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LEGISLATIVE ACTION

Senate

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House

The Committee on Appropriations (Harrell) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsection (3) is added to section 395.1012,
Florida Statutes, to read:

395.1012 Patient safety.—

(3) (a) Each hospital shall provide to any patient upon
admission, upon scheduling of nonemergency care, or before
treatment, written information on a form created by the agency



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11 that contains the following information available for the
12 hospital for the most recent year and the statewide average for
13 all hospitals related to the following quality measures:

14 1. The rate of hospital-acquired infections;

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

17 3. The 15-day readmission rate.

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

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

25 Section 2. Section 395.1052, Florida Statutes, is created
26 to read:

27 395.1052 Patient access to primary care and specialty
28 providers; notification.—A hospital shall:

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

31 (2) Inform the patient immediately upon admission that he
32 or she may request to have the hospital's treating physician
33 consult with the patient's primary care provider or specialist
34 provider, if any, when developing the patient's plan of care.
35 Upon the patient's request, the hospital's treating physician
36 shall make reasonable efforts to consult with the patient's
37 primary care provider or specialist provider when developing the
38 patient's plan of care.

39 (3) Notify the patient's primary care provider, if any, of



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40 the patient's discharge from the hospital within 24 hours after
41 the discharge.

42 (4) Provide the discharge summary and any related
43 information or records to the patient's primary care provider,
44 if any, within 14 days after the patient's discharge from the
45 hospital.

46 Section 3. Subsection (9) and present subsections
47 (10), (11), and (12) of section 395.1055, Florida Statutes, are
48 amended, and a new subsection (10) and subsections (13) and (14)
49 are added to that section; to read:

50 395.1055 Rules and enforcement.—

51 (9) The agency shall establish a pediatric cardiac
52 technical advisory panel, pursuant to s. 20.052, to develop
53 procedures and standards for measuring outcomes of pediatric
54 cardiac catheterization programs and pediatric cardiovascular
55 surgery programs.

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

59 (b) Voting members of the panel shall include: 3 at-large
60 members, and 3 alternate at-large members with different program
61 affiliations, including 1 cardiologist who is board certified in
62 caring for adults with congenital heart disease and 2 board-
63 certified pediatric cardiologists, neither of whom may be
64 employed by any of the hospitals specified in subparagraphs 1.-
65 10. or their affiliates, each of whom is appointed by the
66 Secretary of Health Care Administration, and 10 members, and an
67 alternate for each member, each of whom is a pediatric
68 cardiologist or a pediatric cardiovascular surgeon, each



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69 appointed by the chief executive officer of the following
70 hospitals:

- 71 1. Johns Hopkins All Children's Hospital in St. Petersburg.
- 72 2. Arnold Palmer Hospital for Children in Orlando.
- 73 3. Joe DiMaggio Children's Hospital in Hollywood.
- 74 4. Nicklaus Children's Hospital in Miami.
- 75 5. St. Joseph's Children's Hospital in Tampa.
- 76 6. University of Florida Health Shands Hospital in
77 Gainesville.
- 78 7. University of Miami Holtz Children's Hospital in Miami.
- 79 8. Wolfson Children's Hospital in Jacksonville.
- 80 9. Florida Hospital for Children in Orlando.
- 81 10. Nemours Children's Hospital in Orlando.

82
83 Appointments made under subparagraphs 1.-10. are contingent upon
84 the hospital's maintenance of pediatric certificates of need and
85 the hospital's compliance with this section and rules adopted
86 thereunder, as determined by the Secretary of Health Care
87 Administration. A member appointed under subparagraphs 1.-10.
88 whose hospital fails to maintain such certificates or comply
89 with standards may serve only as a nonvoting member until the
90 hospital restores such certificates or complies with such
91 standards. A voting member may serve a maximum of two 2-year
92 terms and may be reappointed to the panel after being retired
93 from the panel for a full 2-year term.

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

- 96 1. The Secretary of Health Care Administration.
- 97 2. The Surgeon General.



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98 3. The Deputy Secretary of Children's Medical Services.

99 4. Any current or past Division Director of Children's
100 Medical Services.

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

102 6. An adult with congenital heart disease.

103 7. A representative from each of the following
104 organizations: the Florida Chapter of the American Academy of
105 Pediatrics, the Florida Chapter of the American College of
106 Cardiology, the Greater Southeast Affiliate of the American
107 Heart Association, the Adult Congenital Heart Association, the
108 March of Dimes, the Florida Association of Children's Hospitals,
109 and the Florida Society of Thoracic and Cardiovascular Surgeons.

110 (d) The panel shall meet biannually, or more frequently
111 upon the call of the Secretary of Health Care Administration.
112 Such meetings may be conducted telephonically, or by other
113 electronic means.

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

118 (f) Beginning on January 1, 2020, and annually thereafter,
119 the panel shall submit a report to the Governor, the President
120 of the Senate, the Speaker of the House of Representatives, the
121 Secretary of Health Care Administration, and the State Surgeon
122 General. The report must summarize the panel's activities during
123 the preceding fiscal year and include data and performance
124 measures on surgical morbidity and mortality for all pediatric
125 cardiac programs.

126 (g) Panel members are agents of the state for purposes of



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127 s. 768.28 throughout the good faith performance of the duties
128 assigned to them by the Secretary of Health Care Administration.

129 (10) The Secretary of Health Care Administration shall
130 consult the pediatric cardiac technical advisory panel for an
131 advisory recommendation on all certificate of need applications
132 to establish pediatric cardiac surgical centers.

133 (11)~~(10)~~ Based on the recommendations of the pediatric
134 cardiac technical advisory panel ~~in subsection (9)~~, the agency
135 shall adopt rules for pediatric cardiac programs which, at a
136 minimum, include:

137 (a) Standards for pediatric cardiac catheterization
138 services and pediatric cardiovascular surgery including quality
139 of care, personnel, physical plant, equipment, emergency
140 transportation, data reporting, and appropriate operating hours
141 and timeframes for mobilization for emergency procedures.

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

144 (c) Specific steps to be taken by the agency and licensed
145 facilities when the facilities do not meet the outcome standards
146 within a specified time, including time required for detailed
147 case reviews and the development and implementation of
148 corrective action plans.

149 (12)~~(11)~~ A pediatric cardiac program shall:

150 (a) Have a pediatric cardiology clinic affiliated with a
151 hospital licensed under this chapter.

152 (b) Have a pediatric cardiac catheterization laboratory and
153 a pediatric cardiovascular surgical program located in the
154 hospital.

155 (c) Have a risk adjustment surgical procedure protocol



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156 following the guidelines established by the Society of Thoracic
157 Surgeons.

158 (d) Have quality assurance and quality improvement
159 processes in place to enhance clinical operation and patient
160 satisfaction with services.

161 (e) Participate in the clinical outcome reporting systems
162 operated by the Society of Thoracic Surgeons and the American
163 College of Cardiology.

164 (13) (a) The Secretary of Health Care Administration may
165 request announced or unannounced site visits to any existing
166 pediatric cardiac surgical center or facility seeking licensure
167 as a pediatric cardiac surgical center through the certificate
168 of need process, to ensure compliance with this section and
169 rules adopted hereunder.

170 (b) At the request of the Secretary of Health Care
171 Administration, the pediatric cardiac technical advisory panel
172 shall recommend in-state physician experts to conduct an on-site
173 visit. The Secretary may also appoint up to two out-of-state
174 physician experts.

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

182 (d) Each on-site inspection must include all of the
183 following:

184 1. An inspection of the program's physical facilities,



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185 clinics, and laboratories.

186 2. Interviews with support staff and hospital
187 administrators.

188 3. A review of:

189 a. Randomly selected medical records and reports,
190 including, but not limited to, advanced cardiac imaging,
191 computed tomography, magnetic resonance imaging, cardiac
192 ultrasound, cardiac catheterization, and surgical operative
193 notes.

194 b. The program's clinical outcome data submitted to the
195 Society of Thoracic Surgeons and the American College of
196 Cardiology pursuant to s. 408.05(3)(k).

197 c. Mortality reports from cardiac-related deaths that
198 occurred in the previous year.

199 d. Program volume data from the preceding year for
200 interventional and electrophysiology catheterizations and
201 surgical procedures.

202 (14) The Surgeon General shall provide quarterly reports to
203 the Secretary of Health Care Administration consisting of data
204 from the Children's Medical Services' critical congenital heart
205 disease screening program for review by the advisory panel.

206 (15)-(12) The agency may adopt rules to administer the
207 requirements of part II of chapter 408.

208 Section 4. Subsection (3) of section 395.301, Florida
209 Statutes, is amended to read:

210 395.301 Price transparency; itemized patient statement or
211 bill; patient admission status notification.—

212 (3) If a licensed facility places a patient on observation
213 status rather than inpatient status, the licensed facility must



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214 immediately notify the patient of such status using the form
215 adopted under 42 C.F.R. s. 489.20 for Medicare patients or a
216 form adopted by agency rule for non-Medicare patients. Such
217 notification must ~~observation services shall~~ be documented in
218 the patient's medical records and discharge papers. The ~~patient~~
219 ~~or the patient's~~ survivor or legal guardian must ~~shall~~ be
220 notified of observation services through discharge papers, which
221 may also include brochures, signage, or other forms of
222 communication for this purpose.

223 Section 5. Section 624.27, Florida Statutes, is amended to
224 read:

225 624.27 Direct health primary care agreements; exemption
226 from code.—

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

228 (a) "Direct health primary care agreement" means a contract
229 between a health primary care provider and a patient, a
230 patient's legal representative, or a patient's employer, which
231 meets the requirements of subsection (4) and does not indemnify
232 for services provided by a third party.

233 (b) "Health Primary care provider" means a health care
234 provider licensed under chapter 458, chapter 459, chapter 460,
235 ~~or~~ chapter 464, or chapter 466, or a health primary care group
236 practice, who provides health primary care services to patients.

237 (c) "Health Primary care services" means the screening,
238 assessment, diagnosis, and treatment of a patient conducted
239 within the competency and training of the health primary care
240 provider for the purpose of promoting health or detecting and
241 managing disease or injury.

242 (2) A direct health primary care agreement does not



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243 constitute insurance and is not subject to the Florida Insurance
244 Code. The act of entering into a direct health ~~primary~~ care
245 agreement does not constitute the business of insurance and is
246 not subject to the Florida Insurance Code.

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

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

253 (a) Be in writing.

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

257 (c) Allow a party to terminate the agreement by giving the
258 other party at least 30 days' advance written notice. The
259 agreement may provide for immediate termination due to a
260 violation of the physician-patient relationship or a breach of
261 the terms of the agreement.

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

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

266 (f) Specify the duration of the agreement and any automatic
267 renewal provisions.

268 (g) Offer a refund to the patient, the patient's legal
269 representative, or the patient's employer of monthly fees paid
270 in advance if the health ~~primary~~ care provider ceases to offer
271 health ~~primary~~ care services for any reason.



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272 (h) Contain, in contrasting color and in at least 12-point
273 type, the following statement on the signature page: "This
274 agreement is not health insurance and the health primary care
275 provider will not file any claims against the patient's health
276 insurance policy or plan for reimbursement of any health primary
277 care services covered by the agreement. This agreement does not
278 qualify as minimum essential coverage to satisfy the individual
279 shared responsibility provision of the Patient Protection and
280 Affordable Care Act, 26 U.S.C. s. 5000A. This agreement is not
281 workers' compensation insurance and does not replace an
282 employer's obligations under chapter 440."

283 Section 6. Effective January 1, 2020, section 627.42393,
284 Florida Statutes, is created to read:

285 627.42393 Step-therapy protocol.-

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

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

293 (b) The insured provides documentation originating from the
294 health coverage plan that approved the prescription drug as
295 described in paragraph (a) indicating that the health coverage
296 plan paid for the drug on the insured's behalf during the 90
297 days immediately before the request.

298 (2) As used in this section, the term "health coverage
299 plan" means any of the following which is currently or was
300 previously providing major medical or similar comprehensive



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301 coverage or benefits to the insured:

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

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

306 (c) A multiple-employer welfare arrangement as defined in
307 s. 624.437.

308 (d) A governmental entity providing a plan of self-
309 insurance.

310 (3) This section does not require a health insurer to add a
311 drug to its prescription drug formulary or to cover a
312 prescription drug that the insurer does not otherwise cover.

313 Section 7. Effective January 1, 2020, subsection (45) is
314 added to section 641.31, Florida Statutes, to read:

315 641.31 Health maintenance contracts.—

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

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

323 2. The subscriber provides documentation originating from
324 the health coverage plan that approved the prescription drug as
325 described in subparagraph 1. indicating that the health coverage
326 plan paid for the drug on the subscriber's behalf during the 90
327 days immediately before the request.

328 (b) As used in this subsection, the term "health coverage
329 plan" means any of the following which previously provided or is



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330 currently providing major medical or similar comprehensive
331 coverage or benefits to the subscriber:

332 1. A health insurer or health maintenance organization;

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

336 3. A multiple-employer welfare arrangement as defined in s.
337 624.437; or

338 4. A governmental entity providing a plan of self-
339 insurance.

340 (c) This subsection does not require a health maintenance
341 organization to add a drug to its prescription drug formulary or
342 to cover a prescription drug that the health maintenance
343 organization does not otherwise cover.

344 Section 8. The Office of Program Policy Analysis and
345 Government Accountability shall research and analyze the
346 Interstate Medical Licensure Compact and the relevant
347 requirements and provisions of general law and the State
348 Constitution and shall develop a report and recommendations
349 addressing this state's prospective entrance into the compact as
350 a member state while remaining consistent with those
351 requirements and provisions. In conducting such research and
352 analysis, the office may consult with the executive director,
353 other executive staff, or the executive committee of the
354 Interstate Medical Licensure Compact Commission. The office
355 shall submit the report and recommendations to the Governor, the
356 President of the Senate, and the Speaker of the House of
357 Representatives by not later than October 1, 2019.

358 Section 9. Except as otherwise expressly provided in this



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359 act, this act shall take effect July 1, 2019.

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361 ===== T I T L E A M E N D M E N T =====

362 And the title is amended as follows:

363 Delete everything before the enacting clause

364 and insert:

365 A bill to be entitled

366 An act relating to health care; amending s. 395.1012,
367 F.S.; requiring a licensed hospital to provide
368 specified information and data relating to patient
369 safety and quality measures to a patient under certain
370 circumstances or to any person upon request; creating
371 s. 395.1052, F.S.; requiring a hospital to notify a
372 patient's primary care provider within a specified
373 timeframe after the patient's admission; requiring a
374 hospital to inform a patient, upon admission, of the
375 option to request consultation between the hospital's
376 treating physician and the patient's primary care
377 provider or specialist provider; requiring a hospital
378 to notify a patient's primary care provider of the
379 patient's discharge and provide specified information
380 and records to the primary care provider within a
381 specified timeframe after discharge; amending s.
382 amending s. 395.1055, F.S.; authorizing the
383 reimbursement of per diem and travel expenses to
384 members of the pediatric cardiac technical advisory
385 panel, established within the Agency for Health Care
386 Administration; revising panel membership to include
387 certain alternate at-large members; providing term



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388 limits for voting members; providing that members of
389 the panel under certain circumstances are agents of
390 the state for a specified purpose; requiring the
391 Secretary of Health Care Administration to consult the
392 panel for advisory recommendations on certain
393 certificate of need applications; authorizing the
394 secretary to request announced or unannounced site
395 visits to any existing pediatric cardiac surgical
396 centers or facilities seeking licensure as a pediatric
397 cardiac surgical center through the certificate of
398 need process; providing a process for the appointment
399 of physician experts to a site visit team; requiring
400 each member of a site visit team to submit a report to
401 the panel; requiring the panel to discuss such reports
402 and present an advisory opinion to the secretary;
403 providing requirements for an on-site inspection;
404 requiring the Surgeon General of the Department of
405 Health to provide specified reports to the secretary;
406 395.301, F.S.; requiring a licensed facility, upon
407 placing a patient on observation status, to
408 immediately notify the patient of such status using a
409 specified form; requiring that such notification be
410 documented in the patient's medical records and
411 discharge papers; amending s. 624.27, F.S.; expanding
412 the scope of direct primary care agreements, which are
413 renamed "direct health care agreements"; conforming
414 provisions to changes made by the act; creating s.
415 627.42393, F.S.; prohibiting certain health insurers
416 from employing step-therapy protocols under certain



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417 circumstances; defining the term "health coverage
418 plan"; clarifying that a health insurer is not
419 required to take specific actions regarding
420 prescription drugs; amending s. 641.31, F.S.;
421 prohibiting certain health maintenance organizations
422 from employing step-therapy protocols under certain
423 circumstances; defining the term "health coverage
424 plan"; clarifying that a health maintenance
425 organization is not required to take specific actions
426 regarding prescription drugs; requiring the Office of
427 Program Policy Analysis and Government Accountability
428 to submit by a specified date a report and
429 recommendations to the Governor and the Legislature
430 which addresses this state's prospective entrance into
431 the Interstate Medical Licensure Compact as a member
432 state; providing parameters for the report; providing
433 effective dates.