

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee

3 Representative Hudson offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Subsection (12) of section 440.13, Florida

8 Statutes, is amended to read:

9 440.13 Medical services and supplies; penalty for

10 violations; limitations.—

11 (12) CREATION OF THREE-MEMBER PANEL; GUIDES OF MAXIMUM

12 REIMBURSEMENT ALLOWANCES.—

13 (a) A three-member panel is created, consisting of the

14 Chief Financial Officer, or the Chief Financial Officer's

15 designee, and two members to be appointed by the Governor,

16 subject to confirmation by the Senate, one member who, on

17 account of present or previous vocation, employment, or

18 affiliation, shall be classified as a representative of

19 employers, the other member who, on account of previous

20 vocation, employment, or affiliation, shall be classified as a

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21 representative of employees. The panel shall determine statewide
22 schedules of maximum reimbursement allowances for medically
23 necessary treatment, care, and attendance provided by
24 physicians, hospitals, ambulatory surgical centers, work-
25 hardening programs, pain programs, and durable medical
26 equipment. The maximum reimbursement allowances for inpatient
27 hospital care shall be based on a schedule of per diem rates, to
28 be approved by the three-member panel no later than March 1,
29 1994, to be used in conjunction with a precertification manual
30 as determined by the department, including maximum hours in
31 which an outpatient may remain in observation status, which
32 shall not exceed 23 hours. All compensable charges for hospital
33 outpatient care shall be reimbursed at 75 percent of usual and
34 customary charges, except as otherwise provided by this
35 subsection. Annually, the three-member panel shall adopt
36 schedules of maximum reimbursement allowances for physicians,
37 hospital inpatient care, hospital outpatient care, ambulatory
38 surgical centers, work-hardening programs, and pain programs. An
39 individual physician, hospital, ambulatory surgical center, pain
40 program, or work-hardening program shall be reimbursed either
41 the agreed-upon contract price or the maximum reimbursement
42 allowance in the appropriate schedule.

43 (b) It is the intent of the Legislature to increase the
44 schedule of maximum reimbursement allowances for selected
45 physicians effective January 1, 2004, and to pay for the
46 increases through reductions in payments to hospitals. Revisions
47 developed pursuant to this subsection are limited to the
48 following:

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49 1. Payments for outpatient physical, occupational, and
50 speech therapy provided by hospitals shall be reduced to the
51 schedule of maximum reimbursement allowances for these services
52 which applies to nonhospital providers.

53 2. Payments for scheduled outpatient nonemergency
54 radiological and clinical laboratory services that are not
55 provided in conjunction with a surgical procedure shall be
56 reduced to the schedule of maximum reimbursement allowances for
57 these services which applies to nonhospital providers.

58 3. Outpatient reimbursement for scheduled surgeries shall
59 be reduced from 75 percent of charges to 60 percent of charges.

60 4. Maximum reimbursement for a physician licensed under
61 chapter 458 or chapter 459 shall be increased to 110 percent of
62 the reimbursement allowed by Medicare, using appropriate codes
63 and modifiers or the medical reimbursement level adopted by the
64 three-member panel as of January 1, 2003, whichever is greater.

65 5. Maximum reimbursement for surgical procedures shall be
66 increased to 140 percent of the reimbursement allowed by
67 Medicare or the medical reimbursement level adopted by the
68 three-member panel as of January 1, 2003, whichever is greater.

69 (c) As to reimbursement for a prescription medication, the
70 reimbursement amount for a prescription shall be the average
71 wholesale price plus \$4.18 for the dispensing fee, ~~except where~~
72 ~~the carrier has contracted for a lower amount.~~ For repackaged or
73 repackaged or relabeled prescription medications dispensed by a dispensing
74 practitioner as provided in s. 465.0276, the fee schedule for
75 reimbursement shall be 112.5 percent of the average wholesale
76 price, plus \$8.00 for the dispensing fee. For purposes of this

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77 subsection, the average wholesale price shall be calculated by
78 multiplying the number of units dispensed times the per-unit
79 average wholesale price set by the original manufacturer of the
80 underlying drug dispensed by the practitioner, based upon the
81 published manufacturer's average wholesale price published in
82 the Medi-Span Master Drug Database as of the date of dispensing.
83 All pharmaceutical claims submitted for repackaged or relabeled
84 prescription medications must include the National Drug Code of
85 the original manufacturer. Fees for pharmaceuticals and
86 pharmaceutical services shall be reimbursable at the applicable
87 fee schedule amount except where the employer or carrier, or a
88 service company, third party administrator, or any entity acting
89 on behalf of the employer or carrier directly contracts with the
90 provider seeking reimbursement for a lower amount. ~~Where the~~
91 ~~employer or carrier has contracted for such services and the~~
92 ~~employee elects to obtain them through a provider not a party to~~
93 ~~the contract, the carrier shall reimburse at the schedule,~~
94 ~~negotiated, or contract price, whichever is lower. No Such~~
95 ~~contract shall rely on a provider that is not reasonably~~
96 ~~accessible to the employee.~~

97 (d) Reimbursement for all fees and other charges for such
98 treatment, care, and attendance, including treatment, care, and
99 attendance provided by any hospital or other health care
100 provider, ambulatory surgical center, work-hardening program, or
101 pain program, must not exceed the amounts provided by the
102 uniform schedule of maximum reimbursement allowances as
103 determined by the panel or as otherwise provided in this
104 section. This subsection also applies to independent medical

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105 examinations performed by health care providers under this
106 chapter. In determining the uniform schedule, the panel shall
107 first approve the data which it finds representative of
108 prevailing charges in the state for similar treatment, care, and
109 attendance of injured persons. Each health care provider, health
110 care facility, ambulatory surgical center, work-hardening
111 program, or pain program receiving workers' compensation
112 payments shall maintain records verifying their usual charges.
113 In establishing the uniform schedule of maximum reimbursement
114 allowances, the panel must consider:

115 1. The levels of reimbursement for similar treatment,
116 care, and attendance made by other health care programs or
117 third-party providers;

118 2. The impact upon cost to employers for providing a level
119 of reimbursement for treatment, care, and attendance which will
120 ensure the availability of treatment, care, and attendance
121 required by injured workers;

122 3. The financial impact of the reimbursement allowances
123 upon health care providers and health care facilities, including
124 trauma centers as defined in s. 395.4001, and its effect upon
125 their ability to make available to injured workers such
126 medically necessary remedial treatment, care, and attendance.
127 The uniform schedule of maximum reimbursement allowances must be
128 reasonable, must promote health care cost containment and
129 efficiency with respect to the workers' compensation health care
130 delivery system, and must be sufficient to ensure availability
131 of such medically necessary remedial treatment, care, and
132 attendance to injured workers; and

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133 4. The most recent average maximum allowable rate of
134 increase for hospitals determined by the Health Care Board under
135 chapter 408.

136 (e) In addition to establishing the uniform schedule of
137 maximum reimbursement allowances, the panel shall:

138 1. Take testimony, receive records, and collect data to
139 evaluate the adequacy of the workers' compensation fee schedule,
140 nationally recognized fee schedules and alternative methods of
141 reimbursement to certified health care providers and health care
142 facilities for inpatient and outpatient treatment and care.

143 2. Survey certified health care providers and health care
144 facilities to determine the availability and accessibility of
145 workers' compensation health care delivery systems for injured
146 workers.

147 3. Survey carriers to determine the estimated impact on
148 carrier costs and workers' compensation premium rates by
149 implementing changes to the carrier reimbursement schedule or
150 implementing alternative reimbursement methods.

151 4. Submit recommendations on or before January 1, 2003,
152 and biennially thereafter, to the President of the Senate and
153 the Speaker of the House of Representatives on methods to
154 improve the workers' compensation health care delivery system.

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156 The department, as requested, shall provide data to the panel,
157 including, but not limited to, utilization trends in the
158 workers' compensation health care delivery system. The
159 department shall provide the panel with an annual report
160 regarding the resolution of medical reimbursement disputes and

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161 any actions pursuant to subsection (8). The department shall
162 provide administrative support and service to the panel to the
163 extent requested by the panel. For prescription medication
164 purchased under the requirements of this subsection, a
165 dispensing practitioner shall not possess such medication unless
166 payment has been made by the practitioner, the practitioner's
167 professional practice, or the practitioner's practice management
168 company or employer to the supplying manufacturer, wholesaler,
169 distributor, or drug repackager within 60 days of the dispensing
170 practitioner taking possession of that medication.

171 Section 2. This act shall take effect July 1, 2013.

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176 **T I T L E A M E N D M E N T**

177 Remove everything before the enacting clause and insert:

178 A bill to be entitled

179 An act relating to workers' compensation; amending s. 440.13,
180 F.S.; revising requirements for determining the amount of a
181 reimbursement for repackaged or relabeled prescription
182 medication; providing an exception; prohibiting a dispensing
183 manufacturer from possession of a medicinal drug until certain
184 persons are paid; providing an effective date.