

By the Committees on Rules; and Banking and Insurance; and
Senator Bean

595-04843-13

2013594c2

1 A bill to be entitled

2 An act relating to health care accreditation; amending
3 ss. 154.11, 394.741, 397.403, 400.925, 400.9935,
4 402.7306, 408.05, 430.80, 440.13, 627.645, 627.668,
5 627.669, 627.736, 641.495, and 766.1015, F.S.;
6 conforming provisions to the revised definition of the
7 term "accrediting organizations" in s. 395.002, F.S.,
8 as amended by s. 4, ch. 2012-66, Laws of Florida, for
9 purposes of hospital licensing and regulation by the
10 Agency for Health Care Administration; amending s.
11 395.3038, F.S.; deleting an obsolete provision
12 relating to a requirement that the agency provide
13 certain notice relating to stroke centers to
14 hospitals; conforming provisions to changes made by
15 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 shall
23 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:

595-04843-13

2013594c2

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

58 (b) A ~~Any~~ mental health facility licensed by the agency or

595-04843-13

2013594c2

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

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

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

78 395.3038 State-listed primary stroke centers and
79 comprehensive stroke centers; notification of hospitals.-

80 (1) The agency shall make available on its website and to
81 the department a list of the name and address of each hospital
82 that meets the criteria for a primary stroke center and the name
83 and address of each hospital that meets the criteria for a
84 comprehensive stroke center. The list of primary and
85 comprehensive stroke centers must ~~shall~~ include only those
86 hospitals that attest in an affidavit submitted to the agency
87 that the hospital meets the named criteria, or those hospitals

595-04843-13

2013594c2

88 that attest in an affidavit submitted to the agency that the
89 hospital is certified as a primary or a comprehensive stroke
90 center by an accrediting organization ~~the Joint Commission on~~
91 ~~Accreditation of Healthcare Organizations.~~

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

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

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

107 ~~(3) The agency shall notify all hospitals in this state by~~
108 ~~February 15, 2005, that the agency is compiling a list of~~
109 ~~primary stroke centers and comprehensive stroke centers in this~~
110 ~~state. The notice shall include an explanation of the criteria~~
111 ~~necessary for designation as a primary stroke center and the~~
112 ~~criteria necessary for designation as a comprehensive stroke~~
113 ~~center. The notice shall also advise hospitals of the process by~~
114 ~~which a hospital might be added to the list of primary or~~
115 ~~comprehensive stroke centers.~~

116 (3)~~(4)~~ The agency shall adopt by rule criteria for a

595-04843-13

2013594c2

117 primary stroke center which are substantially similar to the
118 certification standards for primary stroke centers of the Joint
119 Commission ~~on Accreditation of Healthcare Organizations~~.

120 ~~(4)-(5)~~ The agency shall adopt by rule criteria for a
121 comprehensive stroke center. However, if the Joint Commission ~~on~~
122 ~~Accreditation of Healthcare Organizations~~ establishes criteria
123 for a comprehensive stroke center, ~~the~~ agency rules shall be
124 ~~establish criteria for a comprehensive stroke center which are~~
125 ~~substantially similar to those criteria established by the Joint~~
126 ~~Commission on Accreditation of Healthcare Organizations~~.

127 ~~(5)-(6)~~ This act is not a medical practice guideline and may
128 not be used to restrict the authority of a hospital to provide
129 services for which it is licensed ~~has received a license~~ under
130 chapter 395. The Legislature intends that all patients be
131 treated individually based on each patient's needs and
132 circumstances.

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

135 397.403 License application.—

136 (3) The department shall accept proof of accreditation by
137 an accrediting organization whose standards incorporate
138 comparable licensure regulations required by this state ~~the~~
139 ~~Commission on Accreditation of Rehabilitation Facilities (CARF)~~
140 ~~or the joint commission~~, or through another ~~any other~~ nationally
141 recognized certification process that is acceptable to the
142 department and meets the minimum licensure requirements under
143 this chapter, in lieu of requiring the applicant to submit the
144 information required by paragraphs (1)(a)-(c).

145 Section 5. Subsection (1) of section 400.925, Florida

595-04843-13

2013594c2

146 Statutes, is amended to read:

147 400.925 Definitions.—As used in this part, the term:

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

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

156 400.9935 Clinic responsibilities.—

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

161 (g) Conduct systematic reviews of clinic billings to ensure
162 that the billings are not fraudulent or unlawful. Upon discovery
163 of an unlawful charge, the medical director or clinic director
164 shall take immediate corrective action. If the clinic performs
165 only the technical component of magnetic resonance imaging,
166 static radiographs, computed tomography, or positron emission
167 tomography, and provides the professional interpretation of such
168 services, in a fixed facility that is accredited by a national
169 accrediting organization that is approved by the Centers for
170 Medicare and Medicaid Services for magnetic resonance imaging
171 and advanced diagnostic imaging services ~~the Joint Commission on~~
172 ~~Accreditation of Healthcare Organizations or the Accreditation~~
173 ~~Association for Ambulatory Health Care, and the American College~~
174 ~~of Radiology;~~ and if, in the preceding quarter, the percentage

595-04843-13

2013594c2

175 of scans performed by that clinic which was billed to all
176 personal injury protection insurance carriers was less than 15
177 percent, the chief financial officer of the clinic may, in a
178 written acknowledgment provided to the agency, assume the
179 responsibility for the conduct of the systematic reviews of
180 clinic billings to ensure that the billings are not fraudulent
181 or unlawful.

182 (7) (a) Each clinic engaged in magnetic resonance imaging
183 services must be accredited by a national accrediting
184 organization that is approved by the Centers for Medicare and
185 Medicaid Services for magnetic resonance imaging and advanced
186 diagnostic imaging services ~~the Joint Commission on~~
187 ~~Accreditation of Healthcare Organizations, the American College~~
188 ~~of Radiology, or the Accreditation Association for Ambulatory~~
189 ~~Health Care,~~ within 1 year after licensure. A clinic that is
190 accredited ~~by the American College of Radiology~~ or that is
191 within the original 1-year period after licensure and replaces
192 its core magnetic resonance imaging equipment shall be given 1
193 year after the date on which the equipment is replaced to attain
194 accreditation. However, a clinic may request a single, 6-month
195 extension if it provides evidence to the agency establishing
196 that, for good cause shown, such clinic cannot be accredited
197 within 1 year after licensure, and that such accreditation will
198 be completed within the 6-month extension. After obtaining
199 accreditation as required by this subsection, each such clinic
200 must maintain accreditation as a condition of renewal of its
201 license. A clinic that files a change of ownership application
202 must comply with the original accreditation timeframe
203 requirements of the transferor. The agency shall deny a change

595-04843-13

2013594c2

204 of ownership application if the clinic is not in compliance with
205 the accreditation requirements. When a clinic adds, replaces, or
206 modifies magnetic resonance imaging equipment and the
207 accrediting ~~accreditation~~ agency requires new accreditation, the
208 clinic must be accredited within 1 year after the date of the
209 addition, replacement, or modification but may request a single,
210 6-month extension if the clinic provides evidence of good cause
211 to the agency.

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

214 402.7306 Administrative monitoring of child welfare
215 providers, and administrative, licensure, and programmatic
216 monitoring of mental health and substance abuse service
217 providers.—The Department of Children and Family Services, the
218 Department of Health, the Agency for Persons with Disabilities,
219 the Agency for Health Care Administration, community-based care
220 lead agencies, managing entities as defined in s. 394.9082, and
221 agencies who have contracted with monitoring agents shall
222 identify and implement changes that improve the efficiency of
223 administrative monitoring of child welfare services, and the
224 administrative, licensure, and programmatic monitoring of mental
225 health and substance abuse service providers. For the purpose of
226 this section, the term "mental health and substance abuse
227 service provider" means a provider who provides services to this
228 state's priority population as defined in s. 394.674. To assist
229 with that goal, each such agency shall adopt the following
230 policies:

231 (1) Limit administrative monitoring to once every 3 years
232 if the child welfare provider is accredited by an accrediting

595-04843-13

2013594c2

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

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

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

251 (c) Ensuring compliance with federal and state laws,
252 federal regulations, or state rules if such monitoring does not
253 duplicate the accrediting organization's review pursuant to
254 accreditation standards.

255
256 Medicaid certification and precertification reviews are exempt
257 from this subsection to ensure Medicaid compliance.

258 (2) Limit administrative, licensure, and programmatic
259 monitoring to once every 3 years if the mental health or
260 substance abuse service provider is accredited by an accrediting
261 organization whose standards incorporate comparable licensure

595-04843-13

2013594c2

262 regulations required by this state ~~the Joint Commission, the~~
263 ~~Commission on Accreditation of Rehabilitation Facilities, or the~~
264 ~~Council on Accreditation~~. If the services being monitored are
265 not the services for which the provider is accredited, the
266 limitations of this subsection do not apply. If the accrediting
267 body does not require documentation that the state agency
268 requires, that documentation, except documentation relating to
269 licensure applications and fees, must be requested by the state
270 agency and may be posted by the service provider on the data
271 warehouse for the agency's review. Notwithstanding the survey or
272 inspection of an accrediting organization specified in this
273 subsection, an agency specified in and subject to this section
274 may continue to monitor the service provider as necessary with
275 respect to:

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

278 (b) Investigating complaints, identifying problems that
279 would affect the safety or viability of the service provider,
280 and monitoring the service provider's compliance with ~~any~~
281 resulting negotiated terms and conditions, including provisions
282 relating to consent decrees that are unique to a specific
283 service and are not statements of general applicability.

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

288

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

595-04843-13

2013594c2

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

293 408.05 Florida Center for Health Information and Policy
294 Analysis.—

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

299 (k) Develop, in conjunction with the State Consumer Health
300 Information and Policy Advisory Council, and implement a long-
301 range plan for making available health care quality measures and
302 financial data that will allow consumers to compare health care
303 services. The health care quality measures and financial data
304 the agency must make available includes ~~shall include~~, but is
305 not limited to, pharmaceuticals, physicians, health care
306 facilities, and health plans and managed care entities. The
307 agency shall update the plan and report on the status of its
308 implementation annually. The agency shall also make the plan and
309 status report available to the public on its Internet website.
310 As part of the plan, the agency shall identify the process and
311 timeframes for implementation, ~~any~~ barriers to implementation,
312 and recommendations of changes in the law that may be enacted by
313 the Legislature to eliminate the barriers. As preliminary
314 elements of the plan, the agency shall:

315 1. Make available patient-safety indicators, inpatient
316 quality indicators, and performance outcome and patient charge
317 data collected from health care facilities pursuant to s.
318 408.061(1)(a) and (2). The terms "patient-safety indicators" and
319 "inpatient quality indicators" have the same meaning as that

595-04843-13

2013594c2

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

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

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

595-04843-13

2013594c2

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

357 2. Make available performance measures, benefit design, and
358 premium cost data from health plans licensed pursuant to chapter
359 627 or chapter 641. The agency shall determine which health care
360 quality measures and member and subscriber cost data to
361 disclose, based upon input from the council. When determining
362 which data to disclose, the agency shall consider information
363 that may be required by either individual or group purchasers to
364 assess the value of the product, which may include membership
365 satisfaction, quality of care, current enrollment or membership,
366 coverage areas, accreditation status, premium costs, plan costs,
367 premium increases, range of benefits, copayments and
368 deductibles, accuracy and speed of claims payment, credentials
369 of physicians, number of providers, names of network providers,
370 and hospitals in the network. Health plans shall make available
371 to the agency ~~any~~ such data or information that is not currently
372 reported to the agency or the office.

373 3. Determine the method and format for public disclosure of
374 data reported pursuant to this paragraph. The agency shall make
375 its determination based upon input from the State Consumer
376 Health Information and Policy Advisory Council. At a minimum,
377 the data shall be made available on the agency's Internet

595-04843-13

2013594c2

378 website in a manner that allows consumers to conduct an
379 interactive search that allows them to view and compare the
380 information for specific providers. The website must include
381 such additional information as is determined necessary to ensure
382 that the website enhances informed decisionmaking among
383 consumers and health care purchasers, which shall include, at a
384 minimum, appropriate guidance on how to use the data and an
385 explanation of why the data may vary from provider to provider.

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

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

392 430.80 Implementation of a teaching nursing home pilot
393 project.—

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

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

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

404 440.13 Medical services and supplies; penalty for
405 violations; limitations.—

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

595-04843-13

2013594c2

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

430
431 Failure of the carrier to timely comply with this subsection
432 shall be a violation of this chapter and the carrier shall be
433 subject to penalties as provided for in s. 440.525.

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

595-04843-13

2013594c2

436 627.645 Denial of health insurance claims restricted.—

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

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

450 627.668 Optional coverage for mental and nervous disorders
451 required; exception.—

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

457 (c) Partial hospitalization benefits shall be provided
458 under the direction of a licensed physician. For purposes of
459 this part, the term "partial hospitalization services" is
460 defined as those services offered by a program that is
461 accredited by an accrediting organization whose standards
462 incorporate comparable regulations required by this state ~~the~~
463 ~~Joint Commission on Accreditation of Hospitals (JCAH) or in~~
464 ~~compliance with equivalent standards.~~ Alcohol rehabilitation

595-04843-13

2013594c2

465 programs accredited by an accrediting organization whose
466 standards incorporate comparable regulations required by this
467 state ~~the Joint Commission on Accreditation of Hospitals~~ or
468 approved by the state and licensed drug abuse rehabilitation
469 programs shall also be qualified providers under this section.
470 In a given ~~any~~ benefit year, if partial hospitalization services
471 or a combination of inpatient and partial hospitalization are
472 used ~~utilized~~, the total benefits paid for all such services may
473 ~~shall~~ not exceed the cost of 30 days after ~~of~~ inpatient
474 hospitalization for psychiatric services, including physician
475 fees, which prevail in the community in which the partial
476 hospitalization services are rendered. If partial
477 hospitalization services benefits are provided beyond the limits
478 set forth in this paragraph, the durational limits, dollar
479 amounts, and coinsurance factors thereof need not be the same as
480 those applicable to physical illness generally.

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

483 627.669 Optional coverage required for substance abuse
484 impaired persons; exception.—

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

493 Section 14. Paragraph (a) of subsection (1) of section

595-04843-13

2013594c2

494 627.736, Florida Statutes, is amended to read:

495 627.736 Required personal injury protection benefits;
496 exclusions; priority; claims.—

497 (1) REQUIRED BENEFITS.—An insurance policy complying with
498 the security requirements of s. 627.733 must provide personal
499 injury protection to the named insured, relatives residing in
500 the same household, persons operating the insured motor vehicle,
501 passengers in the motor vehicle, and other persons struck by the
502 motor vehicle and suffering bodily injury while not an occupant
503 of a self-propelled vehicle, subject to subsection (2) and
504 paragraph (4) (e), to a limit of \$10,000 in medical and
505 disability benefits and \$5,000 in death benefits resulting from
506 bodily injury, sickness, disease, or death arising out of the
507 ownership, maintenance, or use of a motor vehicle as follows:

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

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

595-04843-13

2013594c2

523 of chapter 401 which provides emergency transportation and
524 treatment.

525 2. Upon referral by a provider described in subparagraph
526 1., followup services and care consistent with the underlying
527 medical diagnosis rendered pursuant to subparagraph 1. which may
528 be provided, supervised, ordered, or prescribed only by a
529 physician licensed under chapter 458 or chapter 459, a
530 chiropractic physician licensed under chapter 460, a dentist
531 licensed under chapter 466, or, to the extent permitted by
532 applicable law and under the supervision of such physician,
533 osteopathic physician, chiropractic physician, or dentist, by a
534 physician assistant licensed under chapter 458 or chapter 459 or
535 an advanced registered nurse practitioner licensed under chapter
536 464. Followup services and care may also be provided by ~~any of~~
537 the following persons or entities:

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

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

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

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

549 e. A health care clinic licensed under part X of chapter
550 400 which is accredited by an accrediting organization whose
551 standards incorporate comparable regulations required by this

595-04843-13

2013594c2

552 state ~~the Joint Commission on Accreditation of Healthcare~~
553 ~~Organizations, the American Osteopathic Association, the~~
554 ~~Commission on Accreditation of Rehabilitation Facilities, or the~~
555 ~~Accreditation Association for Ambulatory Health Care, Inc., or~~

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

558 (II) Has been continuously licensed for more than 3 years
559 or is a publicly traded corporation that issues securities
560 traded on an exchange registered with the United States
561 Securities and Exchange Commission as a national securities
562 exchange; and

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

565 (A) General medicine.

566 (B) Radiography.

567 (C) Orthopedic medicine.

568 (D) Physical medicine.

569 (E) Physical therapy.

570 (F) Physical rehabilitation.

571 (G) Prescribing or dispensing outpatient prescription
572 medication.

573 (H) Laboratory services.

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

595-04843-13

2013594c2

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

586 5. Medical benefits do not include massage as defined in s.
587 480.033 or acupuncture as defined in s. 457.102, regardless of
588 the person, entity, or licensee providing massage or
589 acupuncture, and a licensed massage therapist or licensed
590 acupuncturist may not be reimbursed for medical benefits under
591 this section.

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

598
599 Only insurers writing motor vehicle liability insurance in this
600 state may provide the required benefits of this section, and
601 such insurer may not require the purchase of any other motor
602 vehicle coverage other than the purchase of property damage
603 liability coverage as required by s. 627.7275 as a condition for
604 providing such benefits. Insurers may not require that property
605 damage liability insurance in an amount greater than \$10,000 be
606 purchased in conjunction with personal injury protection. Such
607 insurers shall make benefits and required property damage
608 liability insurance coverage available through normal marketing
609 channels. An insurer writing motor vehicle liability insurance

595-04843-13

2013594c2

610 in this state who fails to comply with such availability
611 requirement as a general business practice violates part IX of
612 chapter 626, and such violation constitutes an unfair method of
613 competition or an unfair or deceptive act or practice involving
614 the business of insurance. An insurer committing such violation
615 is subject to the penalties provided under that part, as well as
616 those provided elsewhere in the insurance code.

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

619 641.495 Requirements for issuance and maintenance of
620 certificate.—

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

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

634 766.1015 Civil immunity for members of or consultants to
635 certain boards, committees, or other entities.—

636 (2) Such committee, board, group, commission, or other
637 entity must be established in accordance with state law, or in
638 accordance with requirements of an applicable accrediting

595-04843-13

2013594c2

639 organization whose standards incorporate comparable regulations
640 required by this state ~~the Joint Commission on Accreditation of~~
641 ~~Healthcare Organizations~~, established and duly constituted by
642 one or more public or licensed private hospitals or behavioral
643 health agencies, or established by a governmental agency. To be
644 protected by this section, the act, decision, omission, or
645 utterance may not be made or done in bad faith or with malicious
646 intent.

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