



424690

LEGISLATIVE ACTION

Senate

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House

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Senator Harrell moved the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

Section 1. It is the intent of the Legislature to promote programs and initiatives that help make available preventive and educational dental services for the residents of the state, as well as provide quality dental treatment services. The geographic characteristics among the residents of the state are distinctive and vary from region to region, with such residents having unique needs regarding access to dental care. The



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12 Legislature recognizes that maintaining good oral health is  
13 integral to the overall health status of individuals and that  
14 the good health of the residents of this state is an important  
15 contributing factor in economic development. Better health,  
16 including better oral health, increases workplace productivity,  
17 reduces the burden of health care costs, and improves the  
18 cognitive development of children, resulting in a reduction of  
19 missed school days.

20 Section 2. Section 381.4019, Florida Statutes, is created  
21 to read:

22 381.4019 Dental Student Loan Repayment Program.—The Dental  
23 Student Loan Repayment Program is established to promote access  
24 to dental care by supporting qualified dentists who treat  
25 medically underserved populations in dental health professional  
26 shortage areas or medically underserved areas.

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

28 (a) "Dental health professional shortage area" means a  
29 geographic area designated as such by the Health Resources and  
30 Services Administration of the United States Department of  
31 Health and Human Services.

32 (b) "Department" means the Department of Health.

33 (c) "Loan program" means the Dental Student Loan Repayment  
34 Program.

35 (d) "Medically underserved area" means a geographic area,  
36 an area having a special population, or a facility which is  
37 designated by department rule as a health professional shortage  
38 area as defined by federal regulation and which has a shortage  
39 of dental health professionals who serve Medicaid recipients and  
40 other low-income patients.



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41 (e) "Public health program" means a county health  
42 department, the Children's Medical Services program, a federally  
43 funded community health center, a federally funded migrant  
44 health center, or other publicly funded or nonprofit health care  
45 program designated by the department.

46 (2) The department shall establish a dental student loan  
47 repayment program to benefit Florida-licensed dentists who  
48 demonstrate, as required by department rule, active employment  
49 in a public health program that serves Medicaid recipients and  
50 other low-income patients and is located in a dental health  
51 professional shortage area or a medically underserved area.

52 (3) The department shall award funds from the loan program  
53 to repay the student loans of a dentist who meets the  
54 requirements of subsection (2).

55 (a) An award may not exceed \$50,000 per year per eligible  
56 dentist.

57 (b) Only loans to pay the costs of tuition, books, dental  
58 equipment and supplies, uniforms, and living expenses may be  
59 covered.

60 (c) All repayments are contingent upon continued proof of  
61 eligibility and must be made directly to the holder of the loan.  
62 The state bears no responsibility for the collection of any  
63 interest charges or other remaining balances.

64 (d) A dentist may receive funds under the loan program for  
65 at least 1 year, up to a maximum of 5 years.

66 (e) The department shall limit the number of new dentists  
67 participating in the loan program to not more than 10 per fiscal  
68 year.

69 (4) A dentist is no longer eligible to receive funds under



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70 the loan program if the dentist:

71 (a) Is no longer employed by a public health program that  
72 meets the requirements of subsection (2).

73 (b) Ceases to participate in the Florida Medicaid program.

74 (c) Has disciplinary action taken against his or her  
75 license by the Board of Dentistry for a violation of s. 466.028.

76 (5) The department shall adopt rules to administer the loan  
77 program.

78 (6) Implementation of the loan program is subject to  
79 legislative appropriation.

80 Section 3. Section 381.40195, Florida Statutes, is created  
81 to read:

82 381.40195 Donated Dental Services Program.-

83 (1) This act may be cited as the "Donated Dental Services  
84 Act."

85 (2) As used in this section, the term:

86 (a) "Department" means the Department of Health.

87 (b) "Program" means the Donated Dental Services Program as  
88 established pursuant to subsection (3).

89 (3) The department shall establish the Donated Dental  
90 Services Program for the purpose of providing comprehensive  
91 dental care through a network of volunteer dentists and other  
92 dental providers to needy, disabled, elderly, and medically  
93 compromised individuals who cannot afford necessary treatment  
94 but are ineligible for public assistance. An eligible individual  
95 may receive treatment in a volunteer dentist's or participating  
96 dental provider's private office or at any other suitable  
97 location. An eligible individual is not required to pay any fee  
98 or cost associated with the treatment he or she receives.



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99           (4) The department shall establish the program. The  
100 department shall contract with a nonprofit organization that has  
101 experience in providing similar services or administering  
102 similar programs. The contract must specify the responsibilities  
103 of the nonprofit organization, which may include, but are not  
104 limited to:

105           (a) Maintaining a network of volunteer dentists and other  
106 dental providers, including, but not limited to, dental  
107 specialists and dental laboratories, to provide comprehensive  
108 dental services to eligible individuals.

109           (b) Maintaining a system to refer eligible individuals to  
110 the appropriate volunteer dentist or participating dental  
111 provider.

112           (c) Developing a public awareness and marketing campaign to  
113 promote the program and educate eligible individuals about its  
114 availability and services.

115           (d) Providing the necessary administrative and technical  
116 support to administer the program.

117           (e) Submitting an annual report to the department which  
118 must include, at a minimum:

119           1. Financial data relating to administering the program.

120           2. Demographic data and other information relating to the  
121 eligible individuals who are referred to and receive treatment  
122 through the program.

123           3. Demographic data and other information relating to the  
124 volunteer dentists and participating dental providers who  
125 provide dental services through the program.

126           4. Any other data or information that the department may  
127 require.



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128       (f) Performing any other program-related duties and  
129 responsibilities as required by the department.

130       (5) The department shall adopt rules to administer the  
131 program.

132       (6) Implementation of the program is subject to legislative  
133 appropriation.

134       Section 4. Subsection (3) is added to section 395.1012,  
135 Florida Statutes, to read:

136       395.1012 Patient safety.—

137       (3) (a) Each hospital shall provide to any patient upon  
138 admission, upon scheduling of nonemergency care, or before  
139 treatment, written information on a form created by the agency  
140 which contains the following information available for the  
141 hospital for the most recent year and the statewide average for  
142 all hospitals related to the following quality measures:

143       1. The rate of hospital-acquired infections;

144       2. The overall rating of the Hospital Consumer Assessment  
145 of Healthcare Providers and Systems survey; and

146       3. The 15-day readmission rate.

147       (b) A hospital shall also provide to any person, upon  
148 request, the written information specified in paragraph (a).

149       (c) The information required by this subsection must be  
150 presented in a manner that is easily understandable and  
151 accessible to the patient and must also include an explanation  
152 of the quality measures and the relationship between patient  
153 safety and the hospital's data for the quality measures.

154       Section 5. Section 395.1052, Florida Statutes, is created  
155 to read:

156       395.1052 Patient access to primary care and specialty



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157 providers; notification.—A hospital shall:

158 (1) Notify each patient's primary care provider, if any,  
159 within 24 hours after the patient's admission to the hospital.

160 (2) Inform the patient immediately upon admission that he  
161 or she may request to have the hospital's treating physician  
162 consult with the patient's primary care provider or specialist  
163 provider, if any, when developing the patient's plan of care.  
164 Upon the patient's request, the hospital's treating physician  
165 shall make reasonable efforts to consult with the patient's  
166 primary care provider or specialist provider when developing the  
167 patient's plan of care.

168 (3) Notify the patient's primary care provider, if any, of  
169 the patient's discharge from the hospital within 24 hours after  
170 the discharge.

171 (4) Provide the discharge summary and any related  
172 information or records to the patient's primary care provider,  
173 if any, within 14 days after the patient's discharge summary has  
174 been completed.

175 Section 6. Subsection (3) of section 395.002, Florida  
176 Statutes, is amended to read:

177 395.002 Definitions.—As used in this chapter:

178 (3) "Ambulatory surgical center" means a facility the  
179 primary purpose of which is to provide elective surgical care,  
180 in which the patient is admitted to and discharged from such  
181 facility within 24 hours ~~the same working day and is not~~  
182 ~~permitted to stay overnight~~, and which is not part of a  
183 hospital. However, a facility existing for the primary purpose  
184 of performing terminations of pregnancy, an office maintained by  
185 a physician for the practice of medicine, or an office



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186 maintained for the practice of dentistry may not be construed to  
187 be an ambulatory surgical center, provided that any facility or  
188 office which is certified or seeks certification as a Medicare  
189 ambulatory surgical center shall be licensed as an ambulatory  
190 surgical center pursuant to s. 395.003.

191 Section 7. Section 395.1055, Florida Statutes, is amended  
192 to read:

193 395.1055 Rules and enforcement.—

194 (1) The agency shall adopt rules pursuant to ss. 120.536(1)  
195 and 120.54 to implement the provisions of this part, which shall  
196 include reasonable and fair minimum standards for ensuring that:

197 (a) Sufficient numbers and qualified types of personnel and  
198 occupational disciplines are on duty and available at all times  
199 to provide necessary and adequate patient care and safety.

200 (b) Infection control, housekeeping, sanitary conditions,  
201 and medical record procedures that will adequately protect  
202 patient care and safety are established and implemented.

203 (c) A comprehensive emergency management plan is prepared  
204 and updated annually. Such standards must be included in the  
205 rules adopted by the agency after consulting with the Division  
206 of Emergency Management. At a minimum, the rules must provide  
207 for plan components that address emergency evacuation  
208 transportation; adequate sheltering arrangements; postdisaster  
209 activities, including emergency power, food, and water;  
210 postdisaster transportation; supplies; staffing; emergency  
211 equipment; individual identification of residents and transfer  
212 of records, and responding to family inquiries. The  
213 comprehensive emergency management plan is subject to review and  
214 approval by the local emergency management agency. During its





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215 review, the local emergency management agency shall ensure that  
216 the following agencies, at a minimum, are given the opportunity  
217 to review the plan: the Department of Elderly Affairs, the  
218 Department of Health, the Agency for Health Care Administration,  
219 and the Division of Emergency Management. Also, appropriate  
220 volunteer organizations must be given the opportunity to review  
221 the plan. The local emergency management agency shall complete  
222 its review within 60 days and either approve the plan or advise  
223 the facility of necessary revisions.

224 (d) Licensed facilities are established, organized, and  
225 operated consistent with established standards and rules.

226 (e) Licensed facility beds conform to minimum space,  
227 equipment, and furnishings standards as specified by the  
228 department.

229 (f) All hospitals submit such data as necessary to conduct  
230 certificate-of-need reviews required under part I of chapter  
231 408. Such data shall include, but shall not be limited to,  
232 patient origin data, hospital utilization data, type of service  
233 reporting, and facility staffing data. The agency may not  
234 collect data that identifies or could disclose the identity of  
235 individual patients. The agency shall utilize existing uniform  
236 statewide data sources when available and shall minimize  
237 reporting costs to hospitals.

238 (g) Each hospital has a quality improvement program  
239 designed according to standards established by their current  
240 accrediting organization. This program will enhance quality of  
241 care and emphasize quality patient outcomes, corrective action  
242 for problems, governing board review, and reporting to the  
243 agency of standardized data elements necessary to analyze



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244 quality of care outcomes. The agency shall use existing data,  
245 when available, and shall not duplicate the efforts of other  
246 state agencies in order to obtain such data.

247 (h) Licensed facilities make available on their Internet  
248 websites, no later than October 1, 2004, and in a hard copy  
249 format upon request, a description of and a link to the patient  
250 charge and performance outcome data collected from licensed  
251 facilities pursuant to s. 408.061.

252 (i) All hospitals providing organ transplantation, neonatal  
253 intensive care services, inpatient psychiatric services,  
254 inpatient substance abuse services, or comprehensive medical  
255 rehabilitation meet the minimum licensure requirements adopted  
256 by the agency. Such licensure requirements must include quality  
257 of care, nurse staffing, physician staffing, physical plant,  
258 equipment, emergency transportation, and data reporting  
259 standards.

260 (2) Separate standards may be provided for general and  
261 specialty hospitals, ambulatory surgical centers, and statutory  
262 rural hospitals as defined in s. 395.602.

263 (3) The agency shall adopt rules that establish minimum  
264 standards for pediatric patient care in ambulatory surgical  
265 centers to ensure the safe and effective delivery of surgical  
266 care to children in ambulatory surgical centers. Such standards  
267 must include quality of care, nurse staffing, physician  
268 staffing, and equipment standards. Ambulatory surgical centers  
269 may not provide operative procedures to children under 18 years  
270 of age which require a length of stay past midnight until such  
271 standards are established by rule.

272 (4)~~(3)~~ The agency shall adopt rules with respect to the



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273 care and treatment of patients residing in distinct part nursing  
274 units of hospitals which are certified for participation in  
275 Title XVIII (Medicare) and Title XIX (Medicaid) of the Social  
276 Security Act skilled nursing facility program. Such rules shall  
277 take into account the types of patients treated in hospital  
278 skilled nursing units, including typical patient acuity levels  
279 and the average length of stay in such units, and shall be  
280 limited to the appropriate portions of the Omnibus Budget  
281 Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22,  
282 1987), Title IV (Medicare, Medicaid, and Other Health-Related  
283 Programs), Subtitle C (Nursing Home Reform), as amended. The  
284 agency shall require level 2 background screening as specified  
285 in s. 408.809(1)(e) pursuant to s. 408.809 and chapter 435 for  
286 personnel of distinct part nursing units.

287 (5)~~(4)~~ The agency shall adopt rules with respect to the  
288 care and treatment of clients in intensive residential treatment  
289 programs for children and adolescents and with respect to the  
290 safe and healthful development, operation, and maintenance of  
291 such programs.

292 (6)~~(5)~~ The agency shall enforce the provisions of part I of  
293 chapter 394, and rules adopted thereunder, with respect to the  
294 rights, standards of care, and examination and placement  
295 procedures applicable to patients voluntarily or involuntarily  
296 admitted to hospitals providing psychiatric observation,  
297 evaluation, diagnosis, or treatment.

298 (7)~~(6)~~ No rule shall be adopted under this part by the  
299 agency which would have the effect of denying a license to a  
300 facility required to be licensed under this part, solely by  
301 reason of the school or system of practice employed or permitted



302 to be employed by physicians therein, provided that such school  
303 or system of practice is recognized by the laws of this state.  
304 However, nothing in this subsection shall be construed to limit  
305 the powers of the agency to provide and require minimum  
306 standards for the maintenance and operation of, and for the  
307 treatment of patients in, those licensed facilities which  
308 receive federal aid, in order to meet minimum standards related  
309 to such matters in such licensed facilities which may now or  
310 hereafter be required by appropriate federal officers or  
311 agencies in pursuance of federal law or promulgated in pursuance  
312 of federal law.

313 (8)~~(7)~~ Any licensed facility which is in operation at the  
314 time of promulgation of any applicable rules under this part  
315 shall be given a reasonable time, under the particular  
316 circumstances, but not to exceed 1 year from the date of such  
317 promulgation, within which to comply with such rules.

318 (9)~~(8)~~ The agency may not adopt any rule governing the  
319 design, construction, erection, alteration, modification,  
320 repair, or demolition of any public or private hospital,  
321 intermediate residential treatment facility, or ambulatory  
322 surgical center. It is the intent of the Legislature to preempt  
323 that function to the Florida Building Commission and the State  
324 Fire Marshal through adoption and maintenance of the Florida  
325 Building Code and the Florida Fire Prevention Code. However, the  
326 agency shall provide technical assistance to the commission and  
327 the State Fire Marshal in updating the construction standards of  
328 the Florida Building Code and the Florida Fire Prevention Code  
329 which govern hospitals, intermediate residential treatment  
330 facilities, and ambulatory surgical centers.



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331           ~~(10)(9)~~ The agency shall establish a pediatric cardiac  
332 technical advisory panel, pursuant to s. 20.052, to develop  
333 procedures and standards for measuring outcomes of pediatric  
334 cardiac catheterization programs and pediatric cardiovascular  
335 surgery programs.

336           (a) Members of the panel must have technical expertise in  
337 pediatric cardiac medicine, shall serve without compensation,  
338 and may ~~not~~ be reimbursed for per diem and travel expenses.

339           (b) Voting members of the panel shall include: 3 at-large  
340 members, and 3 alternate at-large members with different program  
341 affiliations, including 1 cardiologist who is board certified in  
342 caring for adults with congenital heart disease and 2 board-  
343 certified pediatric cardiologists, neither of whom may be  
344 employed by any of the hospitals specified in subparagraphs 1.-  
345 10. or their affiliates, each of whom is appointed by the  
346 Secretary of Health Care Administration, and 10 members, and an  
347 alternate for each member, each of whom is a pediatric  
348 cardiologist or a pediatric cardiovascular surgeon, each  
349 appointed by the chief executive officer of the following  
350 hospitals:

- 351           1. Johns Hopkins All Children's Hospital in St. Petersburg.
- 352           2. Arnold Palmer Hospital for Children in Orlando.
- 353           3. Joe DiMaggio Children's Hospital in Hollywood.
- 354           4. Nicklaus Children's Hospital in Miami.
- 355           5. St. Joseph's Children's Hospital in Tampa.
- 356           6. University of Florida Health Shands Hospital in  
357 Gainesville.
- 358           7. University of Miami Holtz Children's Hospital in Miami.
- 359           8. Wolfson Children's Hospital in Jacksonville.



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360 9. Florida Hospital for Children in Orlando.

361 10. Nemours Children's Hospital in Orlando.

362

363 Appointments made under subparagraphs 1.-10. are contingent upon  
364 the hospital's maintenance of pediatric certificates of need and  
365 the hospital's compliance with this section and rules adopted  
366 thereunder, as determined by the Secretary of Health Care  
367 Administration. A member appointed under subparagraphs 1.-10.  
368 whose hospital fails to maintain such certificates or comply  
369 with standards may serve only as a nonvoting member until the  
370 hospital restores such certificates or complies with such  
371 standards. A voting member may serve a maximum of two 2-year  
372 terms and may be reappointed to the panel after being retired  
373 from the panel for a full 2-year term.

374 (c) The Secretary of Health Care Administration may appoint  
375 nonvoting members to the panel. Nonvoting members may include:

- 376 1. The Secretary of Health Care Administration.  
377 2. The Surgeon General.  
378 3. The Deputy Secretary of Children's Medical Services.  
379 4. Any current or past Division Director of Children's  
380 Medical Services.

381 5. A parent of a child with congenital heart disease.

382 6. An adult with congenital heart disease.

383 7. A representative from each of the following  
384 organizations: the Florida Chapter of the American Academy of  
385 Pediatrics, the Florida Chapter of the American College of  
386 Cardiology, the Greater Southeast Affiliate of the American  
387 Heart Association, the Adult Congenital Heart Association, the  
388 March of Dimes, the Florida Association of Children's Hospitals,



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389 and the Florida Society of Thoracic and Cardiovascular Surgeons.

390 (d) The panel shall meet biannually, or more frequently  
391 upon the call of the Secretary of Health Care Administration.  
392 Such meetings may be conducted telephonically, or by other  
393 electronic means.

394 (e) The duties of the panel include recommending to the  
395 agency standards for quality of care, personnel, physical plant,  
396 equipment, emergency transportation, and data reporting for  
397 hospitals that provide pediatric cardiac services.

398 (f) Beginning on January 1, 2020, and annually thereafter,  
399 the panel shall submit a report to the Governor, the President  
400 of the Senate, the Speaker of the House of Representatives, the  
401 Secretary of Health Care Administration, and the State Surgeon  
402 General. The report must summarize the panel's activities during  
403 the preceding fiscal year and include data and performance  
404 measures on surgical morbidity and mortality for all pediatric  
405 cardiac programs.

406 (g) Panel members are agents of the state for purposes of  
407 s. 768.28 throughout the good faith performance of the duties  
408 assigned to them by the Secretary of Health Care Administration.

409 (11) The Secretary of Health Care Administration shall  
410 consult the pediatric cardiac technical advisory panel for an  
411 advisory recommendation on any certificate of need applications  
412 to establish pediatric cardiac surgical centers.

413 (12)~~(10)~~ Based on the recommendations of the pediatric  
414 cardiac technical advisory panel ~~in subsection (9)~~, the agency  
415 shall adopt rules for pediatric cardiac programs which, at a  
416 minimum, include:

417 (a) Standards for pediatric cardiac catheterization



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418 services and pediatric cardiovascular surgery including quality  
419 of care, personnel, physical plant, equipment, emergency  
420 transportation, data reporting, and appropriate operating hours  
421 and timeframes for mobilization for emergency procedures.

422 (b) Outcome standards consistent with nationally  
423 established levels of performance in pediatric cardiac programs.

424 (c) Specific steps to be taken by the agency and licensed  
425 facilities when the facilities do not meet the outcome standards  
426 within a specified time, including time required for detailed  
427 case reviews and the development and implementation of  
428 corrective action plans.

429 (13) ~~(11)~~ A pediatric cardiac program shall:

430 (a) Have a pediatric cardiology clinic affiliated with a  
431 hospital licensed under this chapter.

432 (b) Have a pediatric cardiac catheterization laboratory and  
433 a pediatric cardiovascular surgical program located in the  
434 hospital.

435 (c) Have a risk adjustment surgical procedure protocol  
436 following the guidelines established by the Society of Thoracic  
437 Surgeons.

438 (d) Have quality assurance and quality improvement  
439 processes in place to enhance clinical operation and patient  
440 satisfaction with services.

441 (e) Participate in the clinical outcome reporting systems  
442 operated by the Society of Thoracic Surgeons and the American  
443 College of Cardiology.

444 (14) (a) The Secretary of Health Care Administration may  
445 request announced or unannounced site visits to any existing  
446 pediatric cardiac surgical center or facility seeking licensure





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447 as a pediatric cardiac surgical center through the certificate  
448 of need process, to ensure compliance with this section and  
449 rules adopted hereunder.

450 (b) At the request of the Secretary of Health Care  
451 Administration, the pediatric cardiac technical advisory panel  
452 shall recommend in-state physician experts to conduct an on-site  
453 visit. The Secretary may also appoint up to two out-of-state  
454 physician experts.

455 (c) A site visit team shall conduct an on-site inspection  
456 of the designated hospital's pediatric medical and surgical  
457 programs, and each member shall submit a written report of his  
458 or her findings to the panel. The panel shall discuss the  
459 written reports and present an advisory opinion to the Secretary  
460 of Health Care Administration which includes recommendations and  
461 any suggested actions for correction.

462 (d) Each on-site inspection must include all of the  
463 following:

464 1. An inspection of the program's physical facilities,  
465 clinics, and laboratories.

466 2. Interviews with support staff and hospital  
467 administrators.

468 3. A review of:

469 a. Randomly selected medical records and reports,  
470 including, but not limited to, advanced cardiac imaging,  
471 computed tomography, magnetic resonance imaging, cardiac  
472 ultrasound, cardiac catheterization, and surgical operative  
473 notes.

474 b. The program's clinical outcome data submitted to the  
475 Society of Thoracic Surgeons and the American College of



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476 Cardiology pursuant to s. 408.05(3)(k).

477 c. Mortality reports from cardiac-related deaths that  
478 occurred in the previous year.

479 d. Program volume data from the preceding year for  
480 interventional and electrophysiology catheterizations and  
481 surgical procedures.

482 (15) The Surgeon General shall provide quarterly reports to  
483 the Secretary of Health Care Administration consisting of data  
484 from the Children's Medical Services' critical congenital heart  
485 disease screening program for review by the advisory panel.

486 (16)-(12) The agency may adopt rules to administer the  
487 requirements of part II of chapter 408.

488 Section 8. Subsection (3) of section 395.301, Florida  
489 Statutes, is amended to read:

490 395.301 Price transparency; itemized patient statement or  
491 bill; patient admission status notification.—

492 (3) If a licensed facility places a patient on observation  
493 status rather than inpatient status, the licensed facility must  
494 immediately notify the patient of such status using the form  
495 adopted under 42 C.F.R. s. 489.20 for Medicare patients or a  
496 form adopted by agency rule for non-Medicare patients. Such  
497 notification must ~~observation services shall~~ be documented in  
498 the patient's medical records and discharge papers. The ~~patient~~  
499 ~~or the patient's~~ survivor or legal guardian must ~~shall~~ be  
500 notified of observation services through discharge papers, which  
501 may also include brochures, signage, or other forms of  
502 communication for this purpose.

503 Section 9. Paragraphs (a), (b), (c), and (d) of subsection  
504 (4) of section 400.9905, Florida Statutes, are amended to read:



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505 400.9905 Definitions.—

506 (4) "Clinic" means an entity where health care services are  
507 provided to individuals and which tenders charges for  
508 reimbursement for such services, including a mobile clinic and a  
509 portable equipment provider. As used in this part, the term does  
510 not include and the licensure requirements of this part do not  
511 apply to:

512 (a) Entities licensed or registered by the state under  
513 chapter 395; entities licensed or registered by the state and  
514 providing only health care services within the scope of services  
515 authorized under their respective licenses under ss. 383.30-  
516 383.332, chapter 390, chapter 394, chapter 397, this chapter  
517 except part X, chapter 429, chapter 463, chapter 465, chapter  
518 466, chapter 478, chapter 484, or chapter 651; end-stage renal  
519 disease providers authorized under 42 C.F.R. part 405, subpart  
520 U; providers certified under 42 C.F.R. part 485, subpart B or  
521 subpart H; providers certified by the Centers for Medicare and  
522 Medicaid services under the federal Clinical Laboratory  
523 Improvement Amendments and the federal rules adopted thereunder;  
524 or any entity that provides neonatal or pediatric hospital-based  
525 health care services or other health care services by licensed  
526 practitioners solely within a hospital licensed under chapter  
527 395.

528 (b) Entities that own, directly or indirectly, entities  
529 licensed or registered by the state pursuant to chapter 395;  
530 entities that own, directly or indirectly, entities licensed or  
531 registered by the state and providing only health care services  
532 within the scope of services authorized pursuant to their  
533 respective licenses under ss. 383.30-383.332, chapter 390,



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534 chapter 394, chapter 397, this chapter except part X, chapter  
535 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter  
536 484, or chapter 651; end-stage renal disease providers  
537 authorized under 42 C.F.R. part 405, subpart U; providers  
538 certified under 42 C.F.R. part 485, subpart B or subpart H;  
539 providers certified by the Centers for Medicare and Medicaid  
540 services under the federal Clinical Laboratory Improvement  
541 Amendments and the federal rules adopted thereunder; or any  
542 entity that provides neonatal or pediatric hospital-based health  
543 care services by licensed practitioners solely within a hospital  
544 licensed under chapter 395.

545 (c) Entities that are owned, directly or indirectly, by an  
546 entity licensed or registered by the state pursuant to chapter  
547 395; entities that are owned, directly or indirectly, by an  
548 entity licensed or registered by the state and providing only  
549 health care services within the scope of services authorized  
550 pursuant to their respective licenses under ss. 383.30-383.332,  
551 chapter 390, chapter 394, chapter 397, this chapter except part  
552 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter  
553 478, chapter 484, or chapter 651; end-stage renal disease  
554 providers authorized under 42 C.F.R. part 405, subpart U;  
555 providers certified under 42 C.F.R. part 485, subpart B or  
556 subpart H; providers certified by the Centers for Medicare and  
557 Medicaid services under the federal Clinical Laboratory  
558 Improvement Amendments and the federal rules adopted thereunder;  
559 or any entity that provides neonatal or pediatric hospital-based  
560 health care services by licensed practitioners solely within a  
561 hospital under chapter 395.

562 (d) Entities that are under common ownership, directly or



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563 indirectly, with an entity licensed or registered by the state  
564 pursuant to chapter 395; entities that are under common  
565 ownership, directly or indirectly, with an entity licensed or  
566 registered by the state and providing only health care services  
567 within the scope of services authorized pursuant to their  
568 respective licenses under ss. 383.30-383.332, chapter 390,  
569 chapter 394, chapter 397, this chapter except part X, chapter  
570 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter  
571 484, or chapter 651; end-stage renal disease providers  
572 authorized under 42 C.F.R. part 405, subpart U; providers  
573 certified under 42 C.F.R. part 485, subpart B or subpart H;  
574 providers certified by the Centers for Medicare and Medicaid  
575 services under the federal Clinical Laboratory Improvement  
576 Amendments and the federal rules adopted thereunder; or any  
577 entity that provides neonatal or pediatric hospital-based health  
578 care services by licensed practitioners solely within a hospital  
579 licensed under chapter 395.

580  
581 Notwithstanding this subsection, an entity shall be deemed a  
582 clinic and must be licensed under this part in order to receive  
583 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.  
584 627.730-627.7405, unless exempted under s. 627.736(5)(h).

585 Section 10. Section 542.336, Florida Statutes, is created  
586 to read:

587 542.336 Invalid restrictive covenants.—A restrictive  
588 covenant entered into with a physician who is licensed under  
589 chapter 458 or chapter 459 and who practices a medical specialty  
590 in a county wherein one entity employs or contracts with, either  
591 directly or through related or affiliated entities, all



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592 physicians who practice such specialty in that county is not  
593 supported by a legitimate business interest. The Legislature  
594 finds that such covenants restrict patient access to physicians,  
595 increase costs, and are void and unenforceable under current  
596 law. Such restrictive covenants shall remain void and  
597 unenforceable for 3 years after the date on which a second  
598 entity that employs or contracts with, either directly or  
599 through related or affiliated entities, one or more physicians  
600 who practice such specialty begins offering such specialty  
601 services in that county.

602 Section 11. Section 624.27, Florida Statutes, is amended to  
603 read:

604 624.27 Direct health primary care agreements; exemption  
605 from code.—

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

607 (a) "Direct health primary care agreement" means a contract  
608 between a health primary care provider and a patient, a  
609 patient's legal representative, or a patient's employer, which  
610 meets the requirements of subsection (4) and does not indemnify  
611 for services provided by a third party.

612 (b) "Health Primary care provider" means a health care  
613 provider licensed under chapter 458, chapter 459, chapter 460,  
614 ~~or~~ chapter 464, or chapter 466, or a health primary care group  
615 practice, who provides health primary care services to patients.

616 (c) "Health Primary care services" means the screening,  
617 assessment, diagnosis, and treatment of a patient conducted  
618 within the competency and training of the health primary care  
619 provider for the purpose of promoting health or detecting and  
620 managing disease or injury.



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621 (2) A direct health ~~primary~~ care agreement does not  
622 constitute insurance and is not subject to the Florida Insurance  
623 Code. The act of entering into a direct health ~~primary~~ care  
624 agreement does not constitute the business of insurance and is  
625 not subject to the Florida Insurance Code.

626 (3) A health ~~primary~~ care provider or an agent of a health  
627 ~~primary~~ care provider is not required to obtain a certificate of  
628 authority or license under the Florida Insurance Code to market,  
629 sell, or offer to sell a direct health ~~primary~~ care agreement.

630 (4) For purposes of this section, a direct health ~~primary~~  
631 care agreement must:

632 (a) Be in writing.

633 (b) Be signed by the health ~~primary~~ care provider or an  
634 agent of the health ~~primary~~ care provider and the patient, the  
635 patient's legal representative, or the patient's employer.

636 (c) Allow a party to terminate the agreement by giving the  
637 other party at least 30 days' advance written notice. The  
638 agreement may provide for immediate termination due to a  
639 violation of the physician-patient relationship or a breach of  
640 the terms of the agreement.

641 (d) Describe the scope of health ~~primary~~ care services that  
642 are covered by the monthly fee.

643 (e) Specify the monthly fee and any fees for health ~~primary~~  
644 care services not covered by the monthly fee.

645 (f) Specify the duration of the agreement and any automatic  
646 renewal provisions.

647 (g) Offer a refund to the patient, the patient's legal  
648 representative, or the patient's employer of monthly fees paid  
649 in advance if the health ~~primary~~ care provider ceases to offer



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650 health primary care services for any reason.

651 (h) Contain, in contrasting color and in at least 12-point  
652 type, the following statement on the signature page: "This  
653 agreement is not health insurance and the health primary care  
654 provider will not file any claims against the patient's health  
655 insurance policy or plan for reimbursement of any health primary  
656 care services covered by the agreement. This agreement does not  
657 qualify as minimum essential coverage to satisfy the individual  
658 shared responsibility provision of the Patient Protection and  
659 Affordable Care Act, 26 U.S.C. s. 5000A. This agreement is not  
660 workers' compensation insurance and does not replace an  
661 employer's obligations under chapter 440."

662 Section 12. Effective January 1, 2020, section 627.42393,  
663 Florida Statutes, is created to read:

664 627.42393 Step-therapy protocol.-

665 (1) A health insurer issuing a major medical individual or  
666 group policy may not require a step-therapy protocol under the  
667 policy for a covered prescription drug requested by an insured  
668 if:

669 (a) The insured has previously been approved to receive the  
670 prescription drug through the completion of a step-therapy  
671 protocol required by a separate health coverage plan; and

672 (b) The insured provides documentation originating from the  
673 health coverage plan that approved the prescription drug as  
674 described in paragraph (a) indicating that the health coverage  
675 plan paid for the drug on the insured's behalf during the 90  
676 days immediately before the request.

677 (2) As used in this section, the term "health coverage  
678 plan" means any of the following which is currently or was





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679 previously providing major medical or similar comprehensive  
680 coverage or benefits to the insured:

681 (a) A health insurer or health maintenance organization.

682 (b) A plan established or maintained by an individual  
683 employer as provided by the Employee Retirement Income Security  
684 Act of 1974, Pub. L. No. 93-406.

685 (c) A multiple-employer welfare arrangement as defined in  
686 s. 624.437.

687 (d) A governmental entity providing a plan of self-  
688 insurance.

689 (3) This section does not require a health insurer to add a  
690 drug to its prescription drug formulary or to cover a  
691 prescription drug that the insurer does not otherwise cover.

692 Section 13. Effective January 1, 2020, subsection (45) is  
693 added to section 641.31, Florida Statutes, to read:

694 641.31 Health maintenance contracts.—

695 (45) (a) A health maintenance organization issuing major  
696 medical coverage through an individual or group contract may not  
697 require a step-therapy protocol under the contract for a covered  
698 prescription drug requested by a subscriber if:

699 1. The subscriber has previously been approved to receive  
700 the prescription drug through the completion of a step-therapy  
701 protocol required by a separate health coverage plan; and

702 2. The subscriber provides documentation originating from  
703 the health coverage plan that approved the prescription drug as  
704 described in subparagraph 1. indicating that the health coverage  
705 plan paid for the drug on the subscriber's behalf during the 90  
706 days immediately before the request.

707 (b) As used in this subsection, the term "health coverage



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708 plan” means any of the following which previously provided or is  
709 currently providing major medical or similar comprehensive  
710 coverage or benefits to the subscriber:

711 1. A health insurer or health maintenance organization;

712 2. A plan established or maintained by an individual  
713 employer as provided by the Employee Retirement Income Security  
714 Act of 1974, Pub. L. No. 93-406;

715 3. A multiple-employer welfare arrangement as defined in s.  
716 624.437; or

717 4. A governmental entity providing a plan of self-  
718 insurance.

719 (c) This subsection does not require a health maintenance  
720 organization to add a drug to its prescription drug formulary or  
721 to cover a prescription drug that the health maintenance  
722 organization does not otherwise cover.

723 Section 14. The Office of Program Policy Analysis and  
724 Government Accountability shall research and analyze the  
725 Interstate Medical Licensure Compact and the relevant  
726 requirements and provisions of general law and the State  
727 Constitution and shall develop a report and recommendations  
728 addressing this state’s prospective entrance into the compact as  
729 a member state while remaining consistent with those  
730 requirements and provisions. In conducting such research and  
731 analysis, the office may consult with the executive director,  
732 other executive staff, or the executive committee of the  
733 Interstate Medical Licensure Compact Commission. The office  
734 shall submit the report and recommendations to the Governor, the  
735 President of the Senate, and the Speaker of the House of  
736 Representatives by not later than October 1, 2019.



737 Section 15. Except as otherwise expressly provided in this  
738 act, this act shall take effect July 1, 2019.

739  
740 ===== T I T L E A M E N D M E N T =====

741 And the title is amended as follows:

742 Delete everything before the enacting clause  
743 and insert:

744 A bill to be entitled  
745 An act relating to health care; providing legislative  
746 intent; creating s. 381.4019, F.S.; establishing the  
747 Dental Student Loan Repayment Program to support  
748 dentists who practice in public health programs  
749 located in certain underserved areas; providing  
750 definitions; requiring the Department of Health to  
751 establish a dental student loan repayment program for  
752 specified purposes; providing for the award of funds;  
753 providing the maximum number of years for which funds  
754 may be awarded; providing eligibility requirements;  
755 requiring the department to adopt rules; specifying  
756 that implementation of the program is subject to  
757 legislative appropriation; creating s. 381.40195,  
758 F.S.; providing a short title; providing definitions;  
759 requiring the Department of Health to establish the  
760 Donated Dental Services Program to provide  
761 comprehensive dental care to certain eligible  
762 individuals; requiring the department to contract with  
763 a nonprofit organization to implement and administer  
764 the program; specifying minimum contractual  
765 responsibilities; requiring the department to adopt



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766 rules; specifying that implementation of the program  
767 is subject to legislative appropriation; amending s.  
768 395.1012, F.S.; requiring a licensed hospital to  
769 provide specified information and data relating to  
770 patient safety and quality measures to a patient under  
771 certain circumstances or to any person upon request;  
772 creating s. 395.1052, F.S.; requiring a hospital to  
773 notify a patient's primary care provider within a  
774 specified timeframe after the patient's admission;  
775 requiring a hospital to inform a patient, upon  
776 admission, of the option to request consultation  
777 between the hospital's treating physician and the  
778 patient's primary care provider or specialist  
779 provider; requiring a hospital to notify a patient's  
780 primary care provider of the patient's discharge  
781 within a specified timeframe after discharge;  
782 requiring a hospital to provide specified information  
783 and records to the primary care provider within a  
784 specified timeframe after completion of the patient's  
785 discharge summary; amending s. 395.002, F.S.; revising  
786 the definition of the term "ambulatory surgical  
787 center"; amending s. 395.1055, F.S.; requiring the  
788 Agency for Health Care Administration to adopt rules  
789 that establish standards related to the delivery of  
790 surgical care to children in ambulatory surgical  
791 center; specifying that ambulatory surgical centers  
792 may provide certain procedures only if authorized by  
793 agency rule; authorizing the reimbursement of per diem  
794 and travel expenses to members of the pediatric



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795 cardiac technical advisory panel, established within  
796 the Agency for Health Care Administration; revising  
797 panel membership to include certain alternate at-large  
798 members; providing term limits for voting members;  
799 providing that members of the panel under certain  
800 circumstances are agents of the state for a specified  
801 purpose; requiring the Secretary of Health Care  
802 Administration to consult the panel for advisory  
803 recommendations on certain certificate of need  
804 applications; authorizing the secretary to request  
805 announced or unannounced site visits to any existing  
806 pediatric cardiac surgical center or facility seeking  
807 licensure as a pediatric cardiac surgical center  
808 through the certificate of need process; providing a  
809 process for the appointment of physician experts to a  
810 site visit team; requiring each member of a site visit  
811 team to submit a report to the panel; requiring the  
812 panel to discuss such reports and present an advisory  
813 opinion to the secretary; providing requirements for  
814 an on-site inspection; requiring the Surgeon General  
815 of the Department of Health to provide specified  
816 reports to the secretary; 395.301, F.S.; requiring a  
817 licensed facility, upon placing a patient on  
818 observation status, to immediately notify the patient  
819 of such status using a specified form; requiring that  
820 such notification be documented in the patient's  
821 medical records and discharge papers; amending s.  
822 400.9905, F.S.; revising the definition of the term  
823 "clinic" to exclude certain entities; creating s.



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824 542.336, F.S.; specifying that certain restrictive  
825 covenants entered into with certain physicians are not  
826 supported by legitimate business interests; providing  
827 legislative findings; providing that such restrictive  
828 covenants are void and remain void and unenforceable  
829 for a specified period; amending s. 624.27, F.S.;  
830 expanding the scope of direct primary care agreements,  
831 which are renamed "direct health care agreements";  
832 conforming provisions to changes made by the act;  
833 creating s. 627.42393, F.S.; prohibiting certain  
834 health insurers from employing step-therapy protocols  
835 under certain circumstances; defining the term "health  
836 coverage plan"; clarifying that a health insurer is  
837 not required to take specific actions regarding  
838 prescription drugs; amending s. 641.31, F.S.;  
839 prohibiting certain health maintenance organizations  
840 from employing step-therapy protocols under certain  
841 circumstances; defining the term "health coverage  
842 plan"; clarifying that a health maintenance  
843 organization is not required to take specific actions  
844 regarding prescription drugs; requiring the Office of  
845 Program Policy Analysis and Government Accountability  
846 to submit by a specified date a report and  
847 recommendations to the Governor and the Legislature  
848 which addresses this state's prospective entrance into  
849 the Interstate Medical Licensure Compact as a member  
850 state; providing parameters for the report; providing  
851 effective dates.