



565298

LEGISLATIVE ACTION

Senate

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House

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Floor: 1/AE/2R

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04/26/2019 04:19 PM

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Senator Harrell moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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



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70 the loan program if the dentist:

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

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

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

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

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

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

82 381.40195 Donated Dental Services Program.-

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

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

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

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

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



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

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

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

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

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

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

119 1. Financial data relating to administering the program.

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

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

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



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

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

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

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

136 395.1012 Patient safety.—

137 (3) (a) Each hospital shall provide to any patient or
138 patient's representative identified pursuant to s. 765.401(1)
139 upon scheduling of nonemergency care, or to any other stabilized
140 patient or patient's representative identified pursuant to s.
141 765.401(1) within 24 hours of the patient being stabilized or at
142 the time of discharge, whichever comes first, written
143 information on a form created by the agency which contains the
144 following information available for the hospital for the most
145 recent year and the statewide average for all hospitals related
146 to the following quality measures:

147 1. The rate of hospital-acquired infections;

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

150 3. The 15-day readmission rate.

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

153 (c) The information required by this subsection must be
154 presented in a manner that is easily understandable and
155 accessible to the patient and must also include an explanation
156 of the quality measures and the relationship between patient



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157 safety and the hospital's data for the quality measures.

158 Section 5. Section 395.1052, Florida Statutes, is created
159 to read:

160 395.1052 Patient access to primary care and specialty
161 providers; notification.—A hospital shall:

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

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

168 Upon the patient's request, the hospital's treating physician
169 shall make reasonable efforts to consult with the patient's
170 primary care provider or specialist provider when developing the
171 patient's plan of care.

172 (3) Notify the patient's primary care provider, if any, of
173 the patient's discharge from the hospital within 24 hours after
174 the discharge.

175 (4) Provide the discharge summary and any related
176 information or records to the patient's primary care provider,
177 if any, within 14 days after the patient's discharge summary has
178 been completed.

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

181 395.002 Definitions.—As used in this chapter:

182 (3) "Ambulatory surgical center" means a facility the
183 primary purpose of which is to provide elective surgical care,
184 in which the patient is admitted to and discharged from such
185 facility within 24 hours ~~the same working day and is not~~



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186 ~~permitted to stay overnight~~, and which is not part of a
187 hospital. However, a facility existing for the primary purpose
188 of performing terminations of pregnancy, an office maintained by
189 a physician for the practice of medicine, or an office
190 maintained for the practice of dentistry may not be construed to
191 be an ambulatory surgical center, provided that any facility or
192 office which is certified or seeks certification as a Medicare
193 ambulatory surgical center shall be licensed as an ambulatory
194 surgical center pursuant to s. 395.003.

195 Section 7. Section 395.1055, Florida Statutes, is amended
196 to read:

197 395.1055 Rules and enforcement.—

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

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

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

207 (c) A comprehensive emergency management plan is prepared
208 and updated annually. Such standards must be included in the
209 rules adopted by the agency after consulting with the Division
210 of Emergency Management. At a minimum, the rules must provide
211 for plan components that address emergency evacuation
212 transportation; adequate sheltering arrangements; postdisaster
213 activities, including emergency power, food, and water;
214 postdisaster transportation; supplies; staffing; emergency



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215 equipment; individual identification of residents and transfer
216 of records, and responding to family inquiries. The
217 comprehensive emergency management plan is subject to review and
218 approval by the local emergency management agency. During its
219 review, the local emergency management agency shall ensure that
220 the following agencies, at a minimum, are given the opportunity
221 to review the plan: the Department of Elderly Affairs, the
222 Department of Health, the Agency for Health Care Administration,
223 and the Division of Emergency Management. Also, appropriate
224 volunteer organizations must be given the opportunity to review
225 the plan. The local emergency management agency shall complete
226 its review within 60 days and either approve the plan or advise
227 the facility of necessary revisions.

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

230 (e) Licensed facility beds conform to minimum space,
231 equipment, and furnishings standards as specified by the
232 department.

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

242 (g) Each hospital has a quality improvement program
243 designed according to standards established by their current



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244 accrediting organization. This program will enhance quality of
245 care and emphasize quality patient outcomes, corrective action
246 for problems, governing board review, and reporting to the
247 agency of standardized data elements necessary to analyze
248 quality of care outcomes. The agency shall use existing data,
249 when available, and shall not duplicate the efforts of other
250 state agencies in order to obtain such data.

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

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

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

267 (3) The agency shall adopt rules that establish minimum
268 standards for pediatric patient care in ambulatory surgical
269 centers to ensure the safe and effective delivery of surgical
270 care to children in ambulatory surgical centers. Such standards
271 must include quality of care, nurse staffing, physician
272 staffing, and equipment standards. Ambulatory surgical centers



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273 may not provide operative procedures to children under 18 years
274 of age which require a length of stay past midnight until such
275 standards are established by rule.

276 (4)~~(3)~~ The agency shall adopt rules with respect to the
277 care and treatment of patients residing in distinct part nursing
278 units of hospitals which are certified for participation in
279 Title XVIII (Medicare) and Title XIX (Medicaid) of the Social
280 Security Act skilled nursing facility program. Such rules shall
281 take into account the types of patients treated in hospital
282 skilled nursing units, including typical patient acuity levels
283 and the average length of stay in such units, and shall be
284 limited to the appropriate portions of the Omnibus Budget
285 Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22,
286 1987), Title IV (Medicare, Medicaid, and Other Health-Related
287 Programs), Subtitle C (Nursing Home Reform), as amended. The
288 agency shall require level 2 background screening as specified
289 in s. 408.809(1)(e) pursuant to s. 408.809 and chapter 435 for
290 personnel of distinct part nursing units.

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

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



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302 (7)~~(6)~~ No rule shall be adopted under this part by the
303 agency which would have the effect of denying a license to a
304 facility required to be licensed under this part, solely by
305 reason of the school or system of practice employed or permitted
306 to be employed by physicians therein, provided that such school
307 or system of practice is recognized by the laws of this state.
308 However, nothing in this subsection shall be construed to limit
309 the powers of the agency to provide and require minimum
310 standards for the maintenance and operation of, and for the
311 treatment of patients in, those licensed facilities which
312 receive federal aid, in order to meet minimum standards related
313 to such matters in such licensed facilities which may now or
314 hereafter be required by appropriate federal officers or
315 agencies in pursuance of federal law or promulgated in pursuance
316 of federal law.

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

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



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331 the State Fire Marshal in updating the construction standards of
332 the Florida Building Code and the Florida Fire Prevention Code
333 which govern hospitals, intermediate residential treatment
334 facilities, and ambulatory surgical centers.

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

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

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

- 355 1. Johns Hopkins All Children's Hospital in St. Petersburg.
- 356 2. Arnold Palmer Hospital for Children in Orlando.
- 357 3. Joe DiMaggio Children's Hospital in Hollywood.
- 358 4. Nicklaus Children's Hospital in Miami.
- 359 5. St. Joseph's Children's Hospital in Tampa.



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- 360 6. University of Florida Health Shands Hospital in
361 Gainesville.
- 362 7. University of Miami Holtz Children's Hospital in Miami.
363 8. Wolfson Children's Hospital in Jacksonville.
364 9. Florida Hospital for Children in Orlando.
365 10. Nemours Children's Hospital in Orlando.
366

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

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

- 380 1. The Secretary of Health Care Administration.
381 2. The Surgeon General.
382 3. The Deputy Secretary of Children's Medical Services.
383 4. Any current or past Division Director of Children's
384 Medical Services.
385 5. A parent of a child with congenital heart disease.
386 6. An adult with congenital heart disease.
387 7. A representative from each of the following
388 organizations: the Florida Chapter of the American Academy of



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389 Pediatrics, the Florida Chapter of the American College of
390 Cardiology, the Greater Southeast Affiliate of the American
391 Heart Association, the Adult Congenital Heart Association, the
392 March of Dimes, the Florida Association of Children's Hospitals,
393 and the Florida Society of Thoracic and Cardiovascular Surgeons.

394 (d) The panel shall meet biannually, or more frequently
395 upon the call of the Secretary of Health Care Administration.
396 Such meetings may be conducted telephonically, or by other
397 electronic means.

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

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

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

413 (11) The Secretary of Health Care Administration shall
414 consult the pediatric cardiac technical advisory panel for an
415 advisory recommendation on any certificate of need applications
416 to establish pediatric cardiac surgical centers.

417 (12)-(10) Based on the recommendations of the pediatric



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418 cardiac technical advisory panel ~~in subsection (9)~~, the agency
419 shall adopt rules for pediatric cardiac programs which, at a
420 minimum, include:

421 (a) Standards for pediatric cardiac catheterization
422 services and pediatric cardiovascular surgery including quality
423 of care, personnel, physical plant, equipment, emergency
424 transportation, data reporting, and appropriate operating hours
425 and timeframes for mobilization for emergency procedures.

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

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

433 (13) ~~(11)~~ A pediatric cardiac program shall:

434 (a) Have a pediatric cardiology clinic affiliated with a
435 hospital licensed under this chapter.

436 (b) Have a pediatric cardiac catheterization laboratory and
437 a pediatric cardiovascular surgical program located in the
438 hospital.

439 (c) Have a risk adjustment surgical procedure protocol
440 following the guidelines established by the Society of Thoracic
441 Surgeons.

442 (d) Have quality assurance and quality improvement
443 processes in place to enhance clinical operation and patient
444 satisfaction with services.

445 (e) Participate in the clinical outcome reporting systems
446 operated by the Society of Thoracic Surgeons and the American



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447 College of Cardiology.

448 (14) (a) The Secretary of Health Care Administration may
449 request announced or unannounced site visits to any existing
450 pediatric cardiac surgical center or facility seeking licensure
451 as a pediatric cardiac surgical center through the certificate
452 of need process, to ensure compliance with this section and
453 rules adopted hereunder.

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

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

466 (d) Each on-site inspection must include all of the
467 following:

468 1. An inspection of the program's physical facilities,
469 clinics, and laboratories.

470 2. Interviews with support staff and hospital
471 administrators.

472 3. A review of:

473 a. Randomly selected medical records and reports,
474 including, but not limited to, advanced cardiac imaging,
475 computed tomography, magnetic resonance imaging, cardiac



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476 ultrasound, cardiac catheterization, and surgical operative
477 notes.

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

481 c. Mortality reports from cardiac-related deaths that
482 occurred in the previous year.

483 d. Program volume data from the preceding year for
484 interventional and electrophysiology catheterizations and
485 surgical procedures.

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

490 (16)-(12) The agency may adopt rules to administer the
491 requirements of part II of chapter 408.

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

494 395.301 Price transparency; itemized patient statement or
495 bill; patient admission status notification.—

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



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505 may also include brochures, signage, or other forms of
506 communication for this purpose.

507 Section 9. Paragraphs (a), (b), (c), and (d) of subsection
508 (4) of section 400.9905, Florida Statutes, are amended to read:
509 400.9905 Definitions.—

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

516 (a) Entities licensed or registered by the state under
517 chapter 395; entities licensed or registered by the state and
518 providing only health care services within the scope of services
519 authorized under their respective licenses under ss. 383.30-
520 383.332, chapter 390, chapter 394, chapter 397, this chapter
521 except part X, chapter 429, chapter 463, chapter 465, chapter
522 466, chapter 478, chapter 484, or chapter 651; end-stage renal
523 disease providers authorized under 42 C.F.R. part 405, subpart
524 U; providers certified under 42 C.F.R. part 485, subpart B or
525 subpart H; providers certified by the Centers for Medicare and
526 Medicaid services under the federal Clinical Laboratory
527 Improvement Amendments and the federal rules adopted thereunder;
528 or any entity that provides neonatal or pediatric hospital-based
529 health care services or other health care services by licensed
530 practitioners solely within a hospital licensed under chapter
531 395.

532 (b) Entities that own, directly or indirectly, entities
533 licensed or registered by the state pursuant to chapter 395;



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534 entities that own, directly or indirectly, entities licensed or
535 registered by the state and providing only health care services
536 within the scope of services authorized pursuant to their
537 respective licenses under ss. 383.30-383.332, chapter 390,
538 chapter 394, chapter 397, this chapter except part X, chapter
539 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter
540 484, or chapter 651; end-stage renal disease providers
541 authorized under 42 C.F.R. part 405, subpart U; providers
542 certified under 42 C.F.R. part 485, subpart B or subpart H;
543 providers certified by the Centers for Medicare and Medicaid
544 services under the federal Clinical Laboratory Improvement
545 Amendments and the federal rules adopted thereunder; or any
546 entity that provides neonatal or pediatric hospital-based health
547 care services by licensed practitioners solely within a hospital
548 licensed under chapter 395.

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



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563 or any entity that provides neonatal or pediatric hospital-based
564 health care services by licensed practitioners solely within a
565 hospital under chapter 395.

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

584
585 Notwithstanding this subsection, an entity shall be deemed a
586 clinic and must be licensed under this part in order to receive
587 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.
588 627.730-627.7405, unless exempted under s. 627.736(5)(h).

589 Section 10. Section 542.336, Florida Statutes, is created
590 to read:

591 542.336 Invalid restrictive covenants.-A restrictive



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592 covenant entered into with a physician who is licensed under
593 chapter 458 or chapter 459 and who practices a medical specialty
594 in a county wherein one entity employs or contracts with, either
595 directly or through related or affiliated entities, all
596 physicians who practice such specialty in that county is not
597 supported by a legitimate business interest. The Legislature
598 finds that such covenants restrict patient access to physicians,
599 increase costs, and are void and unenforceable under current
600 law. Such restrictive covenants shall remain void and
601 unenforceable for 3 years after the date on which a second
602 entity that employs or contracts with, either directly or
603 through related or affiliated entities, one or more physicians
604 who practice such specialty begins offering such specialty
605 services in that county.

606 Section 11. Section 624.27, Florida Statutes, is amended to
607 read:

608 624.27 Direct health primary care agreements; exemption
609 from code.—

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

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

616 (b) "Health Primary care provider" means a health care
617 provider licensed under chapter 458, chapter 459, chapter 460,
618 ~~or~~ chapter 464, or chapter 466, or a health primary care group
619 practice, who provides health primary care services to patients.

620 (c) "Health Primary care services" means the screening,



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621 assessment, diagnosis, and treatment of a patient conducted
622 within the competency and training of the health ~~primary~~ care
623 provider for the purpose of promoting health or detecting and
624 managing disease or injury.

625 (2) A direct health ~~primary~~ care agreement does not
626 constitute insurance and is not subject to the Florida Insurance
627 Code. The act of entering into a direct health ~~primary~~ care
628 agreement does not constitute the business of insurance and is
629 not subject to the Florida Insurance Code.

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

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

636 (a) Be in writing.

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

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

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

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

649 (f) Specify the duration of the agreement and any automatic



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650 renewal provisions.

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

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

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

668 627.42393 Step-therapy protocol.-

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

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

676 (b) The insured provides documentation originating from the
677 health coverage plan that approved the prescription drug as
678 described in paragraph (a) indicating that the health coverage



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679 plan paid for the drug on the insured's behalf during the 90
680 days immediately before the request.

681 (2) As used in this section, the term "health coverage
682 plan" means any of the following which is currently or was
683 previously providing major medical or similar comprehensive
684 coverage or benefits to the insured:

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

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

689 (c) A multiple-employer welfare arrangement as defined in
690 s. 624.437.

691 (d) A governmental entity providing a plan of self-
692 insurance.

693 (3) This section does not require a health insurer to add a
694 drug to its prescription drug formulary or to cover a
695 prescription drug that the insurer does not otherwise cover.

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

698 641.31 Health maintenance contracts.—

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

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

706 2. The subscriber provides documentation originating from
707 the health coverage plan that approved the prescription drug as



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708 described in subparagraph 1. indicating that the health coverage
709 plan paid for the drug on the subscriber's behalf during the 90
710 days immediately before the request.

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

715 1. A health insurer or health maintenance organization;

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

719 3. A multiple-employer welfare arrangement as defined in s.
720 624.437; or

721 4. A governmental entity providing a plan of self-
722 insurance.

723 (c) This subsection does not require a health maintenance
724 organization to add a drug to its prescription drug formulary or
725 to cover a prescription drug that the health maintenance
726 organization does not otherwise cover.

727 Section 14. The Office of Program Policy Analysis and
728 Government Accountability shall research and analyze the
729 Interstate Medical Licensure Compact and the relevant
730 requirements and provisions of general law and the State
731 Constitution and shall develop a report and recommendations
732 addressing this state's prospective entrance into the compact as
733 a member state while remaining consistent with those
734 requirements and provisions. In conducting such research and
735 analysis, the office may consult with the executive director,
736 other executive staff, or the executive committee of the



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737 Interstate Medical Licensure Compact Commission. The office
738 shall submit the report and recommendations to the Governor, the
739 President of the Senate, and the Speaker of the House of
740 Representatives by not later than October 1, 2019.

741 Section 15. Except as otherwise expressly provided in this
742 act, and except for this section and s. 542.336, Florida
743 Statutes, as created by this act, which shall take effect upon
744 this act becoming a law, this act shall take effect July 1,
745 2019.

746
747 ===== T I T L E A M E N D M E N T =====

748 And the title is amended as follows:

749 Delete everything before the enacting clause
750 and insert:

751 A bill to be entitled
752 An act relating to health care; providing legislative
753 intent; creating s. 381.4019, F.S.; establishing the
754 Dental Student Loan Repayment Program to support
755 dentists who practice in public health programs
756 located in certain underserved areas; providing
757 definitions; requiring the Department of Health to
758 establish a dental student loan repayment program for
759 specified purposes; providing for the award of funds;
760 providing the maximum number of years for which funds
761 may be awarded; providing eligibility requirements;
762 requiring the department to adopt rules; specifying
763 that implementation of the program is subject to
764 legislative appropriation; creating s. 381.40195,
765 F.S.; providing a short title; providing definitions;



766 requiring the Department of Health to establish the
767 Donated Dental Services Program to provide
768 comprehensive dental care to certain eligible
769 individuals; requiring the department to contract with
770 a nonprofit organization to implement and administer
771 the program; specifying minimum contractual
772 responsibilities; requiring the department to adopt
773 rules; specifying that implementation of the program
774 is subject to legislative appropriation; amending s.
775 395.1012, F.S.; requiring a licensed hospital to
776 provide specified information and data relating to
777 patient safety and quality measures to a patient under
778 certain circumstances or to any person upon request;
779 creating s. 395.1052, F.S.; requiring a hospital to
780 notify a patient's primary care provider within a
781 specified timeframe after the patient's admission;
782 requiring a hospital to inform a patient, upon
783 admission, of the option to request consultation
784 between the hospital's treating physician and the
785 patient's primary care provider or specialist
786 provider; requiring a hospital to notify a patient's
787 primary care provider of the patient's discharge
788 within a specified timeframe after discharge;
789 requiring a hospital to provide specified information
790 and records to the primary care provider within a
791 specified timeframe after completion of the patient's
792 discharge summary; amending s. 395.002, F.S.; revising
793 the definition of the term "ambulatory surgical
794 center"; amending s. 395.1055, F.S.; requiring the



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795 Agency for Health Care Administration to adopt rules
796 that establish standards related to the delivery of
797 surgical care to children in ambulatory surgical
798 center; specifying that ambulatory surgical centers
799 may provide certain procedures only if authorized by
800 agency rule; authorizing the reimbursement of per diem
801 and travel expenses to members of the pediatric
802 cardiac technical advisory panel, established within
803 the Agency for Health Care Administration; revising
804 panel membership to include certain alternate at-large
805 members; providing term limits for voting members;
806 providing that members of the panel under certain
807 circumstances are agents of the state for a specified
808 purpose; requiring the Secretary of Health Care
809 Administration to consult the panel for advisory
810 recommendations on certain certificate of need
811 applications; authorizing the secretary to request
812 announced or unannounced site visits to any existing
813 pediatric cardiac surgical center or facility seeking
814 licensure as a pediatric cardiac surgical center
815 through the certificate of need process; providing a
816 process for the appointment of physician experts to a
817 site visit team; requiring each member of a site visit
818 team to submit a report to the panel; requiring the
819 panel to discuss such reports and present an advisory
820 opinion to the secretary; providing requirements for
821 an on-site inspection; requiring the Surgeon General
822 of the Department of Health to provide specified
823 reports to the secretary; amending. s. 395.301, F.S.;



824 requiring a licensed facility, upon placing a patient
825 on observation status, to immediately notify the
826 patient of such status using a specified form;
827 requiring that such notification be documented in the
828 patient's medical records and discharge papers;
829 amending s. 400.9905, F.S.; revising the definition of
830 the term "clinic" to exclude certain entities;
831 creating s. 542.336, F.S.; specifying that certain
832 restrictive covenants entered into with certain
833 physicians are not supported by legitimate business
834 interests; providing legislative findings; providing
835 that such restrictive covenants are void and remain
836 void and unenforceable for a specified period;
837 amending s. 624.27, F.S.; expanding the scope of
838 direct primary care agreements, which are renamed
839 "direct health care agreements"; conforming provisions
840 to changes made by the act; creating s. 627.42393,
841 F.S.; prohibiting certain health insurers from
842 employing step-therapy protocols under certain
843 circumstances; defining the term "health coverage
844 plan"; clarifying that a health insurer is not
845 required to take specific actions regarding
846 prescription drugs; amending s. 641.31, F.S.;
847 prohibiting certain health maintenance organizations
848 from employing step-therapy protocols under certain
849 circumstances; defining the term "health coverage
850 plan"; clarifying that a health maintenance
851 organization is not required to take specific actions
852 regarding prescription drugs; requiring the Office of



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853 Program Policy Analysis and Government Accountability
854 to submit by a specified date a report and
855 recommendations to the Governor and the Legislature
856 which addresses this state's prospective entrance into
857 the Interstate Medical Licensure Compact as a member
858 state; providing parameters for the report; providing
859 effective dates.