specialty-licensed
283 children's hospital from complying with s. 395.1041 or the
284 Emergency Medical Treatment and Active Labor Act, 42 U.S.C.
285 1395dd.
286 Section 7. Sections 8 and 9 of this act may be cited as the
287 "Cancer Treatment Fairness Act."
288 Section 8. Effective July 1, 2014, and applicable to
289 policies issued or renewed on or after that date, section
290 627.42391, Florida Statutes, is created to read:
291 627.42391 Insurance policies; cancer treatment parity;
292 orally administered cancer treatment medications.—
293 (1) As used in this section, the term:
294 (a) "Cancer treatment medication" means medication
295 prescribed by a treating physician who determines that the
296 medication is medically necessary to kill or slow the growth of
297 cancerous cells in a manner consistent with nationally accepted
298 standards of practice.
299 (b) "Cost sharing" includes copayments, coinsurance, dollar
300 limits, and deductibles imposed on the covered person.
301 (c) "Grandfathered health plan" has the same meaning as
302 provided in 42 U.S.C. s. 18011 and is subject to the conditions
303 for maintaining status as a grandfathered health plan as
304 specified in 45 C.F.R. s. 147.140.
305 (2) An individual or group insurance policy delivered,
306 issued for delivery, renewed, amended, or continued in this
307 state that provides medical, major medical, or similar
308 comprehensive coverage and includes coverage for cancer

309 treatment medications must also cover prescribed, orally
310 administered cancer treatment medications and may not apply
311 cost-sharing requirements for orally administered cancer
312 treatment medications that are less favorable to the covered
313 person than cost-sharing requirements for intravenous or
314 injected cancer treatment medications covered under the policy
315 or contract.
316 (3) An insurer providing a policy or contract described in
317 subsection (2) and any participating entity through which the
318 insurer offers health services may not:
319 (a) Vary the terms of the policy in effect on July 1, 2014,
320 to avoid compliance with this section.
321 (b) Provide any incentive, including, but not limited to, a
322 monetary incentive, or impose treatment limitations to encourage
323 a covered person to accept less than the minimum protections
324 available under this section.
325 (c) Penalize a health care practitioner or reduce or limit
326 the compensation of a health care practitioner for recommending
327 or providing services or care to a covered person as required
328 under this section.
329 (d) Provide any incentive, including, but not limited to, a
330 monetary incentive, to induce a health care practitioner to
331 provide care or services that do not comply with this section.
332 (e) Change the classification of any intravenous or
333 injected cancer treatment medication or increase the amount of
334 cost sharing applicable to any intravenous or injected cancer
335 treatment medication in effect on the effective date of this
336 section in order to achieve compliance with this section.

337 (4) This section does not apply to grandfathered health
338 plans or to Medicare supplement, dental, vision, long-term care,
339 disability, accident only, specified disease policies, or other
340 supplemental limited-benefit plans.
341
342 Notwithstanding this section, if the cost-sharing requirements
343 for intravenous or injected cancer treatment medications under
344 the policy or contract are less than $50 per month, then the
345 cost-sharing requirements for orally administered cancer
346 treatment medications may be up to $50 per month.
347 Section 9. Effective July 1, 2014, and applicable to
348 policies issued or renewed on or after that date, section
349 641.313, Florida Statutes, is created to read:
350 641.313 Health maintenance contracts; cancer treatment
351 parity; orally administered cancer treatment medications.—
352 (1) As used in this section, the term:
353 (a) "Cancer treatment medication" means medication
354 prescribed by a treating physician who determines that the
355 medication is medically necessary to kill or slow the growth of
356 cancerous cells in a manner consistent with nationally accepted
357 standards of practice.
358 (b) "Cost sharing" includes copayments, coinsurance, dollar
359 limits, and deductibles imposed on the covered person.
360 (c) "Grandfathered health plan" has the same meaning as
361 provided in 42 U.S.C. s. 18011 and is subject to the conditions
362 for maintaining status as a grandfathered health plan as
363 specified in 45 C.F.R. s. 147.140.
364 (2) A health maintenance contract delivered, issued for

365 delivery, renewed, amended, or continued in this state that
366 provides medical, major medical, or similar comprehensive
367 coverage and includes coverage for cancer treatment medications
368 must also cover prescribed, orally administered cancer treatment
369 medications and may not apply cost-sharing requirements for
370 orally administered cancer treatment medications that are less
371 favorable to the covered person than cost-sharing requirements
372 for intravenous or injected cancer treatment medications covered
373 under the contract.
374 (3) A health maintenance organization providing a contract
375 described in subsection (2) and any participating entity through
376 which the health maintenance organization offers health services
377 may not:
378 (a) Vary the terms of the policy in effect on July 1, 2014,
379 to avoid compliance with this section.
380 (b) Provide any incentive, including, but not limited to, a
381 monetary incentive, or impose treatment limitations to encourage
382 a covered person to accept less than the minimum protections
383 available under this section.
384 (c) Penalize a health care practitioner or reduce or limit
385 the compensation of a health care practitioner for recommending
386 or providing services or care to a covered person as required
387 under this section.
388 (d) Provide any incentive, including, but not limited to, a
389 monetary incentive, to induce a health care practitioner to
390 provide care or services that do not comply with this section.
391 (e) Change the classification of any intravenous or
392 injected cancer treatment medication or increase the amount of

393 cost sharing applicable to any intravenous or injected cancer
394 treatment medication in effect on the effective date of this
395 section in order to achieve compliance with this section.
396 (4) This section does not apply to grandfathered health
397 plans or to Medicare supplement, dental, vision, long-term care,
398 disability, accident only, specified disease policies, or other
399 supplemental limited-benefit plans.
400
401 Notwithstanding this section, if the cost-sharing requirements
402 for intravenous or injected cancer treatment medications under
403 the contract are less than $50 per month, then the cost-sharing
404 requirements for orally administered cancer treatment
405 medications may be up to $50 per month.
406 Section 10. Notwithstanding s. 893.055, Florida Statutes,
407 for the 2013-2014 fiscal year, the sum of $500,000 in
408 nonrecurring funds is appropriated from the General Revenue Fund
409 to the Department of Health for the general administration of
410 the prescription drug monitoring program.
411 Section 11. Except as otherwise provided in this act, this
412 act shall take effect upon becoming a law.