

1 A bill to be entitled
 2 An act relating to physician fee sharing task force;
 3 creating s. 456.0541, F.S.; establishing the Physician
 4 Fee Sharing Task Force within the Department of
 5 Health; providing for duties, membership, and meetings
 6 of the task force; requiring a report to the Governor
 7 and Legislature by a specified date; providing for
 8 expiration of the task force; providing an effective
 9 date.

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

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13 Section 1. Section 456.0541, Florida Statutes is created
 14 to read:

15 456.0541 Physician Fee Sharing Task Force.—

16 (1) The Physician Fee Sharing Task Force is created within
 17 the department. The department shall use existing and available
 18 resources to administer and support the activities of the task
 19 force under this section.

20 (2) Members of the task force shall serve without
 21 compensation and are not entitled to reimbursement for per diem
 22 or travel expenses. The task force shall consist, at a minimum,
 23 of the following members:

24 (a) The State Surgeon General or his or her designee, who
 25 shall serve as the chair of the task force.

26 (b) The Secretary of Health Care Administration or his or
 27 her designee.

28 (c) The Attorney General or his or her designee.

29 (d) Two members of the Legislature appointed by the
 30 Governor.

31 (e) Two members of the Senate appointed by the President
 32 of the Senate.

33 (f) Two members of the House of Representatives appointed
 34 by the Speaker of the House of Representatives.

35 (g) Two representatives of hospitals or facilities
 36 licensed under chapter 395, who each regularly deal with health
 37 care fraud and abuse matters, particularly those relating to the
 38 federal False Claims Act, federal Ethics in Patient Referrals
 39 Act of 1989, and anti-kickback issues, appointed by the
 40 Secretary of Health Care Administration.

41 (h) One general counsel of a health insurer or his or her
 42 designee, who is familiar with health care fraud and abuse
 43 matters, particularly those relating to the federal False Claims
 44 Act, federal Ethics in Patient Referrals Act of 1989, and anti-
 45 kickback issues, appointed by the Secretary of Health Care
 46 Administration.

47 (i) Five health care practitioners, each of whom practices
 48 in a different area of medicine, appointed by the State Surgeon
 49 General.

50 (j) One representative of an organization that represents

51 health care practitioners and who is familiar with health care
52 fraud and abuse matters, particularly those relating to the
53 federal False Claims Act, federal Ethics in Patient Referrals
54 Act of 1989, and anti-kickback issues, appointed by the
55 President of the Senate.

56 (k) One representative of the Florida Bar, whose practice
57 area primarily involves health care fraud and abuse matters,
58 particularly those relating to the federal False Claims Act,
59 federal Ethics in Patient Referrals Act of 1989, and anti-
60 kickback issues, appointed by the Executive Director of the
61 Florida Bar.

62 (l) Two representatives from companies whose primary
63 business function is the development and deployment of a
64 certified electronic health record, appointed by the Speaker of
65 the House of Representatives.

66 (m) Two representatives from companies whose primary
67 business function is the development and deployment of health
68 information technology, such as population health or data
69 analytics, which is not a certified electronic health record,
70 appointed by the President of the Senate.

71 (n) Two representatives from a company whose primary
72 business function is the development and deployment of smart
73 medical devices, such as remote patient monitoring, appointed by
74 the Speaker of the House of Representatives.

75 (o) One representative from an investment company whose

76 investment portfolio is comprised of at least 20-percent health
77 information technology investments, appointed by the President
78 of the Senate.

79 (3) The task force shall develop and evaluate policy
80 proposals to address barriers to innovation and modernization of
81 provider payment models created by the federal Ethics in Patient
82 Referrals Act of 1989, including policy proposals for:

83 (a) Implementing and maintaining alternative payment
84 models.

85 (b) Increasing or extending existing safe harbor
86 provisions to include physician practice groups.

87 (c) Reforming the liability standard for violations.

88 (4) The task force shall convene its first meeting by June
89 1, 2018, and shall meet as often as necessary to fulfill its
90 responsibilities under this section. Meetings may be conducted
91 in person, by teleconference, or by other electronic means.

92 (5) The task force shall submit a report by December 1,
93 2018, to the Governor, the President of the Senate, and the
94 Speaker of the House of Representatives that includes its
95 findings, conclusions, and recommendations.

96 (6) This section expires January 1, 2019.

97 Section 2. This act shall take effect upon becoming a law.