By Senator Bean

	4-00255-16 2016178
1	A bill to be entitled
2	An act relating to quality health care services;
3	amending s. 288.0001, F.S.; requiring the Office of
4	Economic and Demographic Research and the Office of
5	Program Policy Analysis and Government Accountability
6	to complete a periodic analysis of the medical tourism
7	marketing plan; amending s. 288.901, F.S.; requiring
8	Enterprise Florida, Inc., to market this state as a
9	health care destination in collaboration with the
10	Department of Economic Opportunity; amending s.
11	288.923, F.S.; requiring the Division of Tourism
12	Marketing of Enterprise Florida, Inc., to include a
13	discussion of the promotion of medical tourism for
14	quality health care services in its 4-year marketing
15	plan; creating s. 288.924, F.S.; providing criteria
16	for the medical tourism initiatives to be included in
17	the division's marketing plan; creating s. 624.27,
18	F.S.; defining terms; specifying that a direct primary
19	care agreement does not constitute insurance and is
20	not subject to the Florida Insurance Code; specifying
21	that entering into a direct primary care agreement
22	does not constitute the business of insurance and is
23	not subject to the code; providing that a health care
24	provider is not required to obtain a certificate of
25	authority or license to market, sell, or offer to sell
26	a direct primary care agreement; specifying criteria
27	for a direct primary care agreement; amending s.
28	766.1115, F.S.; redefining terms relating to agency
29	relationships with governmental health care

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30	contractors; deleting an obsolete date; extending	
31	sovereign immunity to include employees or agents of a	
32	health care provider that executes a contract with a	
33	governmental contractor; clarifying that a receipt of	
34	specified notice must be acknowledged by a patient or	
35	the patient's representative at the initial visit;	
36	requiring the posting of notice that a specified	
37	health care provider is an agent of a governmental	
38	contractor; amending s. 768.28, F.S.; redefining the	
39	term "officer, employee, or agent" to include	
40	employees or agents of a health care provider to	
41	conform to changes made by the act; providing an	
42	effective date.	
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44	Be It Enacted by the Legislature of the State of Florida:	
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46	Section 1. Paragraph (b) of subsection (2) of section	
47	288.0001, Florida Statutes, is amended to read:	
48	288.0001 Economic Development Programs EvaluationThe	
49	Office of Economic and Demographic Research and the Office of	
50	Program Policy Analysis and Government Accountability (OPPAGA)	
51	shall develop and present to the Governor, the President of the	
52	Senate, the Speaker of the House of Representatives, and the	
53	chairs of the legislative appropriations committees the Economic	
54	Development Programs Evaluation.	
55	(2) The Office of Economic and Demographic Research and	
56	OPPAGA shall provide a detailed analysis of economic development	
57	programs as provided in the following schedule:	
58	(b) By January 1, 2015, and every 3 years thereafter, an	

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59	analysis of the following:
60	1. The entertainment industry financial incentive program
61	established under s. 288.1254.
62	2. The entertainment industry sales tax exemption program
63	established under s. 288.1258.
64	3. VISIT Florida and its programs established or funded
65	under ss. 288.122, 288.1226, 288.12265, and 288.124 <u>, and</u>
66	288.924.
67	4. The Florida Sports Foundation and related programs
68	established under ss. 288.1162, 288.11621, 288.1166, 288.1167,
69	288.1168, 288.1169, and 288.1171.
70	Section 2. Subsection (2) of section 288.901, Florida
71	Statutes, is amended to read:
72	288.901 Enterprise Florida, Inc
73	(2) PURPOSES.—Enterprise Florida, Inc., shall act as the
74	economic development organization for the state, <u>using</u> utilizing
75	private sector and public sector expertise in collaboration with
76	the department to:
77	(a) Increase private investment in Florida;
78	(b) Advance international and domestic trade opportunities;
79	(c) Market the state both as a probusiness location for new
80	investment and as an unparalleled tourist destination;
81	(d) Revitalize Florida's space and aerospace industries,
82	and promote emerging complementary industries;
83	(e) Promote opportunities for minority-owned businesses;
84	(f) Assist and market professional and amateur sport teams
85	and sporting events in Florida; and
86	(g) Assist, promote, and enhance economic opportunities in
87	this state's rural and urban communities; and

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88	(h) Market the state as a health care destination by using	
89	the medical tourism initiatives as described in s. 288.924 to	
90	promote quality health care services in this state.	
91	Section 3. Paragraph (c) of subsection (4) of section	
92	288.923, Florida Statutes, is amended to read:	
93	288.923 Division of Tourism Marketing; definitions;	
94	responsibilities	
95	(4) The division's responsibilities and duties include, but	
96	are not limited to:	
97	(c) Developing a 4-year marketing plan.	
98	1. At a minimum, the marketing plan shall discuss the	
99	following:	
100	a. Continuation of overall tourism growth in this state.	
101	b. Expansion to new or under-represented tourist markets.	
102	c. Maintenance of traditional and loyal tourist markets.	
103	d. Coordination of efforts with county destination	
104	marketing organizations, other local government marketing	
105	groups, privately owned attractions and destinations, and other	
106	private sector partners to create a seamless, four-season	
107	advertising campaign for the state and its regions.	
108	e. Development of innovative techniques or promotions to	
109	build repeat visitation by targeted segments of the tourist	
110	population.	
111	f. Consideration of innovative sources of state funding for	
112	tourism marketing.	
113	g. Promotion of nature-based tourism and heritage tourism.	
114	h. Promotion of medical tourism for quality health care	
115	services, as provided under s. 288.924.	
116	<u>i.h.</u> Development of a component to address emergency	
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117	response to natural and manmade disasters from a marketing
118	standpoint.
119	2. The plan shall be annual in construction and ongoing in
120	nature. Any annual revisions of the plan shall carry forward the
121	concepts of the remaining 3-year portion of the plan and
122	consider a continuum portion to preserve the 4-year timeframe of
123	the plan. The plan also shall include recommendations for
124	specific performance standards and measurable outcomes for the
125	division and direct-support organization. The department, in
126	consultation with the board of directors of Enterprise Florida,
127	Inc., shall base the actual performance metrics on these
128	recommendations.
129	3. The 4-year marketing plan shall be developed in
130	collaboration with the Florida Tourism Industry Marketing
131	Corporation. The plan shall be annually reviewed and approved by
132	the board of directors of Enterprise Florida, Inc.
133	Section 4. Section 288.924, Florida Statutes, is created to
134	read:
135	288.924 Medical tourism for quality health care services;
136	medical tourism marketing plan.—The Division of Tourism
137	Marketing shall include within the 4-year marketing plan
138	required under s. 288.923(4) specific initiatives to advance
139	this state as a destination for quality bundled health care
140	services. The plan must:
141	(1) Promote national and international awareness of the
142	qualifications, scope of services, and specialized expertise of
143	health care providers throughout this state;
144	(2) Promote national and international awareness of
145	medical-related conferences, training, or business opportunities

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146	to attract practitioners from the medical field to destinations	
147	in this state; and	
148	(3) Include an initiative that showcases selected,	
149	qualified providers offering bundled packages of health care and	
150	support services. The selection of providers to be showcased	
151	must be conducted through a solicitation of proposals from	
152	Florida hospitals and other licensed providers for plans that	
153	describe available services, provider qualifications, and	
154	special arrangements for food, lodging, transportation, or other	
155	support services and amenities that may be provided to visiting	
156	patients and their families. A single health care provider may	
157	submit a proposal describing the available health care services	
158	offered through a network of multiple providers and explaining	
159	support services and other amenities associated with the care.	
160	The Florida Tourism Industry Marketing Corporation shall assess	
161	the qualifications and credentials of providers submitting	
162	proposals. To be qualified for selection, a health care provider	
163	must:	
164	(a) Have a full, active, and unencumbered Florida license	
165	and ensure that all health care providers participating in the	
166	proposal have full, active, and unencumbered Florida licenses;	
167	(b) Have a current accreditation that is not conditional or	
168	provisional from a nationally recognized accrediting body;	
169	(c) Be a recipient of the Cancer Center of Excellence	
170	Award, as described in s. 381.925, within the recognized 3-year	
171	period of the award, or have a current national or international	
172	recognition given through a specific qualifying process in	
173	another specialty area; and	
174	(d) Meet other criteria as determined by the Florida	

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175	Tourism Industry Marketing Corporation in collaboration with the	
176	Agency for Health Care Administration and the Department of	
177	Health.	
178	Section 5. Section 624.27, Florida Statutes, is created to	
179	read:	
180	624.27 Application of code as to direct primary care	
181	agreements	
182	(1) As used in this section, the term:	
183	(a) "Direct primary care agreement" means a contract	
184	between a primary care provider or primary care group practice	
185	and a patient, the patient's legal representative, or an	
186	employer which meets the requirements specified under subsection	
187	(4) and does not indemnify for services provided by a third	
188	party.	
189	(b) "Primary care provider" means a health care provider	
190	licensed under chapter 458, chapter 459, or chapter 464 that	
191	provides medical services to patients which are commonly	
192	provided without referral from another health care provider.	
193	(c) "Primary care service" means the screening, assessment,	
194	diagnosis, and treatment of a patient for the purpose of	
195	promoting health or detecting and managing disease or injury	
196	within the competency and training of the primary care provider.	
197	(2) A direct primary care agreement does not constitute	
198	insurance and is not subject to this code. The act of entering	
199	into a direct primary care agreement does not constitute the	
200	business of insurance and is not subject to this code.	
201	(3) A primary care provider or an agent of a primary care	
202	provider is not required to obtain a certificate of authority or	
203	license under this code to market, sell, or offer to sell a	

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204	direct primary care agreement.	
205	(4) For purposes of this section, a direct primary care	
206	agreement must:	
207	(a) Be in writing.	
208	(b) Be signed by the primary care provider or an agent of	
209	the primary care provider and the patient or the patient's legal	
210	representative.	
211	(c) Allow a party to terminate the agreement by written	
212	notice to the other party after a period specified in the	
213	agreement.	
214	(d) Describe the scope of the primary care services that	
215	are covered by the monthly fee.	
216	(e) Specify the monthly fee and any fees for primary care	
217	services not covered by the monthly fee.	
218	(f) Specify the duration of the agreement and any automatic	
219	renewal provisions.	
220	(g) Offer a refund to the patient of monthly fees paid in	
221	advance if the primary care provider ceases to offer primary	
222	care services for any reason.	
223	(h) State that the agreement is not health insurance.	
224	Section 6. Paragraphs (a) and (d) of subsection (3) and	
225	subsections (4) and (5) of section 766.1115, Florida Statutes,	
226	are amended to read:	
227	766.1115 Health care providers; creation of agency	
228	relationship with governmental contractors	
229	(3) DEFINITIONSAs used in this section, the term:	
230	(a) "Contract" means an agreement executed in compliance	
231	with this section between a health care provider and a	
232	governmental contractor which allows the health care provider $_{\underline{\prime}}$	
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233	or any employee or agent of the health care provider, to deliver	
234	health care services to low-income recipients as an agent of the	
235	governmental contractor. The contract must be for volunteer,	
236	uncompensated services , except as provided in paragraph (4)(g) .	
237	For services to qualify as volunteer, uncompensated services	
238	under this section, the health care provider must receive no	
239	compensation from the governmental contractor for any services	
240	provided under the contract and must not bill or accept	
241	compensation from the recipient, or a public or private third-	
242	party payor, for the specific services provided to the low-	
243	income recipients covered by the contract, except as provided in	
244	paragraph (4)(g). A free clinic as described in subparagraph	
245	(3)(d)14. may receive a legislative appropriation, a grant	
246	through a legislative appropriation, or a grant from a	
247	governmental entity or nonprofit corporation to support the	
248	delivery of such contracted services by volunteer health care	
249	providers, including the employment of health care providers to	
250	supplement, coordinate, or support the delivery of services by	
251	volunteer health care providers. Such an appropriation or grant	
252	does not constitute compensation under this paragraph from the	
253	governmental contractor for services provided under the	
254	contract, nor does receipt and use of the appropriation or grant	
255	constitute the acceptance of compensation under this paragraph	
256	for the specific services provided to the low-income recipients	
257	covered by the contract.	
258	(d) "Health care provider" or "provider" means:	
259	1. A birth center licensed under chapter 383.	
260	2. An ambulatory surgical center licensed under chapter	
261	395.	

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262	3. A hospital licensed under chapter 395.
263	4. A physician or physician assistant licensed under
264	chapter 458.
265	5. An osteopathic physician or osteopathic physician
266	assistant licensed under chapter 459.
267	6. A chiropractic physician licensed under chapter 460.
268	7. A podiatric physician licensed under chapter 461.
269	8. A registered nurse, nurse midwife, licensed practical
270	nurse, or advanced registered nurse practitioner licensed or
271	registered under part I of chapter 464 or any facility which
272	employs nurses licensed or registered under part I of chapter
273	464 to supply all or part of the care delivered under this
274	section.
275	9. A midwife licensed under chapter 467.
276	10. A health maintenance organization certificated under
277	part I of chapter 641.
278	11. A health care professional association and its
279	employees or a corporate medical group and its employees .
280	12. Any other medical facility the primary purpose of which
281	is to deliver human medical diagnostic services or which
282	delivers nonsurgical human medical treatment, and which includes
283	an office maintained by a provider.
284	13. A dentist or dental hygienist licensed under chapter
285	466.
286	14. A free clinic that delivers only medical diagnostic
287	services or nonsurgical medical treatment free of charge to all
288	low-income recipients.
289	15. Any other health care professional, practitioner,
290	provider, or facility under contract with a governmental
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291
     contractor, including a student enrolled in an accredited
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     program that prepares the student for licensure as any one of
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     the professionals listed in subparagraphs 4.-9.
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     The term includes any nonprofit corporation qualified as exempt
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     from federal income taxation under s. 501(a) of the Internal
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     Revenue Code, and described in s. 501(c) of the Internal Revenue
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     Code, which delivers health care services provided by licensed
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     professionals listed in this paragraph, any federally funded
     community health center, and any volunteer corporation or
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     volunteer health care provider that delivers health care
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     services.
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          (4) CONTRACT REQUIREMENTS. - A health care provider that
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     executes a contract with a governmental contractor to deliver
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     health care services on or after April 17, 1992, as an agent of
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     the governmental contractor, or any employee or agent of such
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     health care provider, is an agent for purposes of s. 768.28(9),
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     while acting within the scope of duties under the contract, if
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     the contract complies with the requirements of this section and
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     regardless of whether the individual treated is later found to
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     be ineligible. A health care provider, or any employee or agent
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     of the health care provider, shall continue to be an agent for
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     purposes of s. 768.28(9) for 30 days after a determination of
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     ineligibility to allow for treatment until the individual
315
     transitions to treatment by another health care provider. A
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     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
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     as a defendant in any action arising out of medical care or
319
     treatment provided on or after April 17, 1992, under contracts
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(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 antidumping provisions of the Omnibus Budget Reconciliation Act of 1989, the Omnibus Budget Reconciliation Act of 1990, or chapter 395.

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349	(e) If emergency care is required, the patient need not be
350	referred before receiving treatment, but must be referred within
351	48 hours after treatment is commenced or within 48 hours after
352	the patient has the mental capacity to consent to treatment,
353	whichever occurs later.
354	(f) The provider is subject to supervision and regular
355	inspection by the governmental contractor.
356	(g) As an agent of the governmental contractor for purposes
357	of s. 768.28(9), while acting within the scope of duties under
358	the contract, A health care provider licensed under chapter 466,
359	as an agent of the governmental contractor for purposes of s.
360	768.28(9), may allow a patient, or a parent or guardian of the
361	patient, to voluntarily contribute a monetary amount to cover
362	costs of dental laboratory work related to the services provided
363	to the patient within the scope of duties under the contract.
364	This contribution may not exceed the actual cost of the dental
365	laboratory charges.
366	
367	A governmental contractor that is also a health care provider is
368	not required to enter into a contract under this section with
369	respect to the health care services delivered by its employees.
370	(5) NOTICE OF AGENCY RELATIONSHIP.—The governmental
371	contractor must provide written notice to each patient, or the
372	patient's legal representative, receipt of which must be
373	acknowledged in writing at the initial visit, that the provider
374	is an agent of the governmental contractor and that the
375	exclusive remedy for injury or damage suffered as the result of
376	any act or omission of the provider or of any employee or agent
377	thereof acting within the scope of duties pursuant to the

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