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By the Committee on Health Policy

588-03635-15 20157084

A bill to be entitled An act relating to quality health care services; creating s. 624.27, F.S.; providing definitions; specifying that a direct primary care agreement does not constitute insurance and is not subject to the Florida Insurance Code; specifying that entering into a direct primary care agreement does not constitute the business of insurance and is not subject to the code; providing that a health care provider is not required to obtain a certificate of authority to market, sell, or offer to sell a direct primary care agreement; specifying criteria for a direct primary care agreement; amending s. 288.0001. F.S.; requiring an analysis of medical tourism for quality health care services in the Economic Development Programs Evaluation; amending s. 288.901, F.S.; requiring Enterprise Florida, Inc., to collaborate with the Department of Economic Opportunity to market this state as a health care destination; amending s. 288.923, F.S.; requiring the Division of Tourism Marketing to include in its 4-year plan a discussion of the promotion of medical tourism for quality health care services; creating s. 288.924, F.S.; creating a marketing plan to promote national and international awareness of the qualifications, scope of services, and specialized expertise of health care providers in this state, to promote national and international awareness of certain business opportunities to attract practitioners to destinations in this state, and to

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include an initiative to showcase qualified health care providers; specifying qualifications for participating providers; amending s. 766.1115, F.S.; redefining terms relating to agency relationships with governmental health care contractors; deleting an obsolete date; extending sovereign immunity to employees or agents of a health care provider that executes a contract with a governmental contractor; clarifying that a receipt of specified notice must be acknowledged by a patient or the patient's representative at the initial visit; requiring the posting of notice that a specified health care provider is an agent of a governmental contractor; amending s. 768.28, F.S.; redefining the term "officer, employee, or agent" to include employees or agents of a health care provider; providing an effective date.

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

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Section 1. Section 624.27, Florida Statutes, is created to read:

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624.27 Application of code as to direct primary care agreements.—

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(1) As used in this section, the term:

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(a) "Direct primary care agreement" means a contract between a primary care provider or primary care group practice and a patient, the patient's legal representative, or an employer which must satisfy the criteria in subsection (4) and

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does not indemnify for services provided by a third party.

(b) "Primary care provider" means a health care provider licensed under chapter 458, chapter 459, or chapter 464 who provides medical services to patients which are commonly provided without referral from another health care provider.

- (c) "Primary care service" means the screening, assessment, diagnosis, and treatment of a patient for the purpose of promoting health or detecting and managing disease or injury within the competency and training of the primary care provider.
- (2) A direct primary care agreement does not constitute insurance and is not subject to this code. The act of entering into a direct primary care agreement does not constitute the business of insurance and is not subject to this code.
- (3) A primary care provider or an agent of a primary care provider is not required to obtain a certificate of authority or license under this code to market, sell, or offer to sell a direct primary care agreement.
- (4) For purposes of this section, a direct primary care agreement must:
 - (a) Be in writing.
- (b) Be signed by the primary care provider or an agent of the primary care provider and the patient or the patient's legal representative.
- (c) Allow a party to terminate the agreement by written notice to the other party after a period specified in the agreement.
- (d) Describe the scope of the primary care services that are covered by the monthly fee.
 - (e) Specify the monthly fee and any fees for primary care

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services not covered by the monthly fee.

- (f) Specify the duration of the agreement and any automatic renewal provisions.
- (g) Offer a refund to the patient of monthly fees paid in advance if the primary care provider ceases to offer primary care services for any reason.
- (h) State that the agreement is not health insurance.

 Section 2. Paragraph (b) of subsection (2) of section

 288.0001, Florida Statutes, is amended to read:
- 288.0001 Economic Development Programs Evaluation.—The Office of Economic and Demographic Research and the Office of Program Policy Analysis and Government Accountability (OPPAGA) shall develop and present to the Governor, the President of the Senate, the Speaker of the House of Representatives, and the chairs of the legislative appropriations committees the Economic Development Programs Evaluation.
- (2) The Office of Economic and Demographic Research and OPPAGA shall provide a detailed analysis of economic development programs as provided in the following schedule:
- (b) By January 1, 2015, and every 3 years thereafter, an analysis of the following:
- 1. The entertainment industry financial incentive program established under s. 288.1254.
- 2. The entertainment industry sales tax exemption program established under s. 288.1258.
- 3. VISIT Florida and its programs established or funded under ss. 288.122, 288.1226, 288.12265, and 288.124, and 288.924.
 - 4. The Florida Sports Foundation and related programs

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established under ss. 288.1162, 288.11621, 288.1166, 288.1167, 288.1168, 288.1169, and 288.1171.

Section 3. Subsection (2) of section 288.901, Florida Statutes, is amended to read:

288.901 Enterprise Florida, Inc.-

- (2) PURPOSES.—Enterprise Florida, Inc., shall act as the economic development organization for the state, <u>using utilizing</u> private sector and public sector expertise in collaboration with the department to:
 - (a) Increase private investment in Florida;
 - (b) Advance international and domestic trade opportunities;
- (c) Market the state both as a probusiness location for new investment and as an unparalleled tourist destination;
- (d) Revitalize Florida's space and aerospace industries, and promote emerging complementary industries;
 - (e) Promote opportunities for minority-owned businesses;
- (f) Assist and market professional and amateur sport teams and sporting events in Florida;—and
- (g) Assist, promote, and enhance economic opportunities in this state's rural and urban communities; and \cdot
- (h) Market the state as a health care destination by using the medical tourism initiatives as described in s. 288.924 to promote quality health care services in this state.
- Section 4. Paragraph (c) of subsection (4) of section 288.923, Florida Statutes, is amended to read:
- 288.923 Division of Tourism Marketing; definitions; responsibilities.—
- (4) The division's responsibilities and duties include, but are not limited to:

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- (c) Developing a 4-year marketing plan.
- 1. At a minimum, the marketing plan shall discuss the following:
 - a. Continuation of overall tourism growth in this state.
 - b. Expansion to new or under-represented tourist markets.
 - c. Maintenance of traditional and loyal tourist markets.
- d. Coordination of efforts with county destination marketing organizations, other local government marketing groups, privately owned attractions and destinations, and other private sector partners to create a seamless, four-season advertising campaign for the state and its regions.
- e. Development of innovative techniques or promotions to build repeat visitation by targeted segments of the tourist population.
- f. Consideration of innovative sources of state funding for tourism marketing.
 - g. Promotion of nature-based tourism and heritage tourism.
- h. Promotion of medical tourism for quality health care services, as provided under s. 288.924.
- $\underline{\text{i.h.}}$ Development of a component to address emergency response to natural and manmade disasters from a marketing standpoint.
- 2. The plan shall be annual in construction and ongoing in nature. Any annual revisions of the plan shall carry forward the concepts of the remaining 3-year portion of the plan and consider a continuum portion to preserve the 4-year timeframe of the plan. The plan also shall include recommendations for specific performance standards and measurable outcomes for the division and direct-support organization. The department, in

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consultation with the board of directors of Enterprise Florida,

Inc., shall base the actual performance metrics on these
recommendations.

3. The 4-year marketing plan shall be developed in collaboration with the Florida Tourism Industry Marketing Corporation. The plan shall be annually reviewed and approved by the board of directors of Enterprise Florida, Inc.

Section 5. Section 288.924, Florida Statutes, is created to read:

288.924 Medical tourism for quality health care services; medical tourism marketing plan.—The Division of Tourism Marketing shall include within the 4-year marketing plan required under s. 288.923(4) specific initiatives to advance this state as a destination for quality bundled health care services. The plan must:

- (1) Promote national and international awareness of the qualifications, scope of services, and specialized expertise of health care providers throughout this state;
- (2) Promote national and international awareness of medical-related conferences, training, or business opportunities to attract practitioners from the medical field to destinations in this state; and
- (3) Include an initiative that showcases selected, qualified providers offering bundled packages of health care and support services. The selection of providers to be showcased must be conducted through a solicitation of proposals from Florida hospitals and other licensed providers for plans that describe available services, provider qualifications, and special arrangements for food, lodging, transportation, or other

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support services and amenities that may be provided to visiting patients and their families. A single health care provider may submit a proposal describing the available health care services offered through a network of multiple providers and explaining support services and other amenities associated with the care.

The Florida Tourism Industry Marketing Corporation shall assess the qualifications and credentials of providers submitting proposals. To be qualified for selection, a health care provider must:

- (a) Have a full, active, and unencumbered Florida license and ensure that all health care providers participating in the proposal have full, active, and unencumbered Florida licenses;
- (b) Have a current accreditation that is not conditional or provisional from a nationally recognized accrediting body;
- (c) Be a recipient of the Cancer Center of Excellence

 Award, as described in s. 381.925, within the recognized 3-year period of the award, or have a current national or international recognition given through a specific qualifying process in another specialty area; and
- (d) Meet other criteria as determined by the Florida

 Tourism Industry Marketing Corporation in collaboration with the
 Agency for Health Care Administration and the Department of
 Health.
- Section 6. Paragraphs (a) and (d) of subsection (3) and subsections (4) and (5) of section 766.1115, Florida Statutes, are amended to read:
- 766.1115 Health care providers; creation of agency relationship with governmental contractors.—
 - (3) DEFINITIONS.—As used in this section, the term:

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(a) "Contract" means an agreement executed in compliance with this section between a health care provider and a governmental contractor which allows the health care provider, or any employee or agent of the health care provider, to deliver health care services to low-income recipients as an agent of the governmental contractor. The contract must be for volunteer, uncompensated services, except as provided in paragraph (4)(g). For services to qualify as volunteer, uncompensated services under this section, the health care provider must receive no compensation from the governmental contractor for any services provided under the contract and must not bill or accept compensation from the recipient, or a public or private thirdparty payor, for the specific services provided to the lowincome recipients covered by the contract, except as provided in paragraph (4)(g). A free clinic as described in subparagraph (3) (d) 14. may receive a legislative appropriation, a grant through a legislative appropriation, or a grant from a governmental entity or nonprofit corporation to support the delivery of such contracted services by volunteer health care providers, including the employment of health care providers to supplement, coordinate, or support the delivery of services by volunteer health care providers. Such an appropriation or grant does not constitute compensation under this paragraph from the governmental contractor for services provided under the contract, nor does receipt and use of the appropriation or grant constitute the acceptance of compensation under this paragraph for the specific services provided to the low-income recipients covered by the contract.

(d) "Health care provider" or "provider" means:

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- 1. A birth center licensed under chapter 383.
- 2. An ambulatory surgical center licensed under chapter 395.
 - 3. A hospital licensed under chapter 395.
- 4. A physician or physician assistant licensed under chapter 458.
 - 5. An osteopathic physician or osteopathic physician assistant licensed under chapter 459.
 - 6. A chiropractic physician licensed under chapter 460.
 - 7. A podiatric physician licensed under chapter 461.
 - 8. A registered nurse, nurse midwife, licensed practical nurse, or advanced registered nurse practitioner licensed or registered under part I of chapter 464 or any facility which employs nurses licensed or registered under part I of chapter 464 to supply all or part of the care delivered under this section.
 - 9. A midwife licensed under chapter 467.
 - 10. A health maintenance organization certificated under part I of chapter 641.
 - 11. A health care professional association and its employees or a corporate medical group and its employees.
 - 12. Any other medical facility the primary purpose of which is to deliver human medical diagnostic services or which delivers nonsurgical human medical treatment, and which includes an office maintained by a provider.
 - 13. A dentist or dental hygienist licensed under chapter 466.
- 14. A free clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all

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low-income recipients.

15. Any other health care professional, practitioner, provider, or facility under contract with a governmental contractor, including a student enrolled in an accredited program that prepares the student for licensure as any one of the professionals listed in subparagraphs 4.-9.

The term includes any nonprofit corporation qualified as exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c) of the Internal Revenue Code, which delivers health care services provided by licensed professionals listed in this paragraph, any federally funded community health center, and any volunteer corporation or volunteer health care provider that delivers health care services.

(4) CONTRACT REQUIREMENTS.—A health care provider that executes a contract with a governmental contractor to deliver health care services on or after April 17, 1992, as an agent of the governmental contractor, or any employee or agent of such health care provider, is an agent for purposes of s. 768.28(9), while acting within the scope of duties under the contract, if the contract complies with the requirements of this section and regardless of whether the individual treated is later found to be ineligible. A health care provider, or any employee or agent of the health care provider, shall continue to be an agent for purposes of s. 768.28(9) for 30 days after a determination of ineligibility to allow for treatment until the individual transitions to treatment by another health care provider. A health care provider under contract with the state, or any

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employee or agent of such health care provider, may not be named as a defendant in any action arising out of medical care or treatment provided on or after April 17, 1992, under contracts entered into under this section. The contract must provide that:

- (a) The right of dismissal or termination of any health care provider delivering services under the contract is retained by the governmental contractor.
- (b) The governmental contractor has access to the patient records of any health care provider delivering services under the contract.
- (c) Adverse incidents and information on treatment outcomes must be reported by any health care provider to the governmental contractor if the incidents and information pertain to a patient treated under the contract. The health care provider shall submit the reports required by s. 395.0197. If an incident involves a professional licensed by the Department of Health or a facility licensed by the Agency for Health Care Administration, the governmental contractor shall submit such incident reports to the appropriate department or agency, which shall review each incident and determine whether it involves conduct by the licensee that is subject to disciplinary action. All patient medical records and any identifying information contained in adverse incident reports and treatment outcomes which are obtained by governmental entities under this paragraph are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.
- (d) Patient selection and initial referral must be made by the governmental contractor or the provider. Patients may not be transferred to the provider based on a violation of the

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antidumping provisions of the Omnibus Budget Reconciliation Act of 1989, the Omnibus Budget Reconciliation Act of 1990, or chapter 395.

- (e) If emergency care is required, the patient need not be referred before receiving treatment, but must be referred within 48 hours after treatment is commenced or within 48 hours after the patient has the mental capacity to consent to treatment, whichever occurs later.
- (f) The provider is subject to supervision and regular inspection by the governmental contractor.
- (g) As an agent of the governmental contractor for purposes of s. 768.28(9), while acting within the scope of duties under the contract, A health care provider licensed under chapter 466, as an agent of the governmental contractor for purposes of s. 768.28(9), may allow a patient, or a parent or guardian of the patient, to voluntarily contribute a monetary amount to cover costs of dental laboratory work related to the services provided to the patient within the scope of duties under the contract. This contribution may not exceed the actual cost of the dental laboratory charges.

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

(5) NOTICE OF AGENCY RELATIONSHIP.—The governmental contractor must provide written notice to each patient, or the patient's legal representative, receipt of which must be acknowledged in writing at the initial visit, that the provider is an agent of the governmental contractor and that the

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exclusive remedy for injury or damage suffered as the result of any act or omission of the provider or of any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to the provisions of s. 768.28. Thereafter, and with respect to any federally funded community health center, the notice requirements may be met by posting in a place conspicuous to all persons a notice that the health care provider federally funded community health center is an agent of the governmental contractor and that the exclusive remedy for injury or damage suffered as the result of any act or omission of the provider or of any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to the provisions of s. 768.28.

Section 7. Paragraph (b) of subsection (9) of section 768.28, Florida Statutes, is amended to read:

768.28 Waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs.—

(9)

- (b) As used in this subsection, the term:
- 1. "Employee" includes any volunteer firefighter.
- 2. "Officer, employee, or agent" includes, but is not limited to, any health care provider, and its employees or agents, when providing services pursuant to s. 766.1115; any nonprofit independent college or university located and chartered in this state which owns or operates an accredited medical school, and its employees or agents, when providing

407	588-03635-15 20157084 patient services pursuant to paragraph (10)(f); and any public defender or her or his employee or agent, including, among	
410	others, an assistant public defender and an investigator. Section 8. This act shall take effect July 1, 2015.	