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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/22/2013	.	
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The Committee on Rules (Gardiner) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

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

154.11 Powers of board of trustees.—

(1) The board of trustees of each public health trust shall  
be deemed to exercise a public and essential governmental  
function of both the state and the county and in furtherance  
thereof it shall, subject to limitation by the governing body of  
the county in which such board is located, have all of the



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14 powers necessary or convenient to carry out the operation and  
15 governance of designated health care facilities, including, but  
16 without limiting the generality of, the foregoing:

17 (n) To appoint originally the staff of physicians to  
18 practice in a ~~any~~ designated facility owned or operated by the  
19 board and to approve the bylaws and rules to be adopted by the  
20 medical staff of a ~~any~~ designated facility owned and operated by  
21 the board, such governing regulations shall ~~to be in accordance~~  
22 ~~with the standards of the Joint Commission on the Accreditation~~  
23 ~~of Hospitals which~~ provide, among other things, for the method  
24 of appointing additional staff members and for the removal of  
25 staff members.

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

28 394.741 Accreditation requirements for providers of  
29 behavioral health care services.-

30 (2) Notwithstanding any provision of law to the contrary,  
31 accreditation shall be accepted by the agency and department in  
32 lieu of the agency's and department's facility licensure onsite  
33 review requirements and shall be accepted as a substitute for  
34 the department's administrative and program monitoring  
35 requirements, except as required by subsections (3) and (4),  
36 for:

37 (a) An ~~Any~~ organization from which the department purchases  
38 behavioral health care services which ~~that~~ is accredited by an  
39 accrediting organization whose standards incorporate comparable  
40 licensure regulations required by this state ~~the Joint~~  
41 ~~Commission on Accreditation of Healthcare Organizations or the~~  
42 ~~Council on Accreditation for Children and Family Services, or~~



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43 ~~has those services that are being purchased by the department~~  
44 ~~accredited by CARF—the Rehabilitation Accreditation Commission.~~

45 (b) A Any mental health facility licensed by the agency or  
46 a any substance abuse component licensed by the department which  
47 ~~that~~ is accredited by an accrediting organization whose  
48 standards incorporate comparable licensure regulations required  
49 by this state the Joint Commission on Accreditation of  
50 ~~Healthcare Organizations, CARF—the Rehabilitation Accreditation~~  
51 ~~Commission, or the Council on Accreditation of Children and~~  
52 ~~Family Services.~~

53 (c) A Any network of providers from which the department or  
54 the agency purchases behavioral health care services accredited  
55 by an accrediting organization whose standards incorporate  
56 comparable licensure regulations required by this state the  
57 ~~Joint Commission on Accreditation of Healthcare Organizations,~~  
58 ~~CARF—the Rehabilitation Accreditation Commission, the Council on~~  
59 ~~Accreditation of Children and Family Services, or the National~~  
60 ~~Committee for Quality Assurance.~~ A provider organization that,  
61 ~~which~~ is part of an accredited network, is afforded the same  
62 rights under this part.

63 Section 3. Section 395.3038, Florida Statutes, is amended  
64 to read:

65 395.3038 State-listed primary stroke centers and  
66 comprehensive stroke centers; notification of hospitals.—

67 (1) The agency shall make available on its website and to  
68 the department a list of the name and address of each hospital  
69 that meets the criteria for a primary stroke center and the name  
70 and address of each hospital that meets the criteria for a  
71 comprehensive stroke center. The list of primary and



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72 comprehensive stroke centers must ~~shall~~ include only those  
73 hospitals that attest in an affidavit submitted to the agency  
74 that the hospital meets the named criteria, or those hospitals  
75 that attest in an affidavit submitted to the agency that the  
76 hospital is certified as a primary or a comprehensive stroke  
77 center by an accrediting organization ~~the Joint Commission on~~  
78 ~~Accreditation of Healthcare Organizations.~~

79 (2) (a) If a hospital no longer chooses to meet the criteria  
80 for a primary or comprehensive stroke center, the hospital shall  
81 notify the agency and the agency shall immediately remove the  
82 hospital from the list.

83 (b)1. This subsection does not apply if the hospital is  
84 unable to provide stroke treatment services for a period of time  
85 not to exceed 2 months. The hospital shall immediately notify  
86 all local emergency medical services providers when the  
87 temporary unavailability of stroke treatment services begins and  
88 when the services resume.

89 2. If stroke treatment services are unavailable for more  
90 than 2 months, the agency shall remove the hospital from the  
91 list of primary or comprehensive stroke centers until the  
92 hospital notifies the agency that stroke treatment services have  
93 been resumed.

94 ~~(3) The agency shall notify all hospitals in this state by~~  
95 ~~February 15, 2005, that the agency is compiling a list of~~  
96 ~~primary stroke centers and comprehensive stroke centers in this~~  
97 ~~state. The notice shall include an explanation of the criteria~~  
98 ~~necessary for designation as a primary stroke center and the~~  
99 ~~criteria necessary for designation as a comprehensive stroke~~  
100 ~~center. The notice shall also advise hospitals of the process by~~



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101 ~~which a hospital might be added to the list of primary or~~  
102 ~~comprehensive stroke centers.~~

103 (3)~~(4)~~ The agency shall adopt by rule criteria for a  
104 primary stroke center which are substantially similar to the  
105 certification standards for primary stroke centers of the Joint  
106 Commission ~~on Accreditation of Healthcare Organizations.~~

107 (4)~~(5)~~ The agency shall adopt by rule criteria for a  
108 comprehensive stroke center. However, if the Joint Commission ~~on~~  
109 ~~Accreditation of Healthcare Organizations~~ establishes criteria  
110 for a comprehensive stroke center, ~~the~~ agency rules shall be  
111 ~~establish criteria for a comprehensive stroke center which are~~  
112 ~~substantially similar to those criteria established by the Joint~~  
113 ~~Commission on Accreditation of Healthcare Organizations.~~

114 (5)~~(6)~~ This act is not a medical practice guideline and may  
115 not be used to restrict the authority of a hospital to provide  
116 services for which it is licensed ~~has received a license~~ under  
117 chapter 395. The Legislature intends that all patients be  
118 treated individually based on each patient's needs and  
119 circumstances.

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

122 397.403 License application.—

123 (3) The department shall accept proof of accreditation by  
124 an accrediting organization whose standards incorporate  
125 comparable licensure regulations required by this state ~~the~~  
126 ~~Commission on Accreditation of Rehabilitation Facilities (CARF)~~  
127 ~~or the joint commission~~, or through another ~~any other~~ nationally  
128 recognized certification process that is acceptable to the  
129 department and meets the minimum licensure requirements under



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130 this chapter, in lieu of requiring the applicant to submit the  
131 information required by paragraphs (1)(a)-(c).

132 Section 5. Subsection (1) of section 400.925, Florida  
133 Statutes, is amended to read:

134 400.925 Definitions.—As used in this part, the term:

135 (1) "Accrediting organizations" means an organization ~~the~~  
136 ~~Joint Commission on Accreditation of Healthcare Organizations or~~  
137 ~~other national accreditation agencies~~ whose standards  
138 incorporate licensure regulations for accreditation ~~are~~  
139 ~~comparable to those required by this state part for licensure.~~

140 Section 6. Paragraph (g) of subsection (1) and paragraph  
141 (a) of subsection (7) of section 400.9935, Florida Statutes, are  
142 amended to read:

143 400.9935 Clinic responsibilities.—

144 (1) Each clinic shall appoint a medical director or clinic  
145 director who shall agree in writing to accept legal  
146 responsibility for the following activities on behalf of the  
147 clinic. The medical director or the clinic director shall:

148 (g) Conduct systematic reviews of clinic billings to ensure  
149 that the billings are not fraudulent or unlawful. Upon discovery  
150 of an unlawful charge, the medical director or clinic director  
151 shall take immediate corrective action. If the clinic performs  
152 only the technical component of magnetic resonance imaging,  
153 static radiographs, computed tomography, or positron emission  
154 tomography, and provides the professional interpretation of such  
155 services, in a fixed facility that is accredited by a national  
156 accrediting organization that is approved by the Centers for  
157 Medicare and Medicaid Services for magnetic resonance imaging  
158 and advanced diagnostic imaging services ~~the Joint Commission on~~



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159 ~~Accreditation of Healthcare Organizations or the Accreditation~~  
160 ~~Association for Ambulatory Health Care, and the American College~~  
161 ~~of Radiology;~~ and if, in the preceding quarter, the percentage  
162 of scans performed by that clinic which was billed to all  
163 personal injury protection insurance carriers was less than 15  
164 percent, the chief financial officer of the clinic may, in a  
165 written acknowledgment provided to the agency, assume the  
166 responsibility for the conduct of the systematic reviews of  
167 clinic billings to ensure that the billings are not fraudulent  
168 or unlawful.

169 (7) (a) Each clinic engaged in magnetic resonance imaging  
170 services must be accredited by a national accrediting  
171 organization that is approved by the Centers for Medicare and  
172 Medicaid Services for magnetic resonance imaging and advanced  
173 diagnostic imaging services ~~the Joint Commission on~~  
174 ~~Accreditation of Healthcare Organizations, the American College~~  
175 ~~of Radiology, or the Accreditation Association for Ambulatory~~  
176 ~~Health Care,~~ within 1 year after licensure. A clinic that is  
177 accredited by ~~the American College of Radiology~~ or that is  
178 within the original 1-year period after licensure and replaces  
179 its core magnetic resonance imaging equipment shall be given 1  
180 year after the date on which the equipment is replaced to attain  
181 accreditation. However, a clinic may request a single, 6-month  
182 extension if it provides evidence to the agency establishing  
183 that, for good cause shown, such clinic cannot be accredited  
184 within 1 year after licensure, and that such accreditation will  
185 be completed within the 6-month extension. After obtaining  
186 accreditation as required by this subsection, each such clinic  
187 must maintain accreditation as a condition of renewal of its



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188 license. A clinic that files a change of ownership application  
189 must comply with the original accreditation timeframe  
190 requirements of the transferor. The agency shall deny a change  
191 of ownership application if the clinic is not in compliance with  
192 the accreditation requirements. When a clinic adds, replaces, or  
193 modifies magnetic resonance imaging equipment and the  
194 accrediting ~~accreditation~~ agency requires new accreditation, the  
195 clinic must be accredited within 1 year after the date of the  
196 addition, replacement, or modification but may request a single,  
197 6-month extension if the clinic provides evidence of good cause  
198 to the agency.

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

201 402.7306 Administrative monitoring of child welfare  
202 providers, and administrative, licensure, and programmatic  
203 monitoring of mental health and substance abuse service  
204 providers.—The Department of Children and Family Services, the  
205 Department of Health, the Agency for Persons with Disabilities,  
206 the Agency for Health Care Administration, community-based care  
207 lead agencies, managing entities as defined in s. 394.9082, and  
208 agencies who have contracted with monitoring agents shall  
209 identify and implement changes that improve the efficiency of  
210 administrative monitoring of child welfare services, and the  
211 administrative, licensure, and programmatic monitoring of mental  
212 health and substance abuse service providers. For the purpose of  
213 this section, the term "mental health and substance abuse  
214 service provider" means a provider who provides services to this  
215 state's priority population as defined in s. 394.674. To assist  
216 with that goal, each such agency shall adopt the following





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217 policies:

218 (1) Limit administrative monitoring to once every 3 years  
219 if the child welfare provider is accredited by an accrediting  
220 organization whose standards incorporate comparable licensure  
221 regulations required by this state ~~the Joint Commission, the~~  
222 ~~Commission on Accreditation of Rehabilitation Facilities, or the~~  
223 ~~Council on Accreditation~~. If the accrediting body does not  
224 require documentation that the state agency requires, that  
225 documentation shall be requested by the state agency and may be  
226 posted by the service provider on the data warehouse for the  
227 agency's review. Notwithstanding the survey or inspection of an  
228 accrediting organization specified in this subsection, an agency  
229 specified in and subject to this section may continue to monitor  
230 the service provider as necessary with respect to:

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

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

238 (c) Ensuring compliance with federal and state laws,  
239 federal regulations, or state rules if such monitoring does not  
240 duplicate the accrediting organization's review pursuant to  
241 accreditation standards.

242  
243 Medicaid certification and precertification reviews are exempt  
244 from this subsection to ensure Medicaid compliance.

245 (2) Limit administrative, licensure, and programmatic



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246 monitoring to once every 3 years if the mental health or  
247 substance abuse service provider is accredited by an accrediting  
248 organization whose standards incorporate comparable licensure  
249 regulations required by this state ~~the Joint Commission, the~~  
250 ~~Commission on Accreditation of Rehabilitation Facilities, or the~~  
251 ~~Council on Accreditation~~. If the services being monitored are  
252 not the services for which the provider is accredited, the  
253 limitations of this subsection do not apply. If the accrediting  
254 body does not require documentation that the state agency  
255 requires, that documentation, except documentation relating to  
256 licensure applications and fees, must be requested by the state  
257 agency and may be posted by the service provider on the data  
258 warehouse for the agency's review. Notwithstanding the survey or  
259 inspection of an accrediting organization specified in this  
260 subsection, an agency specified in and subject to this section  
261 may continue to monitor the service provider as necessary with  
262 respect to:

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

265 (b) Investigating complaints, identifying problems that  
266 would affect the safety or viability of the service provider,  
267 and monitoring the service provider's compliance with ~~any~~  
268 resulting negotiated terms and conditions, including provisions  
269 relating to consent decrees that are unique to a specific  
270 service and are not statements of general applicability.

271 (c) Ensuring compliance with federal and state laws,  
272 federal regulations, or state rules if such monitoring does not  
273 duplicate the accrediting organization's review pursuant to  
274 accreditation standards.



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275  
276 Federal certification and precertification reviews are exempt  
277 from this subsection to ensure Medicaid compliance.

278 Section 8. Paragraph (k) of subsection (3) of section  
279 408.05, Florida Statutes, is amended to read:

280 408.05 Florida Center for Health Information and Policy  
281 Analysis.—

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

286 (k) Develop, in conjunction with the State Consumer Health  
287 Information and Policy Advisory Council, and implement a long-  
288 range plan for making available health care quality measures and  
289 financial data that will allow consumers to compare health care  
290 services. The health care quality measures and financial data  
291 the agency must make available includes ~~shall include~~, but is  
292 not limited to, pharmaceuticals, physicians, health care  
293 facilities, and health plans and managed care entities. The  
294 agency shall update the plan and report on the status of its  
295 implementation annually. The agency shall also make the plan and  
296 status report available to the public on its Internet website.  
297 As part of the plan, the agency shall identify the process and  
298 timeframes for implementation, ~~any~~ barriers to implementation,  
299 and recommendations of changes in the law that may be enacted by  
300 the Legislature to eliminate the barriers. As preliminary  
301 elements of the plan, the agency shall:

302 1. Make available patient-safety indicators, inpatient  
303 quality indicators, and performance outcome and patient charge



304 data collected from health care facilities pursuant to s.  
305 408.061(1)(a) and (2). The terms "patient-safety indicators" and  
306 "inpatient quality indicators" have the same meaning as that  
307 ascribed shall be as defined by the Centers for Medicare and  
308 Medicaid Services, an accrediting organization whose standards  
309 incorporate comparable regulations required by this state, ~~the~~  
310 ~~National Quality Forum, the Joint Commission on Accreditation of~~  
311 ~~Healthcare Organizations, the Agency for Healthcare Research and~~  
312 ~~Quality, the Centers for Disease Control and Prevention,~~ or a  
313 ~~similar~~ national entity that establishes standards to measure  
314 the performance of health care providers, or by other states.  
315 The agency shall determine which conditions, procedures, health  
316 care quality measures, and patient charge data to disclose based  
317 upon input from the council. When determining which conditions  
318 and procedures are to be disclosed, the council and the agency  
319 shall consider variation in costs, variation in outcomes, and  
320 magnitude of variations and other relevant information. When  
321 determining which health care quality measures to disclose, the  
322 agency:

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

327 b. May consider such additional measures that are adopted  
328 by the Centers for Medicare and Medicaid Studies, an accrediting  
329 organization whose standards incorporate comparable regulations  
330 required by this state, ~~the~~ National Quality Forum, the Joint  
331 ~~Commission on Accreditation of Healthcare Organizations,~~ the  
332 Agency for Healthcare Research and Quality, the Centers for



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333 Disease Control and Prevention, or a similar national entity  
334 that establishes standards to measure the performance of health  
335 care providers, or by other states.

336  
337 When determining which patient charge data to disclose, the  
338 agency shall include such measures as the average of  
339 undiscounted charges on frequently performed procedures and  
340 preventive diagnostic procedures, the range of procedure charges  
341 from highest to lowest, average net revenue per adjusted patient  
342 day, average cost per adjusted patient day, and average cost per  
343 admission, among others.

344       2. Make available performance measures, benefit design, and  
345 premium cost data from health plans licensed pursuant to chapter  
346 627 or chapter 641. The agency shall determine which health care  
347 quality measures and member and subscriber cost data to  
348 disclose, based upon input from the council. When determining  
349 which data to disclose, the agency shall consider information  
350 that may be required by either individual or group purchasers to  
351 assess the value of the product, which may include membership  
352 satisfaction, quality of care, current enrollment or membership,  
353 coverage areas, accreditation status, premium costs, plan costs,  
354 premium increases, range of benefits, copayments and  
355 deductibles, accuracy and speed of claims payment, credentials  
356 of physicians, number of providers, names of network providers,  
357 and hospitals in the network. Health plans shall make available  
358 to the agency ~~any~~ such data or information that is not currently  
359 reported to the agency or the office.

360       3. Determine the method and format for public disclosure of  
361 data reported pursuant to this paragraph. The agency shall make



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362 its determination based upon input from the State Consumer  
363 Health Information and Policy Advisory Council. At a minimum,  
364 the data shall be made available on the agency's Internet  
365 website in a manner that allows consumers to conduct an  
366 interactive search that allows them to view and compare the  
367 information for specific providers. The website must include  
368 such additional information as is determined necessary to ensure  
369 that the website enhances informed decisionmaking among  
370 consumers and health care purchasers, which shall include, at a  
371 minimum, appropriate guidance on how to use the data and an  
372 explanation of why the data may vary from provider to provider.

373 4. Publish on its website undiscounted charges for no fewer  
374 than 150 of the most commonly performed adult and pediatric  
375 procedures, including outpatient, inpatient, diagnostic, and  
376 preventative procedures.

377 Section 9. Paragraph (b) of subsection (3) of section  
378 430.80, Florida Statutes, is amended to read:

379 430.80 Implementation of a teaching nursing home pilot  
380 project.-

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

383 (b) Participate in a nationally recognized accrediting  
384 ~~accreditation~~ program and hold a valid accreditation, such as  
385 the accreditation awarded by the Joint Commission ~~on~~  
386 ~~Accreditation of Healthcare Organizations~~, or, at the time of  
387 initial designation, possess a Gold Seal Award as conferred by  
388 the state on its licensed nursing home;

389 Section 10. Paragraph (a) of subsection (2) of section  
390 440.13, Florida Statutes, is amended to read:



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391 440.13 Medical services and supplies; penalty for  
392 violations; limitations.—

393 (2) MEDICAL TREATMENT; DUTY OF EMPLOYER TO FURNISH.—

394 (a) Subject to the limitations specified elsewhere in this  
395 chapter, the employer shall furnish to the employee such  
396 medically necessary remedial treatment, care, and attendance for  
397 such period as the nature of the injury or the process of  
398 recovery may require, which is in accordance with established  
399 practice parameters and protocols of treatment as provided for  
400 in this chapter, including medicines, medical supplies, durable  
401 medical equipment, orthoses, prostheses, and other medically  
402 necessary apparatus. Remedial treatment, care, and attendance,  
403 including work-hardening programs or pain-management programs  
404 accredited by an accrediting organization whose standards  
405 incorporate comparable regulations required by this state ~~the~~  
406 ~~Commission on Accreditation of Rehabilitation Facilities or~~  
407 ~~Joint Commission on the Accreditation of Health Organizations~~ or  
408 pain-management programs affiliated with medical schools, shall  
409 be considered ~~as~~ covered treatment only when such care is given  
410 based on a referral by a physician as defined in this chapter.  
411 Medically necessary treatment, care, and attendance does not  
412 include chiropractic services in excess of 24 treatments or  
413 rendered 12 weeks beyond the date of the initial chiropractic  
414 treatment, whichever comes first, unless the carrier authorizes  
415 additional treatment or the employee is catastrophically  
416 injured.

417  
418 Failure of the carrier to timely comply with this subsection  
419 shall be a violation of this chapter and the carrier shall be



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420 subject to penalties as provided for in s. 440.525.

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

423 627.645 Denial of health insurance claims restricted.-

424 (1) A ~~No~~ claim for payment under a health insurance policy  
425 or self-insured program of health benefits for treatment, care,  
426 or services in a licensed hospital that ~~which~~ is accredited by  
427 an accrediting organization whose standards incorporate  
428 comparable regulations required by this state may not ~~the Joint~~  
429 ~~Commission on the Accreditation of Hospitals, the American~~  
430 ~~Osteopathic Association, or the Commission on the Accreditation~~  
431 ~~of Rehabilitative Facilities shall~~ be denied because such  
432 hospital lacks major surgical facilities and is primarily of a  
433 rehabilitative nature, if such rehabilitation is specifically  
434 for treatment of physical disability.

435 Section 12. Paragraph (c) of subsection (2) of section  
436 627.668, Florida Statutes, is amended to read:

437 627.668 Optional coverage for mental and nervous disorders  
438 required; exception.-

439 (2) Under group policies or contracts, inpatient hospital  
440 benefits, partial hospitalization benefits, and outpatient  
441 benefits consisting of durational limits, dollar amounts,  
442 deductibles, and coinsurance factors shall not be less favorable  
443 than for physical illness generally, except that:

444 (c) Partial hospitalization benefits shall be provided  
445 under the direction of a licensed physician. For purposes of  
446 this part, the term "partial hospitalization services" is  
447 defined as those services offered by a program that is  
448 accredited by an accrediting organization whose standards





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449 incorporate comparable regulations required by this state the  
450 ~~Joint Commission on Accreditation of Hospitals (JCAH) or in~~  
451 ~~compliance with equivalent standards.~~ Alcohol rehabilitation  
452 programs accredited by an accrediting organization whose  
453 standards incorporate comparable regulations required by this  
454 state the Joint Commission on Accreditation of Hospitals or  
455 approved by the state and licensed drug abuse rehabilitation  
456 programs shall also be qualified providers under this section.  
457 In a given ~~any~~ benefit year, if partial hospitalization services  
458 or a combination of inpatient and partial hospitalization are  
459 used ~~utilized~~, the total benefits paid for all such services may  
460 ~~shall~~ not exceed the cost of 30 days after ~~of~~ inpatient  
461 hospitalization for psychiatric services, including physician  
462 fees, which prevail in the community in which the partial  
463 hospitalization services are rendered. If partial  
464 hospitalization services benefits are provided beyond the limits  
465 set forth in this paragraph, the durational limits, dollar  
466 amounts, and coinsurance factors thereof need not be the same as  
467 those applicable to physical illness generally.

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

470 627.669 Optional coverage required for substance abuse  
471 impaired persons; exception.-

472 (3) The benefits provided under this section are ~~shall be~~  
473 applicable only if treatment is provided by, or under the  
474 supervision of, or is prescribed by, a licensed physician or  
475 licensed psychologist and if services are provided in a program  
476 that is accredited by an accrediting organization whose  
477 standards incorporate comparable regulations required by this



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478 ~~state the Joint Commission on Accreditation of Hospitals~~ or that  
479 is approved by this ~~the~~ state.

480 Section 14. Paragraph (a) of subsection (1) of section  
481 627.736, Florida Statutes, is amended to read:

482 627.736 Required personal injury protection benefits;  
483 exclusions; priority; claims.—

484 (1) REQUIRED BENEFITS.—An insurance policy complying with  
485 the security requirements of s. 627.733 must provide personal  
486 injury protection to the named insured, relatives residing in  
487 the same household, persons operating the insured motor vehicle,  
488 passengers in the motor vehicle, and other persons struck by the  
489 motor vehicle and suffering bodily injury while not an occupant  
490 of a self-propelled vehicle, subject to subsection (2) and  
491 paragraph (4) (e), to a limit of \$10,000 in medical and  
492 disability benefits and \$5,000 in death benefits resulting from  
493 bodily injury, sickness, disease, or death arising out of the  
494 ownership, maintenance, or use of a motor vehicle as follows:

495 (a) *Medical benefits.*—Eighty percent of all reasonable  
496 expenses for medically necessary medical, surgical, X-ray,  
497 dental, and rehabilitative services, including prosthetic  
498 devices and medically necessary ambulance, hospital, and nursing  
499 services if the individual receives initial services and care  
500 pursuant to subparagraph 1. within 14 days after the motor  
501 vehicle accident. The medical benefits provide reimbursement  
502 only for:

503 1. Initial services and care that are lawfully provided,  
504 supervised, ordered, or prescribed by a physician licensed under  
505 chapter 458 or chapter 459, a dentist licensed under chapter  
506 466, or a chiropractic physician licensed under chapter 460 or



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507 that are provided in a hospital or in a facility that owns, or  
508 is wholly owned by, a hospital. Initial services and care may  
509 also be provided by a person or entity licensed under part III  
510 of chapter 401 which provides emergency transportation and  
511 treatment.

512 2. Upon referral by a provider described in subparagraph  
513 1., followup services and care consistent with the underlying  
514 medical diagnosis rendered pursuant to subparagraph 1. which may  
515 be provided, supervised, ordered, or prescribed only by a  
516 physician licensed under chapter 458 or chapter 459, a  
517 chiropractic physician licensed under chapter 460, a dentist  
518 licensed under chapter 466, or, to the extent permitted by  
519 applicable law and under the supervision of such physician,  
520 osteopathic physician, chiropractic physician, or dentist, by a  
521 physician assistant licensed under chapter 458 or chapter 459 or  
522 an advanced registered nurse practitioner licensed under chapter  
523 464. Followup services and care may also be provided by ~~any of~~  
524 the following persons or entities:

525 a. A hospital or ambulatory surgical center licensed under  
526 chapter 395.

527 b. An entity wholly owned by one or more physicians  
528 licensed under chapter 458 or chapter 459, chiropractic  
529 physicians licensed under chapter 460, or dentists licensed  
530 under chapter 466 or by such practitioners and the spouse,  
531 parent, child, or sibling of such practitioners.

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

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



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536 e. A health care clinic licensed under part X of chapter  
537 400 which is accredited by an accrediting organization whose  
538 standards incorporate comparable regulations required by this  
539 state ~~the Joint Commission on Accreditation of Healthcare~~  
540 ~~Organizations, the American Osteopathic Association, the~~  
541 ~~Commission on Accreditation of Rehabilitation Facilities, or the~~  
542 ~~Accreditation Association for Ambulatory Health Care, Inc., or~~

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

545 (II) Has been continuously licensed for more than 3 years  
546 or is a publicly traded corporation that issues securities  
547 traded on an exchange registered with the United States  
548 Securities and Exchange Commission as a national securities  
549 exchange; and

550 (III) Provides at least four of the following medical  
551 specialties:

552 (A) General medicine.

553 (B) Radiography.

554 (C) Orthopedic medicine.

555 (D) Physical medicine.

556 (E) Physical therapy.

557 (F) Physical rehabilitation.

558 (G) Prescribing or dispensing outpatient prescription  
559 medication.

560 (H) Laboratory services.

561 3. Reimbursement for services and care provided in  
562 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician  
563 licensed under chapter 458 or chapter 459, a dentist licensed  
564 under chapter 466, a physician assistant licensed under chapter



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565 458 or chapter 459, or an advanced registered nurse practitioner  
566 licensed under chapter 464 has determined that the injured  
567 person had an emergency medical condition.

568 4. Reimbursement for services and care provided in  
569 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a ~~any~~  
570 provider listed in subparagraph 1. or subparagraph 2. determines  
571 that the injured person did not have an emergency medical  
572 condition.

573 5. Medical benefits do not include massage as defined in s.  
574 480.033 or acupuncture as defined in s. 457.102, regardless of  
575 the person, entity, or licensee providing massage or  
576 acupuncture, and a licensed massage therapist or licensed  
577 acupuncturist may not be reimbursed for medical benefits under  
578 this section.

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

585  
586 Only insurers writing motor vehicle liability insurance in this  
587 state may provide the required benefits of this section, and  
588 such insurer may not require the purchase of any other motor  
589 vehicle coverage other than the purchase of property damage  
590 liability coverage as required by s. 627.7275 as a condition for  
591 providing such benefits. Insurers may not require that property  
592 damage liability insurance in an amount greater than \$10,000 be  
593 purchased in conjunction with personal injury protection. Such



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594 insurers shall make benefits and required property damage  
595 liability insurance coverage available through normal marketing  
596 channels. An insurer writing motor vehicle liability insurance  
597 in this state who fails to comply with such availability  
598 requirement as a general business practice violates part IX of  
599 chapter 626, and such violation constitutes an unfair method of  
600 competition or an unfair or deceptive act or practice involving  
601 the business of insurance. An insurer committing such violation  
602 is subject to the penalties provided under that part, as well as  
603 those provided elsewhere in the insurance code.

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

606 641.495 Requirements for issuance and maintenance of  
607 certificate.—

608 (12) The provisions of part I of chapter 395 do not apply  
609 to a health maintenance organization that, on or before January  
610 1, 1991, provides not more than 10 outpatient holding beds for  
611 short-term and hospice-type patients in an ambulatory care  
612 facility for its members, provided that such health maintenance  
613 organization maintains current accreditation by an accrediting  
614 organization whose standards incorporate comparable regulations  
615 required by this state ~~the Joint Commission on Accreditation of~~  
616 ~~Health Care Organizations, the Accreditation Association for~~  
617 ~~Ambulatory Health Care, or the National Committee for Quality~~  
618 ~~Assurance.~~

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

621 766.1015 Civil immunity for members of or consultants to  
622 certain boards, committees, or other entities.—



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623           (2) Such committee, board, group, commission, or other  
624 entity must be established in accordance with state law, or in  
625 accordance with requirements of an applicable accrediting  
626 organization whose standards incorporate comparable regulations  
627 required by this state ~~the Joint Commission on Accreditation of~~  
628 ~~Healthcare Organizations~~, established and duly constituted by  
629 one or more public or licensed private hospitals or behavioral  
630 health agencies, or established by a governmental agency. To be  
631 protected by this section, the act, decision, omission, or  
632 utterance may not be made or done in bad faith or with malicious  
633 intent.

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

635  
636 ===== T I T L E   A M E N D M E N T =====

637 And the title is amended as follows:

638           Delete everything before the enacting clause  
639 and insert:

640                           A bill to be entitled  
641           An act relating to health care accreditation; amending  
642           ss. 154.11, 394.741, 397.403, 400.925, 400.9935,  
643           402.7306, 408.05, 430.80, 440.13, 627.645, 627.668,  
644           627.669, 627.736, 641.495, and 766.1015, F.S.;  
645           conforming provisions to the revised definition of the  
646           term "accrediting organizations" in s. 395.002, F.S.,  
647           as amended by s. 4, ch. 2012-66, Laws of Florida, for  
648           purposes of hospital licensing and regulation by the  
649           Agency for Health Care Administration; amending s.  
650           395.3038, F.S.; deleting an obsolete provision  
651           relating to a requirement that the agency provide



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652        certain notice relating to stroke centers to  
653        hospitals; conforming provisions to changes made by  
654        the act; providing an effective date.