

By the Committee on Health Policy

588-03183-19

20197078__

1 A bill to be entitled
2 An act relating to health care; amending s. 394.4615,
3 F.S.; requiring a service provider to furnish and
4 provide access to clinical records within a specified
5 timeframe after receiving a request for such records;
6 providing a conditional requirement that such records
7 be furnished in the manner chosen by the requester;
8 authorizing the service provider to charge a
9 reasonable cost associated with reproducing such
10 records; providing for a special service charge under
11 specified conditions; amending s. 395.3025, F.S.;
12 requiring a licensed facility to furnish and provide
13 access to patient records within a specified timeframe
14 after receiving a request for such records; providing
15 a conditional requirement that such records be
16 furnished in the manner chosen by the requester;
17 authorizing the licensed facility to charge a
18 reasonable cost associated with reproducing such
19 records; providing for a special service charge under
20 specified conditions; revising provisions relating to
21 the appropriate disclosure of patient records without
22 consent; amending s. 397.501, F.S.; requiring a
23 service provider to furnish and provide access to
24 records within a specified timeframe after receiving a
25 request from an individual or an individual's legal
26 representative; defining the term "legal
27 representative"; providing a conditional requirement
28 that such records be furnished in the manner chosen by
29 the requester; authorizing the service provider to

588-03183-19

20197078__

30 charge a reasonable cost associated with reproducing
31 such records; providing for a special service charge
32 under specified conditions; amending s. 400.145, F.S.;
33 requiring a nursing home facility to furnish and
34 provide access to records within a specified timeframe
35 after receiving a request; providing a conditional
36 requirement that such records be furnished in the
37 manner chosen by the requester; authorizing the
38 nursing home facility to charge a reasonable cost
39 associated with reproducing such records; providing
40 for a special service charge under specified
41 conditions; amending s. 456.057, F.S.; requiring
42 certain licensed health care practitioners to furnish
43 and provide access to copies of reports and records
44 within a specified timeframe after receiving a request
45 from a patient or a patient's legal representative;
46 authorizing such licensed health care practitioners to
47 impose reasonable terms necessary to preserve such
48 reports and records; defining the term "legal
49 representative"; authorizing such licensed health care
50 practitioners to charge a reasonable cost associated
51 with reproducing such reports and records; providing
52 for a special service charge under specified
53 conditions; amending s. 395.1012, F.S.; requiring a
54 licensed hospital to provide specified information and
55 data relating to patient safety and quality measures
56 to a patient under certain circumstances or to any
57 person upon request; creating s. 395.1052, F.S.;
58 requiring a hospital to notify a patient's primary

588-03183-19

20197078__

59 care provider within a specified timeframe after the
60 patient's admission; requiring a hospital to inform a
61 patient, upon admission, of the option to request
62 consultation between the hospital's treating physician
63 and the patient's primary care provider or specialist
64 provider; requiring a hospital to notify a patient's
65 primary care provider of the patient's discharge and
66 provide specified information and records to the
67 primary care provider within a specified timeframe
68 after discharge; amending s. 395.301, F.S.; requiring
69 a licensed facility, upon placing a patient on
70 observation status, to immediately notify the patient
71 of such status using a specified form; requiring that
72 such notification be documented in the patient's
73 medical records and discharge papers; amending s.
74 624.27, F.S.; expanding the scope of direct primary
75 care agreements, which are renamed "direct health care
76 agreements"; conforming provisions to changes made by
77 the act; creating s. 627.42393, F.S.; prohibiting
78 certain health insurers from employing step-therapy
79 protocols under certain circumstances; defining the
80 term "health coverage plan"; amending s. 641.31, F.S.;
81 prohibiting certain health maintenance organizations
82 from employing step-therapy protocols under certain
83 circumstances; defining the term "health coverage
84 plan"; amending s. 409.973, F.S.; prohibiting Medicaid
85 managed care plans from employing step-therapy
86 protocols under certain circumstances; creating s.
87 627.4303, F.S.; defining the term "health insurer";

588-03183-19

20197078__

88 prohibiting limitations on price transparency with
89 patients in contracts between health insurers and
90 health care providers; prohibiting a health insurer
91 from requiring an insured to make a certain payment
92 for a covered service under certain circumstances;
93 creating s. 456.4501, F.S.; implementing the
94 Interstate Medical Licensure Compact in this state;
95 providing for an interstate medical licensure process;
96 providing requirements for multistate practice and
97 telemedicine practice; providing effective dates.

98
99 Be It Enacted by the Legislature of the State of Florida:

100
101 Section 1. Present subsections (3) through (11) of section
102 394.4615, Florida Statutes, are redesignated as subsections (5)
103 through (13), respectively, and new subsections (3) and (4) are
104 added to that section, to read:

105 394.4615 Clinical records; confidentiality.—

106 (3) (a) Within 14 working days after receiving a request
107 made in accordance with paragraphs (2) (a), (b), or (c), a
108 service provider must furnish applicable clinical records in its
109 possession.

110 (b) If a service provider maintains a system of electronic
111 health records as defined in s. 408.051, the service provider
112 shall furnish the requested records in the manner chosen by the
113 requester, which may include paper documents, electronic format,
114 access through a web-based patient portal, or submission through
115 a patient's electronic personal health record.

116 (4) The service provider may charge a requester no more

588-03183-19

20197078__

117 than the reasonable costs of reproducing the clinical records,
118 including reasonable staff time.

119 (a) The reasonable costs of reproducing paper copies of
120 written or typed documents or reports may not exceed \$1 per page
121 for the first 25 pages and 25 cents per page for all pages
122 thereafter.

123 (b) The reasonable costs of reproducing X-rays and other
124 forms of images shall be the actual costs. Actual costs shall be
125 the sum of the cost of the material and supplies used to
126 duplicate the record and the labor and overhead costs associated
127 with the duplication.

128 (c) If the nature or volume of the clinical records
129 requested to be copied requires extensive use of information
130 technology resources or extensive clerical or supervisory
131 assistance by personnel of the service provider, or both, the
132 service provider may charge, in addition to the charges imposed
133 under paragraphs (a) and (b), a special service charge, which
134 shall be reasonable and shall be based on the cost incurred for
135 such extensive use of information technology resources or the
136 labor cost of the personnel providing the service which is
137 actually incurred by the service provider or attributable to the
138 service provider for the clerical and supervisory assistance
139 required, or both.

140 (d) The charges established in this subsection apply to all
141 records furnished, whether directly from a service provider or
142 from a copy service acting on behalf of the service provider.
143 However, a patient whose records are copied or searched for the
144 purpose of continuing to receive care is not required to pay a
145 charge for copying or for the search.

588-03183-19

20197078__

146 Section 2. Subsection (1) and paragraph (e) of subsection
147 (4) of section 395.3025, Florida Statutes, are amended to read:
148 395.3025 Patient and personnel records; copies;
149 examination.-

150 (1) (a) Any licensed facility shall, upon written request,
151 and only after discharge of the patient, furnish, in a timely
152 manner as provided in paragraph (b), without delays for legal
153 review, to any person admitted therein for care and treatment or
154 treated thereat, or to any such person's guardian, curator, or
155 personal representative, or in the absence of one of those
156 persons, to the next of kin of a decedent or the parent of a
157 minor, or to anyone designated by such person in writing, a true
158 and correct copy of all patient records, including X rays, and
159 insurance information concerning such person, which records are
160 in the possession of the licensed facility, provided the person
161 requesting such records agrees to pay a charge as provided in
162 paragraph (d).

163 (b) Within 14 working days after receiving a request made
164 in accordance with paragraph (a), a licensed facility must
165 furnish applicable patient records in its possession.

166 (c) If a licensed facility maintains a system of electronic
167 health records as defined in s. 408.051, the licensed facility
168 shall furnish the requested records in the manner chosen by the
169 requester, which may include paper documents, electronic format,
170 access through a web-based patient portal, or submission through
171 a patient's electronic personal health record.

172 (d) The licensed facility may charge a requester no more
173 than the reasonable costs of reproducing the patient records,
174 including reasonable staff time.

588-03183-19

20197078__

175 1. The reasonable costs of reproducing paper copies of
176 written or typed documents or reports may not exceed \$1 per page
177 for the first 25 pages and 25 cents per page for all pages
178 thereafter.

179 2. The reasonable costs of reproducing X-rays and other
180 forms of images shall be the actual costs. Actual costs shall be
181 the sum of the cost of the material and supplies used to
182 duplicate the record and the labor and overhead costs associated
183 with the duplication.

184 3. If the nature or volume of the patient records requested
185 to be copied requires extensive use of information technology
186 resources or extensive clerical or supervisory assistance by
187 personnel of the licensed facility, or both, the licensed
188 facility may charge, in addition to the charges imposed under
189 subparagraphs 1. and 2., a special service charge, which shall
190 be reasonable and shall be based on the cost incurred for such
191 extensive use of information technology resources or the labor
192 cost of the personnel providing the service which is actually
193 incurred by the licensed facility or attributable to the
194 licensed facility for the clerical and supervisory assistance
195 required, or both.

196 4. The charges established in this paragraph ~~The exclusive~~
197 ~~charge for copies of patient records may include sales tax and~~
198 ~~actual postage, and, except for nonpaper records that are~~
199 ~~subject to a charge not to exceed \$2, may not exceed \$1 per~~
200 ~~page. A fee of up to \$1 may be charged for each year of records~~
201 ~~requested. These charges shall apply to all records furnished,~~
202 ~~whether directly from the facility or from a copy service acting~~
203 ~~providing these services on behalf of the facility. However, a~~

588-03183-19

20197078__

204 patient whose records are copied or searched for the purpose of
205 continuing to receive ~~medical~~ care is not required to pay a
206 charge for copying or for the search.

207 (e) If a person authorized to receive copies of patient
208 records under paragraph (a) requests to examine the licensed
209 facility's original records pertaining to the patient, the
210 licensed facility shall, within 10 working days after receiving
211 such a request, provide such person with access to examine such
212 original records, microforms, or other suitable reproductions of
213 such records in its possession. A licensed facility may impose
214 any reasonable terms necessary to ensure ~~further allow any such~~
215 ~~person to examine the original records in its possession, or~~
216 ~~microforms or other suitable reproductions of the records, upon~~
217 ~~such reasonable terms as shall be imposed to assure that the~~
218 records will not be damaged, destroyed, or altered.

219 (4) Patient records are confidential and may ~~must~~ not be
220 disclosed without the consent of the patient or his or her legal
221 representative; ~~however, but~~ appropriate disclosure may be made
222 without such consent to:

223 (e) The department ~~agency~~ upon subpoena issued pursuant to
224 s. 456.071, but the records obtained thereby must be used solely
225 for the purpose of the department ~~agency~~ and the appropriate
226 professional board in its investigation, prosecution, and appeal
227 of disciplinary proceedings. If the department ~~agency~~ requests
228 copies of the records, the facility shall charge no more than
229 its actual copying costs, including reasonable staff time. The
230 records must be sealed and must not be available to the public
231 pursuant to s. 119.07(1) or any other statute providing access
232 to records, nor may they be available to the public as part of

588-03183-19

20197078__

233 the record of investigation for and prosecution in disciplinary
234 proceedings made available to the public by the department
235 ~~agency~~ or the appropriate regulatory board. However, the
236 department ~~agency~~ must make available, upon written request by a
237 practitioner against whom probable cause has been found, any
238 such records that form the basis of the determination of
239 probable cause.

240 Section 3. Present paragraphs (a) through (j) of subsection
241 (7) of section 397.501, Florida Statutes, are redesignated as
242 paragraphs (d) through (m), respectively, and new paragraphs
243 (a), (b), and (c) are added to that subsection, to read:

244 397.501 Rights of individuals.—Individuals receiving
245 substance abuse services from any service provider are
246 guaranteed protection of the rights specified in this section,
247 unless otherwise expressly provided, and service providers must
248 ensure the protection of such rights.

249 (7) RIGHT TO ACCESS TO AND CONFIDENTIALITY OF INDIVIDUAL
250 RECORDS.—

251 (a)1. Within 14 working days after receiving a written
252 request from an individual or an individual's legal
253 representative, a service provider shall furnish a true and
254 correct copy of all records pertaining to that individual in the
255 possession of the service provider.

256 2. For the purpose of this subsection, the term "legal
257 representative" means an individual's legal guardian or, if the
258 individual is younger than 18 years old, the individual's parent
259 or legal guardian.

260 3. If a service provider maintains a system of electronic
261 health records as defined in s. 408.051, the service provider

588-03183-19

20197078__

262 shall furnish the requested records in the manner chosen by the
263 requester, which may include paper documents, electronic format,
264 access through a web-based patient portal, or submission through
265 an individual's electronic personal health record.

266 (b) A service provider may charge the requester no more
267 than the reasonable costs of reproducing the records, including
268 reasonable staff time.

269 1. The reasonable costs of reproducing paper copies of
270 written or typed documents or reports may not exceed \$1 per page
271 for the first 25 pages and 25 cents per page for all pages
272 thereafter.

273 2. The reasonable costs of reproducing X-rays and such
274 other kinds of records shall be the actual costs. Actual costs
275 are the sum of the cost of the material and supplies used to
276 duplicate the records and the labor and overhead costs
277 associated with the duplication.

278 3. If the nature or volume of the records requested to be
279 copied requires extensive use of information technology
280 resources or extensive clerical or supervisory assistance by
281 personnel of the service provider, or both, the service provider
282 may charge, in addition to the charges imposed under
283 subparagraphs 1. and 2., a special service charge, which shall
284 be reasonable and shall be based on the cost incurred for such
285 extensive use of information technology resources or the labor
286 cost of the personnel providing the service which is actually
287 incurred by the service provider or attributable to the service
288 provider for the clerical and supervisory assistance required,
289 or both.

290 4. The charges established in this paragraph apply to all

588-03183-19

20197078__

291 records furnished, whether directly from a service provider or
292 from a copy service acting on behalf of the service provider.
293 However, an individual whose records are copied or searched for
294 the purpose of continuing to receive care is not required to pay
295 a charge for copying or for the search.

296 (c) Within 10 working days after receiving a request from
297 an individual or an individual's legal representative to examine
298 the service provider's original records pertaining to that
299 individual, a service provider shall provide access to examine
300 such original records, microforms, or other suitable
301 reproductions of such records in its possession. A service
302 provider may impose any reasonable terms necessary to ensure
303 that the records will not be damaged, destroyed, or altered.

304 Section 4. Subsection (4) of section 400.145, Florida
305 Statutes, is amended to read:

306 400.145 Copies of records of care and treatment of
307 resident.—

308 (4) (a) Within 14 working days after receiving a request
309 made in accordance with subsections (1)-(3), a nursing home
310 facility must furnish applicable resident records in its
311 possession in accordance with this subsection.

312 (b) If a nursing home facility maintains a system of
313 electronic health records as defined in s. 408.051, the facility
314 shall furnish the requested records in the manner chosen by the
315 requester, which may include paper documents, electronic format,
316 or access through a web-based portal.

317 (c) The nursing home facility may charge a requester no
318 more than the reasonable costs of reproducing the records,
319 including reasonable staff time.

588-03183-19

20197078__

320 1. The reasonable costs of reproducing paper copies of
321 written or typed documents or reports may not exceed \$1 per page
322 for the first 25 pages and 25 cents per page for all pages
323 thereafter.

324 2. The reasonable costs of reproducing X-rays and other
325 forms of images shall be the actual costs. Actual costs shall be
326 the sum of the cost of the material and supplies used to
327 duplicate the record and the labor and overhead costs associated
328 with the duplication.

329 3. If the nature or volume of the records requested to be
330 copied requires extensive use of information technology
331 resources or extensive clerical or supervisory assistance by
332 personnel of the nursing home facility, or both, the facility
333 may charge, in addition to the charges imposed under
334 subparagraphs 1. and 2., a special service charge, which shall
335 be reasonable and shall be based on the cost incurred for such
336 extensive use of information technology resources or the labor
337 cost of the personnel providing the service which is actually
338 incurred by the facility or attributable to the facility for the
339 clerical and supervisory assistance required, or both.

340 4. The charges established in this paragraph apply to all
341 records furnished, whether directly from a nursing home facility
342 or from a copy service acting on behalf of the facility.
343 However, a resident whose records are copied or searched for the
344 purpose of continuing to receive care is not required to pay a
345 charge for copying or for the search

346 (d) Within 10 working days after receiving a request from a
347 person who is authorized to act on behalf of a resident to
348 examine the nursing home facility's original records pertaining

588-03183-19

20197078__

349 to the resident, the facility shall provide access to examine
350 such original records, microforms, or other suitable
351 reproductions of such records in its possession. A facility may
352 impose any reasonable terms necessary ~~A nursing home facility~~
353 ~~may charge a reasonable fee for the copying of resident records.~~
354 ~~Such fee may not exceed \$1 per page for the first 25 pages and~~
355 ~~25 cents per page for each additional page. The facility shall~~
356 ~~allow a person who is authorized to act on behalf of the~~
357 ~~resident to examine the original records, microfilms, or other~~
358 ~~suitable reproductions of the records in its possession upon any~~
359 ~~reasonable terms imposed by the facility to ensure that the~~
360 records are not damaged, destroyed, or altered.

361 Section 5. Subsections (6) and (17) of section 456.057,
362 Florida Statutes, are amended to read:

363 456.057 Ownership and control of patient records; report or
364 copies of records to be furnished; disclosure of information.-

365 (6) (a) Any health care practitioner licensed by the
366 department or a board within the department who makes a physical
367 or mental examination of, or administers treatment or dispenses
368 legend drugs to, any person shall, upon written request of such
369 person or the person's legal representative, furnish, within 14
370 working days after such request ~~in a timely manner, without~~
371 ~~delays for legal review~~, copies of all reports and records
372 relating to such examination or treatment, including X-rays *
373 ~~rays~~ and insurance information. If the health care practitioner
374 maintains a system of electronic health records as defined in s.
375 408.051, the health care practitioner shall furnish the
376 requested records in the manner chosen by the requester, which
377 may include paper documents, electronic format, access through a

588-03183-19

20197078__

378 web-based patient portal, or submission through a patient's
379 electronic personal health record.

380 (b) Within 10 working days after receiving a written
381 request by a patient or the patient's legal representative to
382 examine the health care practitioner's original reports and
383 records pertaining to the patient, a health care practitioner
384 must provide access to examine such original reports and
385 records, or microforms or other suitable reproductions of the
386 reports and records in the health care practitioner's
387 possession. The health care practitioner may impose any
388 reasonable terms necessary to ensure that the reports and
389 records will not be damaged, destroyed, or altered.

390 (c) For the purposes of this subsection, the term "legal
391 representative" means a patient's legal guardian or, if the
392 patient is younger than 18 years old, the patient's parent or
393 legal guardian.

394 (d) ~~However,~~ When a patient's psychiatric, chapter 490
395 psychological, or chapter 491 psychotherapeutic records are
396 requested by the patient or the patient's legal representative,
397 the health care practitioner may provide a report of examination
398 and treatment in lieu of copies of records. Upon a patient's
399 written request, complete copies of the patient's psychiatric
400 records shall be provided directly to a subsequent treating
401 psychiatrist. The furnishing of such report or copies ~~may shall~~
402 not be conditioned upon payment of a fee for services rendered.

403 (17) A licensed health care practitioner may charge the
404 requester no more than the reasonable costs of reproducing the
405 reports and records, including reasonable staff time.

406 (a) The reasonable costs of reproducing paper copies of

588-03183-19

20197078__

407 written or typed documents or reports may not exceed \$1 per page
408 for the first 25 pages and 25 cents per page for all pages
409 thereafter.

410 (b) The reasonable costs of reproducing X-rays and such
411 other kinds of records shall be the actual costs. Actual costs
412 are the sum of the cost of the material and supplies used to
413 duplicate the record and the labor and overhead costs associated
414 with the duplication.

415 (c) If the nature or volume of the records requested to be
416 copied requires extensive use of information technology
417 resources or extensive clerical or supervisory assistance by
418 personnel of the health care practitioner, or both, the health
419 care practitioner may charge, in addition to the charges imposed
420 under paragraphs (a) and (b), a special service charge, which
421 shall be reasonable and shall be based on the cost incurred for
422 such extensive use of information technology resources or the
423 labor cost of the personnel providing the service which is
424 actually incurred by the health care practitioner or
425 attributable to the health care practitioner for the clerical
426 and supervisory assistance required, or both.

427 (d) The charges established in this subsection apply to all
428 reports and records furnished, whether directly from a health
429 care practitioner or from a copy service providing such services
430 on behalf of the health care practitioner. However, a patient
431 whose reports and records are copied or searched for the purpose
432 of continuing to receive medical care is not required to pay a
433 charge for copying or for the search ~~A health care practitioner~~
434 ~~or records owner furnishing copies of reports or records or~~
435 ~~making the reports or records available for digital scanning~~

588-03183-19

20197078__

436 ~~pursuant to this section shall charge no more than the actual~~
437 ~~cost of copying, including reasonable staff time, or the amount~~
438 ~~specified in administrative rule by the appropriate board, or~~
439 ~~the department when there is no board.~~

440 Section 6. Subsection (3) is added to section 395.1012,
441 Florida Statutes, to read:

442 395.1012 Patient safety.—

443 (3) (a) Each hospital shall provide to any patient upon
444 admission, upon scheduling of nonemergency care, or prior to
445 treatment, written information on a form created by the agency
446 that contains the following information available for the
447 hospital for the most recent year and the statewide average for
448 all hospitals related to the following quality measures:

- 449 1. The rate of hospital-acquired infections;
450 2. The overall rating of the Hospital Consumer Assessment
451 of Healthcare Providers and Systems survey; and
452 3. The 15-day readmission rate.

453 (b) A hospital must also provide the written information
454 specified in paragraph (a) to any person upon request.

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

460 Section 7. Section 395.1052, Florida Statutes, is created
461 to read:

462 395.1052 Patient access to primary care and specialty
463 providers; notification.—A hospital shall:

- 464 (1) Notify each patient's primary care provider, if any,

588-03183-19

20197078__

465 within 24 hours after the patient's admission to the hospital.

466 (2) Inform a patient immediately upon admission that he or
467 she may request to have the hospital's treating physician
468 consult with the patient's primary care provider or specialist
469 provider, if any, when developing the patient's plan of care.
470 Upon the patient's request, the hospital's treating physician
471 shall make reasonable efforts to consult with the patient's
472 primary care provider or specialist provider when developing the
473 patient's plan of care.

474 (3) Notify the patient's primary care provider, if any, of
475 the patient's discharge from the hospital within 24 hours after
476 discharge.

477 (4) Provide the discharge summary and any related
478 information or records to the patient's primary care provider,
479 if any, within 7 days after the patient's discharge from the
480 hospital.

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

483 395.301 Price transparency; itemized patient statement or
484 bill; patient admission status notification.—

485 (3) If a licensed facility places a patient on observation
486 status rather than inpatient status, the licensed facility must
487 immediately notify the patient of such status using the form
488 adopted under 42 C.F.R. s. 489.20 for Medicare patients or a
489 form adopted by agency rule for non-Medicare patients. Such
490 notification must ~~observation services shall~~ be documented in
491 the patient's medical records and discharge papers. The ~~patient~~
492 ~~or the patient's~~ survivor or legal guardian must ~~shall~~ be
493 notified of observation services through discharge papers, which

588-03183-19

20197078__

494 may also include brochures, signage, or other forms of
495 communication for this purpose.

496 Section 9. Section 624.27, Florida Statutes, is amended to
497 read:

498 624.27 Direct health ~~primary~~ care agreements; exemption
499 from code.—

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

501 (a) "Direct health ~~primary~~ care agreement" means a contract
502 between a health ~~primary~~ care provider and a patient, a
503 patient's legal representative, or a patient's employer, which
504 meets the requirements of subsection (4) and does not indemnify
505 for services provided by a third party.

506 (b) "Health ~~Primary~~ care provider" means a health care
507 provider licensed under chapter 458, chapter 459, chapter 460,
508 ~~or~~ chapter 464, or chapter 466, or a health ~~primary~~ care group
509 practice, who provides health ~~primary~~ care services to patients.

510 (c) "Health ~~Primary~~ care services" means the screening,
511 assessment, diagnosis, and treatment of a patient conducted
512 within the competency and training of the health ~~primary~~ care
513 provider for the purpose of promoting health or detecting and
514 managing disease or injury.

515 (2) A direct health ~~primary~~ care agreement does not
516 constitute insurance and is not subject to the Florida Insurance
517 Code. The act of entering into a direct health ~~primary~~ care
518 agreement does not constitute the business of insurance and is
519 not subject to the Florida Insurance Code.

520 (3) A health ~~primary~~ care provider or an agent of a health
521 ~~primary~~ care provider is not required to obtain a certificate of
522 authority or license under the Florida Insurance Code to market,

588-03183-19

20197078__

523 sell, or offer to sell a direct health ~~primary~~ care agreement.

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

526 (a) Be in writing.

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

530 (c) Allow a party to terminate the agreement by giving the
531 other party at least 30 days' advance written notice. The
532 agreement may provide for immediate termination due to a
533 violation of the physician-patient relationship or a breach of
534 the terms of the agreement.

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

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

539 (f) Specify the duration of the agreement and any automatic
540 renewal provisions.

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

545 (h) Contain, in contrasting color and in at least 12-point
546 type, the following statement on the signature page: "This
547 agreement is not health insurance and the health ~~primary~~ care
548 provider will not file any claims against the patient's health
549 insurance policy or plan for reimbursement of any health ~~primary~~
550 care services covered by the agreement. This agreement does not
551 qualify as minimum essential coverage to satisfy the individual

588-03183-19

20197078__

552 shared responsibility provision of the Patient Protection and
553 Affordable Care Act, 26 U.S.C. s. 5000A. This agreement is not
554 workers' compensation insurance and does not replace an
555 employer's obligations under chapter 440."

556 Section 10. Effective January 1, 2020, section 627.42393,
557 Florida Statutes, is created to read:

558 627.42393 Step-therapy protocol.-

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

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

566 (b) The insured provides documentation originating from the
567 health coverage plan that approved the prescription drug as
568 described in paragraph (a) indicating that the health coverage
569 plan paid for the drug on the insured's behalf during the 180
570 days immediately prior to the request.

571 (2) As used in this section, the term "health coverage
572 plan" means any of the following which previously provided or is
573 currently providing major medical or similar comprehensive
574 coverage or benefits to the insured:

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

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

579 (c) A multiple-employer welfare arrangement as defined in
580 s. 624.437.

588-03183-19

20197078__

581 (d) A governmental entity providing a plan of self-
582 insurance.

583 Section 11. Effective January 1, 2020, subsection (45) is
584 added to section 641.31, Florida Statutes, to read:

585 641.31 Health maintenance contracts.—

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

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

593 2. The subscriber provides documentation originating from
594 the health coverage plan that approved the prescription drug as
595 described in subparagraph 1. indicating that the health coverage
596 plan paid for the drug on the subscriber's behalf during the 180
597 days immediately prior to the request.

598 (b) As used in this subsection, the term "health coverage
599 plan" means any of the following which previously provided or is
600 currently providing major medical or similar comprehensive
601 coverage or benefits to the subscriber:

602 1. A health insurer or health maintenance organization;

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

606 3. A multiple-employer welfare arrangement as defined in s.
607 624.437; or

608 4. A governmental entity providing a plan of self-
609 insurance.

588-03183-19

20197078__

610 Section 12. Present subsection (6) of section 409.973,
611 Florida Statutes, is redesignated as subsection (7), and a new
612 subsection (6) is added to that section, to read:

613 409.973 Benefits.—

614 (6) PROVISION OF PRESCRIPTION DRUG SERVICES.—

615 (a) A managed care plan may not require a step-therapy
616 approval process for a covered prescription drug requested by an
617 enrolled recipient if:

618 1. The recipient has been approved to receive the
619 prescription drug through the completion of a step-therapy
620 approval process required by a managed care plan in which the
621 recipient was previously enrolled under this part; and

622 2. The managed care plan in which the recipient was
623 previously enrolled has paid for the drug on the recipient's
624 behalf during the 180 days immediately before the request.

625 (b) The agency shall implement paragraph (a) by amending
626 managed care plan contracts concurrent with the start of a new
627 capitation cycle.

628 Section 13. Section 627.4303, Florida Statutes, is created
629 to read:

630 627.4303 Price transparency in contracts between health
631 insurers and health care providers.—

632 (1) As used in this section, the term "health insurer"
633 means a health insurer issuing major medical coverage through an
634 individual or group policy or a health maintenance organization
635 issuing major medical coverage through an individual or group
636 contract.

637 (2) A health insurer may not limit a provider's ability to
638 disclose whether a patient's cost-sharing obligation exceeds the

588-03183-19

20197078__

639 cash price for a covered service in the absence of health
640 insurance coverage or the availability of a more affordable
641 service.

642 (3) A health insurer may not require an insured to make a
643 payment for a covered service in an amount that exceeds the cash
644 price of the service in the absence of health insurance
645 coverage.

646 Section 14. Section 456.4501, Florida Statutes, is created
647 to read:

648 456.4501 Interstate Medical Licensure Compact.—The
649 Interstate Medical Licensure Compact is hereby enacted into law
650 and entered into by this state with all other jurisdictions
651 legally joining therein in the form substantially as follows:

652
653 SECTION 1

654 PURPOSE

655
656 In order to strengthen access to health care, and in
657 recognition of the advances in the delivery of health care, the
658 member states of the Interstate Medical Licensure Compact have
659 allied in common purpose to develop a comprehensive process that
660 complements the existing licensing and regulatory authority of
661 state medical boards, provides a streamlined process that allows
662 physicians to become licensed in multiple states, thereby
663 enhancing the portability of a medical license and ensuring the
664 safety of patients. The Compact creates another pathway for
665 licensure and does not otherwise change a state's existing
666 Medical Practice Act. The Compact also adopts the prevailing
667 standard for licensure and affirms that the practice of medicine

588-03183-19

20197078__

668 occurs where the patient is located at the time of the
669 physician-patient encounter, and therefore, requires the
670 physician to be under the jurisdiction of the state medical
671 board where the patient is located. State medical boards that
672 participate in the Compact retain the jurisdiction to impose an
673 adverse action against a license to practice medicine in that
674 state issued to a physician through the procedures in the
675 Compact.

677 SECTION 2

678 DEFINITIONS

679
680 In this compact:

681 (a) "Bylaws" means those bylaws established by the
682 Interstate Commission pursuant to Section 11 for its governance,
683 or for directing and controlling its actions and conduct.

684 (b) "Commissioner" means the voting representative
685 appointed by each member board pursuant to Section 11.

686 (c) "Conviction" means a finding by a court that an
687 individual is guilty of a criminal offense through adjudication,
688 or entry of a plea of guilt or no contest to the charge by the
689 offender. Evidence of an entry of a conviction of a criminal
690 offense by the court shall be considered final for purposes of
691 disciplinary action by a member board.

692 (d) "Expedited License" means a full and unrestricted
693 medical license granted by a member state to an eligible
694 physician through the process set forth in the Compact.

695 (e) "Interstate Commission" means the interstate commission
696 created pursuant to Section 11.

588-03183-19

20197078__

697 (f) "License" means authorization by a state for a
698 physician to engage in the practice of medicine, which would be
699 unlawful without the authorization.

700 (g) "Medical Practice Act" means laws and regulations
701 governing the practice of allopathic and osteopathic medicine
702 within a member state.

703 (h) "Member Board" means a state agency in a member state
704 that acts in the sovereign interests of the state by protecting
705 the public through licensure, regulation, and education of
706 physicians as directed by the state government.

707 (i) "Member State" means a state that has enacted the
708 Compact.

709 (j) "Practice of medicine" means the diagnosis, treatment,
710 prevention, cure, or relieving of a human disease, ailment,
711 defect, complaint, or other physical or mental condition, by
712 attendance, advice, device, diagnostic test, or other means, or
713 offering, undertaking, attempting to do, or holding oneself out
714 as able to do, any of these acts.

715 (k) "Physician" means any person who:

716 (1) Is a graduate of a medical school accredited by the
717 Liaison Committee on Medical Education, the Commission on
718 Osteopathic College Accreditation, or a medical school listed in
719 the International Medical Education Directory or its equivalent;

720 (2) Passed each component of the United States Medical
721 Licensing Examination (USMLE) or the Comprehensive Osteopathic
722 Medical Licensing Examination (COMLEX-USA) within three
723 attempts, or any of its predecessor examinations accepted by a
724 state medical board as an equivalent examination for licensure
725 purposes;

588-03183-19

20197078__

726 (3) Successfully completed graduate medical education
727 approved by the Accreditation Council for Graduate Medical
728 Education or the American Osteopathic Association;

729 (4) Holds specialty certification or a time-unlimited
730 specialty certificate recognized by the American Board of
731 Medical Specialties or the American Osteopathic Association's
732 Bureau of Osteopathic Specialists; however, the specialty
733 certification or a time-unlimited specialty certificate does not
734 have to be maintained once a physician is initially determined
735 to be eligible for expedited licensure through the Compact;

736 (5) Possesses a full and unrestricted license to engage in
737 the practice of medicine issued by a member board;

738 (6) Has never been convicted, received adjudication,
739 deferred adjudication, community supervision, or deferred
740 disposition for any offense by a court of appropriate
741 jurisdiction;

742 (7) Has never held a license authorizing the practice of
743 medicine subjected to discipline by a licensing agency in any
744 state, federal, or foreign jurisdiction, excluding any action
745 related to non-payment of fees related to a license;

746 (8) Has never had a controlled substance license or permit
747 suspended or revoked by a state or the United States Drug
748 Enforcement Administration; and

749 (9) Is not under active investigation by a licensing agency
750 or law enforcement authority in any state, federal, or foreign
751 jurisdiction.

752 (1) "Offense" means a felony, high court misdemeanor, or
753 crime of moral turpitude.

754 (m) "Rule" means a written statement by the Interstate

588-03183-19

20197078__

755 Commission promulgated pursuant to Section 12 of the Compact
756 that is of general applicability, implements, interprets, or
757 prescribes a policy or provision of the Compact, or an
758 organizational, procedural, or practice requirement of the
759 Interstate Commission, and has the force and effect of statutory
760 law in a member state, if the rule is not inconsistent with the
761 laws of the member state. The term includes the amendment,
762 repeal, or suspension of an existing rule.

763 (n) "State" means any state, commonwealth, district, or
764 territory of the United States.

765 (o) "State of Principal License" means a member state where
766 a physician holds a license to practice medicine and which has
767 been designated as such by the physician for purposes of
768 registration and participation in the Compact.

770 SECTION 3

771 ELIGIBILITY

772
773 (a) A physician must meet the eligibility requirements as
774 defined in Section 2(k) to receive an expedited license under
775 the terms and provisions of the Compact.

776 (b) A physician who does not meet the requirements of
777 Section 2(k) may obtain a license to practice medicine in a
778 member state if the individual complies with all laws and
779 requirements, other than the Compact, relating to the issuance
780 of a license to practice medicine in that state.

781
782 SECTION 4

783 DESIGNATION OF STATE OF PRINCIPAL LICENSE

588-03183-19

20197078__

784

785 (a) A physician shall designate a member state as the state
786 of principal license for purposes of registration for expedited
787 licensure through the Compact if the physician possesses a full
788 and unrestricted license to practice medicine in that state, and
789 the state is:

790 (1) the state of primary residence for the physician, or

791 (2) the state where at least 25% of the practice of
792 medicine occurs, or

793 (3) the location of the physician's employer, or

794 (4) if no state qualifies under subsection (1), subsection
795 (2), or subsection (3), the state designated as state of
796 residence for purpose of federal income tax.

797 (b) A physician may redesignate a member state as state of
798 principal license at any time, as long as the state meets the
799 requirements in subsection (a).

800 (c) The Interstate Commission is authorized to develop
801 rules to facilitate redesignation of another member state as the
802 state of principal license.

803

804 SECTION 5

805 APPLICATION AND ISSUANCE OF EXPEDITED LICENSURE

806

807 (a) A physician seeking licensure through the Compact shall
808 file an application for an expedited license with the member
809 board of the state selected by the physician as the state of
810 principal license.

811 (b) Upon receipt of an application for an expedited

812 license, the member board within the state selected as the state

588-03183-19

20197078__

813 of principal license shall evaluate whether the physician is
814 eligible for expedited licensure and issue a letter of
815 qualification, verifying or denying the physician's eligibility,
816 to the Interstate Commission.

817 (i) Static qualifications, which include verification of
818 medical education, graduate medical education, results of any
819 medical or licensing examination, and other qualifications as
820 determined by the Interstate Commission through rule, shall not
821 be subject to additional primary source verification where
822 already primary source verified by the state of principal
823 license.

824 (ii) The member board within the state selected as the
825 state of principal license shall, in the course of verifying
826 eligibility, perform a criminal background check of an
827 applicant, including the use of the results of fingerprint or
828 other biometric data checks compliant with the requirements of
829 the Federal Bureau of Investigation, with the exception of
830 federal employees who have suitability determination in
831 accordance with U.S. 5 CFR §731.202.

832 (iii) Appeal on the determination of eligibility shall be
833 made to the member state where the application was filed and
834 shall be subject to the law of that state.

835 (c) Upon verification in subsection (b), physicians
836 eligible for an expedited license shall complete the
837 registration process established by the Interstate Commission to
838 receive a license in a member state selected pursuant to
839 subsection (a), including the payment of any applicable fees.

840 (d) After receiving verification of eligibility under
841 subsection (b) and any fees under subsection (c), a member board

588-03183-19

20197078__

842 shall issue an expedited license to the physician. This license
843 shall authorize the physician to practice medicine in the
844 issuing state consistent with the Medical Practice Act and all
845 applicable laws and regulations of the issuing member board and
846 member state.

847 (e) An expedited license shall be valid for a period
848 consistent with the licensure period in the member state and in
849 the same manner as required for other physicians holding a full
850 and unrestricted license within the member state.

851 (f) An expedited license obtained through the Compact shall
852 be terminated if a physician fails to maintain a license in the
853 state of principal licensure for a non-disciplinary reason,
854 without redesignation of a new state of principal licensure.

855 (g) The Interstate Commission is authorized to develop
856 rules regarding the application process, including payment of
857 any applicable fees, and the issuance of an expedited license.

858

859 SECTION 6

860 FEES FOR EXPEDITED LICENSURE

861

862 (a) A member state issuing an expedited license authorizing
863 the practice of medicine in that state, or the regulating
864 authority of the member state, may impose a fee for a license
865 issued or renewed through the Compact.

866 (b) The Interstate Commission is authorized to develop
867 rules regarding fees for expedited licenses. However, those
868 rules shall not limit the authority of a member state, or the
869 regulating authority of the member state, to impose and
870 determine the amount of a fee under subsection (a).

588-03183-19

20197078__

SECTION 7

RENEWAL AND CONTINUED PARTICIPATION

(a) A physician seeking to renew an expedited license granted in a member state shall complete a renewal process with the Interstate Commission if the physician:

(1) Maintains a full and unrestricted license in a state of principal license;

(2) Has not been convicted, received adjudication, deferred adjudication, community supervision, or deferred disposition for any offense by a court of appropriate jurisdiction;

(3) Has not had a license authorizing the practice of medicine subject to discipline by a licensing agency in any state, federal, or foreign jurisdiction, excluding any action related to non-payment of fees related to a license; and

(4) Has not had a controlled substance license or permit suspended or revoked by a state or the United States Drug Enforcement Administration.

(b) Physicians shall comply with all continuing professional development or continuing medical education requirements for renewal of a license issued by a member state.

(c) The Interstate Commission shall collect any renewal fees charged for the renewal of a license and distribute the fees to the applicable member board.

(d) Upon receipt of any renewal fees collected in subsection (c), a member board shall renew the physician's license.

(e) Physician information collected by the Interstate

588-03183-19

20197078__

900 Commission during the renewal process will be distributed to all
901 member boards.

902 (f) The Interstate Commission is authorized to develop
903 rules to address renewal of licenses obtained through the
904 Compact.

905
906 SECTION 8

907 COORDINATED INFORMATION SYSTEM

908
909 (a) The Interstate Commission shall establish a database of
910 all physicians licensed, or who have applied for licensure,
911 under Section 5.

912 (b) Notwithstanding any other provision of law, member
913 boards shall report to the Interstate Commission any public
914 action or complaints against a licensed physician who has
915 applied or received an expedited license through the Compact.

916 (c) Member boards shall report disciplinary or
917 investigatory information determined as necessary and proper by
918 rule of the Interstate Commission.

919 (d) Member boards may report any non-public complaint,
920 disciplinary, or investigatory information not required by
921 subsection (c) to the Interstate Commission.

922 (e) Member boards shall share complaint or disciplinary
923 information about a physician upon request of another member
924 board.

925 (f) All information provided to the Interstate Commission
926 or distributed by member boards shall be confidential, filed
927 under seal, and used only for investigatory or disciplinary
928 matters.

588-03183-19

20197078__

929 (g) The Interstate Commission is authorized to develop
930 rules for mandated or discretionary sharing of information by
931 member boards.

932
933 SECTION 9

934 JOINT INVESTIGATIONS

935
936 (a) Licensure and disciplinary records of physicians are
937 deemed investigative.

938 (b) In addition to the authority granted to a member board
939 by its respective Medical Practice Act or other applicable state
940 law, a member board may participate with other member boards in
941 joint investigations of physicians licensed by the member
942 boards.

943 (c) A subpoena issued by a member state shall be
944 enforceable in other member states.

945 (d) Member boards may share any investigative, litigation,
946 or compliance materials in furtherance of any joint or
947 individual investigation initiated under the Compact.

948 (e) Any member state may investigate actual or alleged
949 violations of the statutes authorizing the practice of medicine
950 in any other member state in which a physician holds a license
951 to practice medicine.

952
953 SECTION 10

954 DISCIPLINARY ACTIONS

955
956 (a) Any disciplinary action taken by any member board
957 against a physician licensed through the Compact shall be deemed

588-03183-19

20197078__

958 unprofessional conduct which may be subject to discipline by
959 other member boards, in addition to any violation of the Medical
960 Practice Act or regulations in that state.

961 (b) If a license granted to a physician by the member board
962 in the state of principal license is revoked, surrendered or
963 relinquished in lieu of discipline, or suspended, then all
964 licenses issued to the physician by member boards shall
965 automatically be placed, without further action necessary by any
966 member board, on the same status. If the member board in the
967 state of principal license subsequently reinstates the
968 physician's license, a license issued to the physician by any
969 other member board shall remain encumbered until that respective
970 member board takes action to reinstate the license in a manner
971 consistent with the Medical Practice Act of that state.

972 (c) If disciplinary action is taken against a physician by
973 a member board not in the state of principal license, any other
974 member board may deem the action conclusive as to matter of law
975 and fact decided, and:

976 (i) impose the same or lesser sanction(s) against the
977 physician so long as such sanctions are consistent with the
978 Medical Practice Act of that state;

979 (ii) or pursue separate disciplinary action against the
980 physician under its respective Medical Practice Act, regardless
981 of the action taken in other member states.

982 (d) If a license granted to a physician by a member board
983 is revoked, surrendered or relinquished in lieu of discipline,
984 or suspended, then any license(s) issued to the physician by any
985 other member board(s) shall be suspended, automatically and
986 immediately without further action necessary by the other member

588-03183-19

20197078__

987 board(s), for ninety (90) days upon entry of the order by the
988 disciplining board, to permit the member board(s) to investigate
989 the basis for the action under the Medical Practice Act of that
990 state. A member board may terminate the automatic suspension of
991 the license it issued prior to the completion of the ninety (90)
992 day suspension period in a manner consistent with the Medical
993 Practice Act of that state.

994
995 SECTION 11

996 INTERSTATE MEDICAL LICENSURE COMPACT COMMISSION

997
998 (a) The member states hereby create the "Interstate Medical
999 Licensure Compact Commission".

1000 (b) The purpose of the Interstate Commission is the
1001 administration of the Interstate Medical Licensure Compact,
1002 which is a discretionary state function.

1003 (c) The Interstate Commission shall be a body corporate and
1004 joint agency of the member states and shall have all the
1005 responsibilities, powers, and duties set forth in the Compact,
1006 and such additional powers as may be conferred upon it by a
1007 subsequent concurrent action of the respective legislatures of
1008 the member states in accordance with the terms of the Compact.

1009 (d) The Interstate Commission shall consist of two voting
1010 representatives appointed by each member state who shall serve
1011 as Commissioners. In states where allopathic and osteopathic
1012 physicians are regulated by separate member boards, or if the
1013 licensing and disciplinary authority is split between multiple
1014 member boards within a member state, the member state shall
1015 appoint one representative from each member board. A

588-03183-19

20197078__

1016 Commissioner shall be a(n):

1017 (1) Allopathic or osteopathic physician appointed to a
1018 member board;

1019 (2) Executive director, executive secretary, or similar
1020 executive of a member board; or

1021 (3) Member of the public appointed to a member board.

1022 (e) The Interstate Commission shall meet at least once each
1023 calendar year. A portion of this meeting shall be a business
1024 meeting to address such matters as may properly come before the
1025 Commission, including the election of officers. The chairperson
1026 may call additional meetings and shall call for a meeting upon
1027 the request of a majority of the member states.

1028 (f) The bylaws may provide for meetings of the Interstate
1029 Commission to be conducted by telecommunication or electronic
1030 communication.

1031 (g) Each Commissioner participating at a meeting of the
1032 Interstate Commission is entitled to one vote. A majority of
1033 Commissioners shall constitute a quorum for the transaction of
1034 business, unless a larger quorum is required by the bylaws of
1035 the Interstate Commission. A Commissioner shall not delegate a
1036 vote to another Commissioner. In the absence of its
1037 Commissioner, a member state may delegate voting authority for a
1038 specified meeting to another person from that state who shall
1039 meet the requirements of subsection (d).

1040 (h) The Interstate Commission shall provide public notice
1041 of all meetings and all meetings shall be open to the public.
1042 The Interstate Commission may close a meeting, in full or in
1043 portion, where it determines by a two-thirds vote of the
1044 Commissioners present that an open meeting would be likely to:

588-03183-19

20197078__

1045 (1) Relate solely to the internal personnel practices and
1046 procedures of the Interstate Commission;

1047 (2) Discuss matters specifically exempted from disclosure
1048 by federal statute;

1049 (3) Discuss trade secrets, commercial, or financial
1050 information that is privileged or confidential;

1051 (4) Involve accusing a person of a crime, or formally
1052 censuring a person;

1053 (5) Discuss information of a personal nature where
1054 disclosure would constitute a clearly unwarranted invasion of
1055 personal privacy;

1056 (6) Discuss investigative records compiled for law
1057 enforcement purposes; or

1058 (7) Specifically relate to the participation in a civil
1059 action or other legal proceeding.

1060 (i) The Interstate Commission shall keep minutes which
1061 shall fully describe all matters discussed in a meeting and
1062 shall provide a full and accurate summary of actions taken,
1063 including record of any roll call votes.

1064 (j) The Interstate Commission shall make its information
1065 and official records, to the extent not otherwise designated in
1066 the Compact or by its rules, available to the public for
1067 inspection.

1068 (k) The Interstate Commission shall establish an executive
1069 committee, which shall include officers, members, and others as
1070 determined by the bylaws. The executive committee shall have the
1071 power to act on behalf of the Interstate Commission, with the
1072 exception of rulemaking, during periods when the Interstate
1073 Commission is not in session. When acting on behalf of the

588-03183-19

20197078__

1074 Interstate Commission, the executive committee shall oversee the
1075 administration of the Compact including enforcement and
1076 compliance with the provisions of the Compact, its bylaws and
1077 rules, and other such duties as necessary.

1078 (1) The Interstate Commission may establish other
1079 committees for governance and administration of the Compact.

1080

1081 SECTION 12

1082 POWERS AND DUTIES OF THE INTERSTATE COMMISSION

1083

1084 The Interstate Commission shall have the duty and power to:

1085 (a) Oversee and maintain the administration of the Compact;

1086 (b) Promulgate rules which shall be binding to the extent

1087 and in the manner provided for in the Compact;

1088 (c) Issue, upon the request of a member state or member

1089 board, advisory opinions concerning the meaning or

1090 interpretation of the Compact, its bylaws, rules, and actions;

1091 (d) Enforce compliance with Compact provisions, the rules

1092 promulgated by the Interstate Commission, and the bylaws, using

1093 all necessary and proper means, including but not limited to the

1094 use of judicial process;

1095 (e) Establish and appoint committees including, but not

1096 limited to, an executive committee as required by Section 11,

1097 which shall have the power to act on behalf of the Interstate

1098 Commission in carrying out its powers and duties;

1099 (f) Pay, or provide for the payment of the expenses related

1100 to the establishment, organization, and ongoing activities of

1101 the Interstate Commission;

1102 (g) Establish and maintain one or more offices;

588-03183-19

20197078__

- 1103 (h) Borrow, accept, hire, or contract for services of
1104 personnel;
- 1105 (i) Purchase and maintain insurance and bonds;
- 1106 (j) Employ an executive director who shall have such powers
1107 to employ, select or appoint employees, agents, or consultants,
1108 and to determine their qualifications, define their duties, and
1109 fix their compensation;
- 1110 (k) Establish personnel policies and programs relating to
1111 conflicts of interest, rates of compensation, and qualifications
1112 of personnel;
- 1113 (l) Accept donations and grants of money, equipment,
1114 supplies, materials and services, and to receive, utilize, and
1115 dispose of it in a manner consistent with the conflict of
1116 interest policies established by the Interstate Commission;
- 1117 (m) Lease, purchase, accept contributions or donations of,
1118 or otherwise to own, hold, improve or use, any property, real,
1119 personal, or mixed;
- 1120 (n) Sell, convey, mortgage, pledge, lease, exchange,
1121 abandon, or otherwise dispose of any property, real, personal,
1122 or mixed;
- 1123 (o) Establish a budget and make expenditures;
- 1124 (p) Adopt a seal and bylaws governing the management and
1125 operation of the Interstate Commission;
- 1126 (q) Report annually to the legislatures and governors of
1127 the member states concerning the activities of the Interstate
1128 Commission during the preceding year. Such reports shall also
1129 include reports of financial audits and any recommendations that
1130 may have been adopted by the Interstate Commission;
- 1131 (r) Coordinate education, training, and public awareness

588-03183-19

20197078__

1132 regarding the Compact, its implementation, and its operation;

1133 (s) Maintain records in accordance with the bylaws;

1134 (t) Seek and obtain trademarks, copyrights, and patents;

1135 and

1136 (u) Perform such functions as may be necessary or
1137 appropriate to achieve the purposes of the Compact.

1139 SECTION 13

1140 FINANCE POWERS

1141

1142 (a) The Interstate Commission may levy on and collect an
1143 annual assessment from each member state to cover the cost of
1144 the operations and activities of the Interstate Commission and
1145 its staff. The total assessment, subject to appropriation, must
1146 be sufficient to cover the annual budget approved each year for
1147 which revenue is not provided by other sources. The aggregate
1148 annual assessment amount shall be allocated upon a formula to be
1149 determined by the Interstate Commission, which shall promulgate
1150 a rule binding upon all member states.

1151 (b) The Interstate Commission shall not incur obligations
1152 of any kind prior to securing the funds adequate to meet the
1153 same.

1154 (c) The Interstate Commission shall not pledge the credit
1155 of any of the member states, except by, and with the authority
1156 of, the member state.

1157 (d) The Interstate Commission shall be subject to a yearly
1158 financial audit conducted by a certified or licensed public
1159 accountant and the report of the audit shall be included in the
1160 annual report of the Interstate Commission.

588-03183-19

20197078__

1161
1162
1163
1164
1165
1166
1167
1168
1169
1170
1171
1172
1173
1174
1175
1176
1177
1178
1179
1180
1181
1182
1183
1184
1185
1186
1187
1188
1189SECTION 14ORGANIZATION AND OPERATION OF THE INTERSTATE COMMISSION

(a) The Interstate Commission shall, by a majority of Commissioners present and voting, adopt bylaws to govern its conduct as may be necessary or appropriate to carry out the purposes of the Compact within twelve (12) months of the first Interstate Commission meeting.

(b) The Interstate Commission shall elect or appoint annually from among its Commissioners a chairperson, a vice-chairperson, and a treasurer, each of whom shall have such authority and duties as may be specified in the bylaws. The chairperson, or in the chairperson's absence or disability, the vice-chairperson, shall preside at all meetings of the Interstate Commission.

(c) Officers selected in subsection (b) shall serve without remuneration from the Interstate Commission.

(d) The officers and employees of the Interstate Commission shall be immune from suit and liability, either personally or in their official capacity, for a claim for damage to or loss of property or personal injury or other civil liability caused or arising out of, or relating to, an actual or alleged act, error, or omission that occurred, or that such person had a reasonable basis for believing occurred, within the scope of Interstate Commission employment, duties, or responsibilities; provided that such person shall not be protected from suit or liability for damage, loss, injury, or liability caused by the intentional or willful and wanton misconduct of such person.

588-03183-19

20197078__

1190 (1) The liability of the executive director and employees
1191 of the Interstate Commission or representatives of the
1192 Interstate Commission, acting within the scope of such person's
1193 employment or duties for acts, errors, or omissions occurring
1194 within such person's state, may not exceed the limits of
1195 liability set forth under the constitution and laws of that
1196 state for state officials, employees, and agents. The Interstate
1197 Commission is considered to be an instrumentality of the states
1198 for the purposes of any such action. Nothing in this subsection
1199 shall be construed to protect such person from suit or liability
1200 for damage, loss, injury, or liability caused by the intentional
1201 or willful and wanton misconduct of such person.

1202 (2) The Interstate Commission shall defend the executive
1203 director, its employees, and subject to the approval of the
1204 attorney general or other appropriate legal counsel of the
1205 member state represented by an Interstate Commission
1206 representative, shall defend such Interstate Commission
1207 representative in any civil action seeking to impose liability
1208 arising out of an actual or alleged act, error or omission that
1209 occurred within the scope of Interstate Commission employment,
1210 duties or responsibilities, or that the defendant had a
1211 reasonable basis for believing occurred within the scope of
1212 Interstate Commission employment, duties, or responsibilities,
1213 provided that the actual or alleged act, error, or omission did
1214 not result from intentional or willful and wanton misconduct on
1215 the part of such person.

1216 (3) To the extent not covered by the state involved, member
1217 state, or the Interstate Commission, the representatives or
1218 employees of the Interstate Commission shall be held harmless in

588-03183-19

20197078__

1219 the amount of a settlement or judgment, including attorney's
1220 fees and costs, obtained against such persons arising out of an
1221 actual or alleged act, error, or omission that occurred within
1222 the scope of Interstate Commission employment, duties, or
1223 responsibilities, or that such persons had a reasonable basis
1224 for believing occurred within the scope of Interstate Commission
1225 employment, duties, or responsibilities, provided that the
1226 actual or alleged act, error, or omission did not result from
1227 intentional or willful and wanton misconduct on the part of such
1228 persons.

1229
1230 SECTION 15

1231 RULEMAKING FUNCTIONS OF THE INTERSTATE COMMISSION
1232

1233 (a) The Interstate Commission shall promulgate reasonable
1234 rules in order to effectively and efficiently achieve the
1235 purposes of the Compact. Notwithstanding the foregoing, in the
1236 event the Interstate Commission exercises its rulemaking
1237 authority in a manner that is beyond the scope of the purposes
1238 of the Compact, or the powers granted hereunder, then such an
1239 action by the Interstate Commission shall be invalid and have no
1240 force or effect.

1241 (b) Rules deemed appropriate for the operations of the
1242 Interstate Commission shall be made pursuant to a rulemaking
1243 process that substantially conforms to the "Model State
1244 Administrative Procedure Act" of 2010, and subsequent amendments
1245 thereto.

1246 (c) Not later than thirty (30) days after a rule is
1247 promulgated, any person may file a petition for judicial review

588-03183-19

20197078__

1248 of the rule in the United States District Court for the District
1249 of Columbia or the federal district where the Interstate
1250 Commission has its principal offices, provided that the filing
1251 of such a petition shall not stay or otherwise prevent the rule
1252 from becoming effective unless the court finds that the
1253 petitioner has a substantial likelihood of success. The court
1254 shall give deference to the actions of the Interstate Commission
1255 consistent with applicable law and shall not find the rule to be
1256 unlawful if the rule represents a reasonable exercise of the
1257 authority granted to the Interstate Commission.

1258
1259 SECTION 16

1260 OVERSIGHT OF INTERSTATE COMPACT

1261
1262 (a) The executive, legislative, and judicial branches of
1263 state government in each member state shall enforce the Compact
1264 and shall take all actions necessary and appropriate to
1265 effectuate the Compact's purposes and intent. The provisions of
1266 the Compact and the rules promulgated hereunder shall have
1267 standing as statutory law but shall not override existing state
1268 authority to regulate the practice of medicine.

1269 (b) All courts shall take judicial notice of the Compact
1270 and the rules in any judicial or administrative proceeding in a
1271 member state pertaining to the subject matter of the Compact
1272 which may affect the powers, responsibilities or actions of the
1273 Interstate Commission.

1274 (c) The Interstate Commission shall be entitled to receive
1275 all service of process in any such proceeding, and shall have
1276 standing to intervene in the proceeding for all purposes.

588-03183-19

20197078__

1277 Failure to provide service of process to the Interstate
1278 Commission shall render a judgment or order void as to the
1279 Interstate Commission, the Compact, or promulgated rules.

1280
1281 SECTION 17

1282 ENFORCEMENT OF INTERSTATE COMPACT

1283
1284 (a) The Interstate Commission, in the reasonable exercise
1285 of its discretion, shall enforce the provisions and rules of the
1286 Compact.

1287 (b) The Interstate Commission may, by majority vote of the
1288 Commissioners, initiate legal action in the United States
1289 District Court for the District of Columbia, or, at the
1290 discretion of the Interstate Commission, in the federal district
1291 where the Interstate Commission has its principal offices, to
1292 enforce compliance with the provisions of the Compact, and its
1293 promulgated rules and bylaws, against a member state in default.
1294 The relief sought may include both injunctive relief and
1295 damages. In the event judicial enforcement is necessary, the
1296 prevailing party shall be awarded all costs of such litigation
1297 including reasonable attorney's fees.

1298 (c) The remedies herein shall not be the exclusive remedies
1299 of the Interstate Commission. The Interstate Commission may
1300 avail itself of any other remedies available under state law or
1301 the regulation of a profession.

1302
1303 SECTION 18

1304 DEFAULT PROCEDURES

588-03183-19

20197078__

1306 (a) The grounds for default include, but are not limited
1307 to, failure of a member state to perform such obligations or
1308 responsibilities imposed upon it by the Compact, or the rules
1309 and bylaws of the Interstate Commission promulgated under the
1310 Compact.

1311 (b) If the Interstate Commission determines that a member
1312 state has defaulted in the performance of its obligations or
1313 responsibilities under the Compact, or the bylaws or promulgated
1314 rules, the Interstate Commission shall:

1315 (1) Provide written notice to the defaulting state and
1316 other member states, of the nature of the default, the means of
1317 curing the default, and any action taken by the Interstate
1318 Commission. The Interstate Commission shall specify the
1319 conditions by which the defaulting state must cure its default;
1320 and

1321 (2) Provide remedial training and specific technical
1322 assistance regarding the default.

1323 (c) If the defaulting state fails to cure the default, the
1324 defaulting state shall be terminated from the Compact upon an
1325 affirmative vote of a majority of the Commissioners and all
1326 rights, privileges, and benefits conferred by the Compact shall
1327 terminate on the effective date of termination. A cure of the
1328 default does not relieve the offending state of obligations or
1329 liabilities incurred during the period of the default.

1330 (d) Termination of membership in the Compact shall be
1331 imposed only after all other means of securing compliance have
1332 been exhausted. Notice of intent to terminate shall be given by
1333 the Interstate Commission to the governor, the majority and
1334 minority leaders of the defaulting state's legislature, and each

588-03183-19

20197078__

1335 of the member states.

1336 (e) The Interstate Commission shall establish rules and
1337 procedures to address licenses and physicians that are
1338 materially impacted by the termination of a member state, or the
1339 withdrawal of a member state.

1340 (f) The member state which has been terminated is
1341 responsible for all dues, obligations, and liabilities incurred
1342 through the effective date of termination including obligations,
1343 the performance of which extends beyond the effective date of
1344 termination.

1345 (g) The Interstate Commission shall not bear any costs
1346 relating to any state that has been found to be in default or
1347 which has been terminated from the Compact, unless otherwise
1348 mutually agreed upon in writing between the Interstate
1349 Commission and the defaulting state.

1350 (h) The defaulting state may appeal the action of the
1351 Interstate Commission by petitioning the United States District
1352 Court for the District of Columbia or the federal district where
1353 the Interstate Commission has its principal offices. The
1354 prevailing party shall be awarded all costs of such litigation
1355 including reasonable attorney's fees.

1356
1357 SECTION 19

1358 DISPUTE RESOLUTION

1359
1360 (a) The Interstate Commission shall attempt, upon the
1361 request of a member state, to resolve disputes which are subject
1362 to the Compact and which may arise among member states or member
1363 boards.

588-03183-19

20197078__

1364 (b) The Interstate Commission shall promulgate rules
1365 providing for both mediation and binding dispute resolution as
1366 appropriate.

1367
1368 SECTION 20

1369 MEMBER STATES, EFFECTIVE DATE AND AMENDMENT

1370
1371 (a) Any state is eligible to become a member state of the
1372 Compact.

1373 (b) The Compact shall become effective and binding upon
1374 legislative enactment of the Compact into law by no less than
1375 seven (7) states. Thereafter, it shall become effective and
1376 binding on a state upon enactment of the Compact into law by
1377 that state.

1378 (c) The governors of non-member states, or their designees,
1379 shall be invited to participate in the activities of the
1380 Interstate Commission on a non-voting basis prior to adoption of
1381 the Compact by all states.

1382 (d) The Interstate Commission may propose amendments to the
1383 Compact for enactment by the member states. No amendment shall
1384 become effective and binding upon the Interstate Commission and
1385 the member states unless and until it is enacted into law by
1386 unanimous consent of the member states.

1387
1388 SECTION 21

1389 WITHDRAWAL

1390
1391 (a) Once effective, the Compact shall continue in force and
1392 remain binding upon each and every member state; provided that a

588-03183-19

20197078__

1393 member state may withdraw from the Compact by specifically
1394 repealing the statute which enacted the Compact into law.

1395 (b) Withdrawal from the Compact shall be by the enactment
1396 of a statute repealing the same, but shall not take effect until
1397 one (1) year after the effective date of such statute and until
1398 written notice of the withdrawal has been given by the
1399 withdrawing state to the governor of each other member state.

1400 (c) The withdrawing state shall immediately notify the
1401 chairperson of the Interstate Commission in writing upon the
1402 introduction of legislation repealing the Compact in the
1403 withdrawing state.

1404 (d) The Interstate Commission shall notify the other member
1405 states of the withdrawing state's intent to withdraw within
1406 sixty (60) days of its receipt of notice provided under
1407 subsection (c).

1408 (e) The withdrawing state is responsible for all dues,
1409 obligations and liabilities incurred through the effective date
1410 of withdrawal, including obligations, the performance of which
1411 extend beyond the effective date of withdrawal.

1412 (f) Reinstatement following withdrawal of a member state
1413 shall occur upon the withdrawing state reenacting the Compact or
1414 upon such later date as determined by the Interstate Commission.

1415 (g) The Interstate Commission is authorized to develop
1416 rules to address the impact of the withdrawal of a member state
1417 on licenses granted in other member states to physicians who
1418 designated the withdrawing member state as the state of
1419 principal license.

1420
1421 SECTION 22

588-03183-19

20197078__

1422
1423
1424
1425
1426
1427
1428
1429
1430
1431
1432
1433
1434
1435
1436
1437
1438
1439
1440
1441
1442
1443
1444
1445
1446
1447
1448
1449
1450

DISSOLUTION

(a) The Compact shall dissolve effective upon the date of the withdrawal or default of the member state which reduces the membership in the Compact to one (1) member state.

(b) Upon the dissolution of the Compact, the Compact becomes null and void and shall be of no further force or effect, and the business and affairs of the Interstate Commission shall be concluded and surplus funds shall be distributed in accordance with the bylaws.

SECTION 23

SEVERABILITY AND CONSTRUCTION

(a) The provisions of the Compact shall be severable, and if any phrase, clause, sentence, or provision is deemed unenforceable, the remaining provisions of the Compact shall be enforceable.

(b) The provisions of the Compact shall be liberally construed to effectuate its purposes.

(c) Nothing in the Compact shall be construed to prohibit the applicability of other interstate compacts to which the states are members.

SECTION 24

BINDING EFFECT OF COMPACT AND OTHER LAWS

(a) Nothing herein prevents the enforcement of any other law of a member state that is not inconsistent with the Compact.

588-03183-19

20197078__

1451 (b) All laws in a member state in conflict with the Compact
1452 are superseded to the extent of the conflict.

1453 (c) All lawful actions of the Interstate Commission,
1454 including all rules and bylaws promulgated by the Commission,
1455 are binding upon the member states.

1456 (d) All agreements between the Interstate Commission and
1457 the member states are binding in accordance with their terms.

1458 (e) In the event any provision of the Compact exceeds the
1459 constitutional limits imposed on the legislature of any member
1460 state, such provision shall be ineffective to the extent of the
1461 conflict with the constitutional provision in question in that
1462 member state.

1463 Section 15. Except as otherwise expressly provided in this
1464 act, this act shall take effect July 1, 2019.