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CS/HB 843, Engrossed 1

2019 Legislature

1
2 An act relating to health care; providing legislative
3 intent; creating s. 381.4019, F.S.; establishing the
4 Dental Student Loan Repayment Program to support
5 dentists who practice in public health programs
6 located in certain underserved areas; providing
7 definitions; requiring the Department of Health to
8 establish a dental student loan repayment program for
9 specified purposes; providing for the award of funds;
10 providing the maximum number of years for which funds
11 may be awarded; providing eligibility requirements;
12 requiring the department to adopt rules; specifying
13 that implementation of the program is subject to
14 legislative appropriation; creating s. 381.40195,
15 F.S.; providing a short title; providing definitions;
16 requiring the Department of Health to establish the
17 Donated Dental Services Program to provide
18 comprehensive dental care to certain eligible
19 individuals; requiring the department to contract with
20 a nonprofit organization to implement and administer
21 the program; specifying minimum contractual
22 responsibilities; requiring the department to adopt
23 rules; specifying that implementation of the program
24 is subject to legislative appropriation; amending s.
25 395.1012, F.S.; requiring a licensed hospital to

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

26 provide specified information and data relating to
27 patient safety and quality measures to a patient under
28 certain circumstances or to any person upon request;
29 creating s. 395.1052, F.S.; requiring a hospital to
30 notify a patient's primary care provider within a
31 specified timeframe after the patient's admission;
32 requiring a hospital to inform a patient, upon
33 admission, of the option to request consultation
34 between the hospital's treating physician and the
35 patient's primary care provider or specialist
36 provider; requiring a hospital to notify a patient's
37 primary care provider of the patient's discharge
38 within a specified timeframe after discharge;
39 requiring a hospital to provide specified information
40 and records to the primary care provider within a
41 specified timeframe after completion of the patient's
42 discharge summary; amending s. 395.002, F.S.; revising
43 the definition of the term "ambulatory surgical
44 center"; amending s. 395.1055, F.S.; requiring the
45 Agency for Health Care Administration to adopt rules
46 that establish standards related to the delivery of
47 surgical care to children in ambulatory surgical
48 center; specifying that ambulatory surgical centers
49 may provide certain procedures only if authorized by
50 agency rule; authorizing the reimbursement of per diem

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

51 and travel expenses to members of the pediatric
52 cardiac technical advisory panel, established within
53 the Agency for Health Care Administration; revising
54 panel membership to include certain alternate at-large
55 members; providing term limits for voting members;
56 providing that members of the panel under certain
57 circumstances are agents of the state for a specified
58 purpose; requiring the Secretary of Health Care
59 Administration to consult the panel for advisory
60 recommendations on certain certificate of need
61 applications; authorizing the secretary to request
62 announced or unannounced site visits to any existing
63 pediatric cardiac surgical center or facility seeking
64 licensure as a pediatric cardiac surgical center
65 through the certificate of need process; providing a
66 process for the appointment of physician experts to a
67 site visit team; requiring each member of a site visit
68 team to submit a report to the panel; requiring the
69 panel to discuss such reports and present an advisory
70 opinion to the secretary; providing requirements for
71 an on-site inspection; requiring the Surgeon General
72 of the Department of Health to provide specified
73 reports to the secretary; amending. s. 395.301, F.S.;
74 requiring a licensed facility, upon placing a patient
75 on observation status, to immediately notify the

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

76 patient of such status using a specified form;
77 requiring that such notification be documented in the
78 patient's medical records and discharge papers;
79 amending s. 400.9905, F.S.; revising the definition of
80 the term "clinic" to exclude certain entities;
81 creating s. 542.336, F.S.; specifying that certain
82 restrictive covenants entered into with certain
83 physicians are not supported by legitimate business
84 interests; providing legislative findings; providing
85 that such restrictive covenants are void and remain
86 void and unenforceable for a specified period;
87 amending s. 624.27, F.S.; expanding the scope of
88 direct primary care agreements, which are renamed
89 "direct health care agreements"; conforming provisions
90 to changes made by the act; creating s. 627.42393,
91 F.S.; prohibiting certain health insurers from
92 employing step-therapy protocols under certain
93 circumstances; defining the term "health coverage
94 plan"; clarifying that a health insurer is not
95 required to take specific actions regarding
96 prescription drugs; amending s. 641.31, F.S.;
97 prohibiting certain health maintenance organizations
98 from employing step-therapy protocols under certain
99 circumstances; defining the term "health coverage
100 plan"; clarifying that a health maintenance

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

101 organization is not required to take specific actions
 102 regarding prescription drugs; requiring the Office of
 103 Program Policy Analysis and Government Accountability
 104 to submit by a specified date a report and
 105 recommendations to the Governor and the Legislature
 106 which addresses this state's prospective entrance into
 107 the Interstate Medical Licensure Compact as a member
 108 state; providing parameters for the report; providing
 109 effective dates.

110

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

112

113 Section 1. It is the intent of the Legislature to promote
 114 programs and initiatives that help make available preventive and
 115 educational dental services for the residents of the state, as
 116 well as provide quality dental treatment services. The
 117 geographic characteristics among the residents of the state are
 118 distinctive and vary from region to region, with such residents
 119 having unique needs regarding access to dental care. The
 120 Legislature recognizes that maintaining good oral health is
 121 integral to the overall health status of individuals and that
 122 the good health of the residents of this state is an important
 123 contributing factor in economic development. Better health,
 124 including better oral health, increases workplace productivity,
 125 reduces the burden of health care costs, and improves the

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

126 cognitive development of children, resulting in a reduction of
 127 missed school days.

128 Section 2. Section 381.4019, Florida Statutes, is created
 129 to read:

130 381.4019 Dental Student Loan Repayment Program.—The Dental
 131 Student Loan Repayment Program is established to promote access
 132 to dental care by supporting qualified dentists who treat
 133 medically underserved populations in dental health professional
 134 shortage areas or medically underserved areas.

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

136 (a) "Dental health professional shortage area" means a
 137 geographic area designated as such by the Health Resources and
 138 Services Administration of the United States Department of
 139 Health and Human Services.

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

141 (c) "Loan program" means the Dental Student Loan Repayment
 142 Program.

143 (d) "Medically underserved area" means a geographic area,
 144 an area having a special population, or a facility which is
 145 designated by department rule as a health professional shortage
 146 area as defined by federal regulation and which has a shortage
 147 of dental health professionals who serve Medicaid recipients and
 148 other low-income patients.

149 (e) "Public health program" means a county health
 150 department, the Children's Medical Services program, a federally

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

151 funded community health center, a federally funded migrant
152 health center, or other publicly funded or nonprofit health care
153 program designated by the department.

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

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

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

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

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

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

174 (e) The department shall limit the number of new dentists
175 participating in the loan program to not more than 10 per fiscal

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

176 year.

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

178 the loan program if the dentist:

179 (a) Is no longer employed by a public health program that

180 meets the requirements of subsection (2).

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

182 (c) Has disciplinary action taken against his or her

183 license by the Board of Dentistry for a violation of s. 466.028.

184 (5) The department shall adopt rules to administer the

185 loan program.

186 (6) Implementation of the loan program is subject to

187 legislative appropriation.

188 Section 3. Section 381.40195, Florida Statutes, is created

189 to read:

190 381.40195 Donated Dental Services Program.—

191 (1) This act may be cited as the "Donated Dental Services

192 Act."

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

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

195 (b) "Program" means the Donated Dental Services Program as

196 established pursuant to subsection (3).

197 (3) The department shall establish the Donated Dental

198 Services Program for the purpose of providing comprehensive

199 dental care through a network of volunteer dentists and other

200 dental providers to needy, disabled, elderly, and medically

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

201 compromised individuals who cannot afford necessary treatment
202 but are ineligible for public assistance. An eligible individual
203 may receive treatment in a volunteer dentist's or participating
204 dental provider's private office or at any other suitable
205 location. An eligible individual is not required to pay any fee
206 or cost associated with the treatment he or she receives.

207 (4) The department shall establish the program. The
208 department shall contract with a nonprofit organization that has
209 experience in providing similar services or administering
210 similar programs. The contract must specify the responsibilities
211 of the nonprofit organization, which may include, but are not
212 limited to:

213 (a) Maintaining a network of volunteer dentists and other
214 dental providers, including, but not limited to, dental
215 specialists and dental laboratories, to provide comprehensive
216 dental services to eligible individuals.

217 (b) Maintaining a system to refer eligible individuals to
218 the appropriate volunteer dentist or participating dental
219 provider.

220 (c) Developing a public awareness and marketing campaign
221 to promote the program and educate eligible individuals about
222 its availability and services.

223 (d) Providing the necessary administrative and technical
224 support to administer the program.

225 (e) Submitting an annual report to the department which

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

226 | must include, at a minimum:

227 | 1. Financial data relating to administering the program.

228 | 2. Demographic data and other information relating to the
 229 | eligible individuals who are referred to and receive treatment
 230 | through the program.

231 | 3. Demographic data and other information relating to the
 232 | volunteer dentists and participating dental providers who
 233 | provide dental services through the program.

234 | 4. Any other data or information that the department may
 235 | require.

236 | (f) Performing any other program-related duties and
 237 | responsibilities as required by the department.

238 | (5) The department shall adopt rules to administer the
 239 | program.

240 | (6) Implementation of the program is subject to
 241 | legislative appropriation.

242 | Section 4. Subsection (3) is added to section 395.1012,
 243 | Florida Statutes, to read:

244 | 395.1012 Patient safety.—

245 | (3)(a) Each hospital shall provide to any patient or
 246 | patient's representative identified pursuant to s. 765.401(1)
 247 | upon scheduling of nonemergency care, or to any other stabilized
 248 | patient or patient's representative identified pursuant to s.
 249 | 765.401(1) within 24 hours of the patient being stabilized or at
 250 | the time of discharge, whichever comes first, written

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

251 information on a form created by the agency which contains the
 252 following information available for the hospital for the most
 253 recent year and the statewide average for all hospitals related
 254 to the following quality measures:

- 255 1. The rate of hospital-acquired infections;
- 256 2. The overall rating of the Hospital Consumer Assessment
 257 of Healthcare Providers and Systems survey; and
- 258 3. The 15-day readmission rate.

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

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

266 Section 5. Section 395.1052, Florida Statutes, is created
 267 to read:

268 395.1052 Patient access to primary care and specialty
 269 providers; notification.—A hospital shall:

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

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

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

276 Upon the patient's request, the hospital's treating physician
277 shall make reasonable efforts to consult with the patient's
278 primary care provider or specialist provider when developing the
279 patient's plan of care.

280 (3) Notify the patient's primary care provider, if any, of
281 the patient's discharge from the hospital within 24 hours after
282 the discharge.

283 (4) Provide the discharge summary and any related
284 information or records to the patient's primary care provider,
285 if any, within 14 days after the patient's discharge summary has
286 been completed.

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

289 395.002 Definitions.—As used in this chapter:

290 (3) "Ambulatory surgical center" means a facility the
291 primary purpose of which is to provide elective surgical care,
292 in which the patient is admitted to and discharged from such
293 facility within 24 hours ~~the same working day and is not~~
294 ~~permitted to stay overnight~~, and which is not part of a
295 hospital. However, a facility existing for the primary purpose
296 of performing terminations of pregnancy, an office maintained by
297 a physician for the practice of medicine, or an office
298 maintained for the practice of dentistry may not be construed to
299 be an ambulatory surgical center, provided that any facility or
300 office which is certified or seeks certification as a Medicare

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

301 ambulatory surgical center shall be licensed as an ambulatory
 302 surgical center pursuant to s. 395.003.

303 Section 7. Section 395.1055, Florida Statutes, is amended
 304 to read:

305 395.1055 Rules and enforcement.—

306 (1) The agency shall adopt rules pursuant to ss.
 307 120.536(1) and 120.54 to implement the provisions of this part,
 308 which shall include reasonable and fair minimum standards for
 309 ensuring that:

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

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

316 (c) A comprehensive emergency management plan is prepared
 317 and updated annually. Such standards must be included in the
 318 rules adopted by the agency after consulting with the Division
 319 of Emergency Management. At a minimum, the rules must provide
 320 for plan components that address emergency evacuation
 321 transportation; adequate sheltering arrangements; postdisaster
 322 activities, including emergency power, food, and water;
 323 postdisaster transportation; supplies; staffing; emergency
 324 equipment; individual identification of residents and transfer
 325 of records, and responding to family inquiries. The

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

326 comprehensive emergency management plan is subject to review and
327 approval by the local emergency management agency. During its
328 review, the local emergency management agency shall ensure that
329 the following agencies, at a minimum, are given the opportunity
330 to review the plan: the Department of Elderly Affairs, the
331 Department of Health, the Agency for Health Care Administration,
332 and the Division of Emergency Management. Also, appropriate
333 volunteer organizations must be given the opportunity to review
334 the plan. The local emergency management agency shall complete
335 its review within 60 days and either approve the plan or advise
336 the facility of necessary revisions.

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

339 (e) Licensed facility beds conform to minimum space,
340 equipment, and furnishings standards as specified by the
341 department.

342 (f) All hospitals submit such data as necessary to conduct
343 certificate-of-need reviews required under part I of chapter
344 408. Such data shall include, but shall not be limited to,
345 patient origin data, hospital utilization data, type of service
346 reporting, and facility staffing data. The agency may not
347 collect data that identifies or could disclose the identity of
348 individual patients. The agency shall utilize existing uniform
349 statewide data sources when available and shall minimize
350 reporting costs to hospitals.

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

351 (g) Each hospital has a quality improvement program
352 designed according to standards established by their current
353 accrediting organization. This program will enhance quality of
354 care and emphasize quality patient outcomes, corrective action
355 for problems, governing board review, and reporting to the
356 agency of standardized data elements necessary to analyze
357 quality of care outcomes. The agency shall use existing data,
358 when available, and shall not duplicate the efforts of other
359 state agencies in order to obtain such data.

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

365 (i) All hospitals providing organ transplantation,
366 neonatal intensive care services, inpatient psychiatric
367 services, inpatient substance abuse services, or comprehensive
368 medical rehabilitation meet the minimum licensure requirements
369 adopted by the agency. Such licensure requirements must include
370 quality of care, nurse staffing, physician staffing, physical
371 plant, equipment, emergency transportation, and data reporting
372 standards.

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

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

376 (3) The agency shall adopt rules that establish minimum
 377 standards for pediatric patient care in ambulatory surgical
 378 centers to ensure the safe and effective delivery of surgical
 379 care to children in ambulatory surgical centers. Such standards
 380 must include quality of care, nurse staffing, physician
 381 staffing, and equipment standards. Ambulatory surgical centers
 382 may not provide operative procedures to children under 18 years
 383 of age which require a length of stay past midnight until such
 384 standards are established by rule.

385 (4)~~(3)~~ The agency shall adopt rules with respect to the
 386 care and treatment of patients residing in distinct part nursing
 387 units of hospitals which are certified for participation in
 388 Title XVIII (Medicare) and Title XIX (Medicaid) of the Social
 389 Security Act skilled nursing facility program. Such rules shall
 390 take into account the types of patients treated in hospital
 391 skilled nursing units, including typical patient acuity levels
 392 and the average length of stay in such units, and shall be
 393 limited to the appropriate portions of the Omnibus Budget
 394 Reconciliation Act of 1987 (Pub. L. No. 100-203) (December 22,
 395 1987), Title IV (Medicare, Medicaid, and Other Health-Related
 396 Programs), Subtitle C (Nursing Home Reform), as amended. The
 397 agency shall require level 2 background screening as specified
 398 in s. 408.809(1)(e) pursuant to s. 408.809 and chapter 435 for
 399 personnel of distinct part nursing units.

400 (5)~~(4)~~ The agency shall adopt rules with respect to the

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

401 care and treatment of clients in intensive residential treatment
402 programs for children and adolescents and with respect to the
403 safe and healthful development, operation, and maintenance of
404 such programs.

405 (6)~~(5)~~ The agency shall enforce the provisions of part I
406 of chapter 394, and rules adopted thereunder, with respect to
407 the rights, standards of care, and examination and placement
408 procedures applicable to patients voluntarily or involuntarily
409 admitted to hospitals providing psychiatric observation,
410 evaluation, diagnosis, or treatment.

411 (7)~~(6)~~ No rule shall be adopted under this part by the
412 agency which would have the effect of denying a license to a
413 facility required to be licensed under this part, solely by
414 reason of the school or system of practice employed or permitted
415 to be employed by physicians therein, provided that such school
416 or system of practice is recognized by the laws of this state.
417 However, nothing in this subsection shall be construed to limit
418 the powers of the agency to provide and require minimum
419 standards for the maintenance and operation of, and for the
420 treatment of patients in, those licensed facilities which
421 receive federal aid, in order to meet minimum standards related
422 to such matters in such licensed facilities which may now or
423 hereafter be required by appropriate federal officers or
424 agencies in pursuance of federal law or promulgated in pursuance
425 of federal law.

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

426 (8)~~(7)~~ Any licensed facility which is in operation at the
427 time of promulgation of any applicable rules under this part
428 shall be given a reasonable time, under the particular
429 circumstances, but not to exceed 1 year from the date of such
430 promulgation, within which to comply with such rules.

431 (9)~~(8)~~ The agency may not adopt any rule governing the
432 design, construction, erection, alteration, modification,
433 repair, or demolition of any public or private hospital,
434 intermediate residential treatment facility, or ambulatory
435 surgical center. It is the intent of the Legislature to preempt
436 that function to the Florida Building Commission and the State
437 Fire Marshal through adoption and maintenance of the Florida
438 Building Code and the Florida Fire Prevention Code. However, the
439 agency shall provide technical assistance to the commission and
440 the State Fire Marshal in updating the construction standards of
441 the Florida Building Code and the Florida Fire Prevention Code
442 which govern hospitals, intermediate residential treatment
443 facilities, and ambulatory surgical centers.

444 (10)~~(9)~~ The agency shall establish a pediatric cardiac
445 technical advisory panel, pursuant to s. 20.052, to develop
446 procedures and standards for measuring outcomes of pediatric
447 cardiac catheterization programs and pediatric cardiovascular
448 surgery programs.

449 (a) Members of the panel must have technical expertise in
450 pediatric cardiac medicine, shall serve without compensation,

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

451 and may ~~not~~ be reimbursed for per diem and travel expenses.

452 (b) Voting members of the panel shall include: 3 at-large
 453 members, and 3 alternate at-large members with different program
 454 affiliations, including 1 cardiologist who is board certified in
 455 caring for adults with congenital heart disease and 2 board-
 456 certified pediatric cardiologists, neither of whom may be
 457 employed by any of the hospitals specified in subparagraphs 1.-
 458 10. or their affiliates, each of whom is appointed by the
 459 Secretary of Health Care Administration, and 10 members, and an
 460 alternate for each member, each of whom is a pediatric
 461 cardiologist or a pediatric cardiovascular surgeon, each
 462 appointed by the chief executive officer of the following
 463 hospitals:

- 464 1. Johns Hopkins All Children's Hospital in St.
 465 Petersburg.
- 466 2. Arnold Palmer Hospital for Children in Orlando.
- 467 3. Joe DiMaggio Children's Hospital in Hollywood.
- 468 4. Nicklaus Children's Hospital in Miami.
- 469 5. St. Joseph's Children's Hospital in Tampa.
- 470 6. University of Florida Health Shands Hospital in
 471 Gainesville.
- 472 7. University of Miami Holtz Children's Hospital in Miami.
- 473 8. Wolfson Children's Hospital in Jacksonville.
- 474 9. Florida Hospital for Children in Orlando.
- 475 10. Nemours Children's Hospital in Orlando.

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

476
 477 Appointments made under subparagraphs 1.-10. are contingent upon
 478 the hospital's maintenance of pediatric certificates of need and
 479 the hospital's compliance with this section and rules adopted
 480 thereunder, as determined by the Secretary of Health Care
 481 Administration. A member appointed under subparagraphs 1.-10.
 482 whose hospital fails to maintain such certificates or comply
 483 with standards may serve only as a nonvoting member until the
 484 hospital restores such certificates or complies with such
 485 standards. A voting member may serve a maximum of two 2-year
 486 terms and may be reappointed to the panel after being retired
 487 from the panel for a full 2-year term.

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

- 491 1. The Secretary of Health Care Administration.
- 492 2. The Surgeon General.
- 493 3. The Deputy Secretary of Children's Medical Services.
- 494 4. Any current or past Division Director of Children's
 495 Medical Services.
- 496 5. A parent of a child with congenital heart disease.
- 497 6. An adult with congenital heart disease.
- 498 7. A representative from each of the following
 499 organizations: the Florida Chapter of the American Academy of
 500 Pediatrics, the Florida Chapter of the American College of

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

501 Cardiology, the Greater Southeast Affiliate of the American
 502 Heart Association, the Adult Congenital Heart Association, the
 503 March of Dimes, the Florida Association of Children's Hospitals,
 504 and the Florida Society of Thoracic and Cardiovascular Surgeons.

505 (d) The panel shall meet biannually, or more frequently
 506 upon the call of the Secretary of Health Care Administration.
 507 Such meetings may be conducted telephonically, or by other
 508 electronic means.

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

513 (f) Beginning on January 1, 2020, and annually thereafter,
 514 the panel shall submit a report to the Governor, the President
 515 of the Senate, the Speaker of the House of Representatives, the
 516 Secretary of Health Care Administration, and the State Surgeon
 517 General. The report must summarize the panel's activities during
 518 the preceding fiscal year and include data and performance
 519 measures on surgical morbidity and mortality for all pediatric
 520 cardiac programs.

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

524 (11) The Secretary of Health Care Administration shall
 525 consult the pediatric cardiac technical advisory panel for an

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

526 advisory recommendation on any certificate of need applications
 527 to establish pediatric cardiac surgical centers.

528 (12)~~(10)~~ Based on the recommendations of the pediatric
 529 cardiac technical advisory panel ~~in subsection (9)~~, the agency
 530 shall adopt rules for pediatric cardiac programs which, at a
 531 minimum, include:

532 (a) Standards for pediatric cardiac catheterization
 533 services and pediatric cardiovascular surgery including quality
 534 of care, personnel, physical plant, equipment, emergency
 535 transportation, data reporting, and appropriate operating hours
 536 and timeframes for mobilization for emergency procedures.

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

539 (c) Specific steps to be taken by the agency and licensed
 540 facilities when the facilities do not meet the outcome standards
 541 within a specified time, including time required for detailed
 542 case reviews and the development and implementation of
 543 corrective action plans.

544 (13)~~(11)~~ A pediatric cardiac program shall:

545 (a) Have a pediatric cardiology clinic affiliated with a
 546 hospital licensed under this chapter.

547 (b) Have a pediatric cardiac catheterization laboratory
 548 and a pediatric cardiovascular surgical program located in the
 549 hospital.

550 (c) Have a risk adjustment surgical procedure protocol

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

551 following the guidelines established by the Society of Thoracic
552 Surgeons.

553 (d) Have quality assurance and quality improvement
554 processes in place to enhance clinical operation and patient
555 satisfaction with services.

556 (e) Participate in the clinical outcome reporting systems
557 operated by the Society of Thoracic Surgeons and the American
558 College of Cardiology.

559 (14) (a) The Secretary of Health Care Administration may
560 request announced or unannounced site visits to any existing
561 pediatric cardiac surgical center or facility seeking licensure
562 as a pediatric cardiac surgical center through the certificate
563 of need process, to ensure compliance with this section and
564 rules adopted hereunder.

565 (b) At the request of the Secretary of Health Care
566 Administration, the pediatric cardiac technical advisory panel
567 shall recommend in-state physician experts to conduct an on-site
568 visit. The Secretary may also appoint up to two out-of-state
569 physician experts.

570 (c) A site visit team shall conduct an on-site inspection
571 of the designated hospital's pediatric medical and surgical
572 programs, and each member shall submit a written report of his
573 or her findings to the panel. The panel shall discuss the
574 written reports and present an advisory opinion to the Secretary
575 of Health Care Administration which includes recommendations and

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

576 | any suggested actions for correction.

577 | (d) Each on-site inspection must include all of the

578 | following:

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

580 | clinics, and laboratories.

581 | 2. Interviews with support staff and hospital

582 | administrators.

583 | 3. A review of:

584 | a. Randomly selected medical records and reports,

585 | including, but not limited to, advanced cardiac imaging,

586 | computed tomography, magnetic resonance imaging, cardiac

587 | ultrasound, cardiac catheterization, and surgical operative

588 | notes.

589 | b. The program's clinical outcome data submitted to the

590 | Society of Thoracic Surgeons and the American College of

591 | Cardiology pursuant to s. 408.05(3)(k).

592 | c. Mortality reports from cardiac-related deaths that

593 | occurred in the previous year.

594 | d. Program volume data from the preceding year for

595 | interventional and electrophysiology catheterizations and

596 | surgical procedures.

597 | (15) The Surgeon General shall provide quarterly reports

598 | to the Secretary of Health Care Administration consisting of

599 | data from the Children's Medical Services' critical congenital

600 | heart disease screening program for review by the advisory

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

601 panel.

602 ~~(16)(12)~~ The agency may adopt rules to administer the
603 requirements of part II of chapter 408.

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

606 395.301 Price transparency; itemized patient statement or
607 bill; patient admission status notification.—

608 (3) If a licensed facility places a patient on observation
609 status rather than inpatient status, the licensed facility must
610 immediately notify the patient of such status using the form
611 adopted under 42 C.F.R. s. 489.20 for Medicare patients or a
612 form adopted by agency rule for non-Medicare patients. Such
613 notification must ~~observation services shall~~ be documented in
614 the patient's medical records and discharge papers. The ~~patient~~
615 ~~or the patient's~~ survivor or legal guardian must ~~shall~~ be
616 notified of observation services through discharge papers, which
617 may also include brochures, signage, or other forms of
618 communication for this purpose.

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

621 400.9905 Definitions.—

622 (4) "Clinic" means an entity where health care services
623 are provided to individuals and which tenders charges for
624 reimbursement for such services, including a mobile clinic and a
625 portable equipment provider. As used in this part, the term does

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

626 | not include and the licensure requirements of this part do not
627 | apply to:

628 | (a) Entities licensed or registered by the state under
629 | chapter 395; entities licensed or registered by the state and
630 | providing only health care services within the scope of services
631 | authorized under their respective licenses under ss. 383.30-
632 | 383.332, chapter 390, chapter 394, chapter 397, this chapter
633 | except part X, chapter 429, chapter 463, chapter 465, chapter
634 | 466, chapter 478, chapter 484, or chapter 651; end-stage renal
635 | disease providers authorized under 42 C.F.R. part 405, subpart
636 | U; providers certified under 42 C.F.R. part 485, subpart B or
637 | subpart H; providers certified by the Centers for Medicare and
638 | Medicaid services under the federal Clinical Laboratory
639 | Improvement Amendments and the federal rules adopted thereunder;
640 | or any entity that provides neonatal or pediatric hospital-based
641 | health care services or other health care services by licensed
642 | practitioners solely within a hospital licensed under chapter
643 | 395.

644 | (b) Entities that own, directly or indirectly, entities
645 | licensed or registered by the state pursuant to chapter 395;
646 | entities that own, directly or indirectly, entities licensed or
647 | registered by the state and providing only health care services
648 | within the scope of services authorized pursuant to their
649 | respective licenses under ss. 383.30-383.332, chapter 390,
650 | chapter 394, chapter 397, this chapter except part X, chapter

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

651 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter
652 484, or chapter 651; end-stage renal disease providers
653 authorized under 42 C.F.R. part 405, subpart U; providers
654 certified under 42 C.F.R. part 485, subpart B or subpart H;
655 providers certified by the Centers for Medicare and Medicaid
656 services under the federal Clinical Laboratory Improvement
657 Amendments and the federal rules adopted thereunder; or any
658 entity that provides neonatal or pediatric hospital-based health
659 care services by licensed practitioners solely within a hospital
660 licensed under chapter 395.

661 (c) Entities that are owned, directly or indirectly, by an
662 entity licensed or registered by the state pursuant to chapter
663 395; entities that are owned, directly or indirectly, by an
664 entity licensed or registered by the state and providing only
665 health care services within the scope of services authorized
666 pursuant to their respective licenses under ss. 383.30-383.332,
667 chapter 390, chapter 394, chapter 397, this chapter except part
668 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter
669 478, chapter 484, or chapter 651; end-stage renal disease
670 providers authorized under 42 C.F.R. part 405, subpart U;
671 providers certified under 42 C.F.R. part 485, subpart B or
672 subpart H; providers certified by the Centers for Medicare and
673 Medicaid services under the federal Clinical Laboratory
674 Improvement Amendments and the federal rules adopted thereunder;
675 or any entity that provides neonatal or pediatric hospital-based

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

676 health care services by licensed practitioners solely within a
 677 hospital under chapter 395.

678 (d) Entities that are under common ownership, directly or
 679 indirectly, with an entity licensed or registered by the state
 680 pursuant to chapter 395; entities that are under common
 681 ownership, directly or indirectly, with an entity licensed or
 682 registered by the state and providing only health care services
 683 within the scope of services authorized pursuant to their
 684 respective licenses under ss. 383.30-383.332, chapter 390,
 685 chapter 394, chapter 397, this chapter except part X, chapter
 686 429, chapter 463, chapter 465, chapter 466, chapter 478, chapter
 687 484, or chapter 651; end-stage renal disease providers
 688 authorized under 42 C.F.R. part 405, subpart U; providers
 689 certified under 42 C.F.R. part 485, subpart B or subpart H;
 690 providers certified by the Centers for Medicare and Medicaid
 691 services under the federal Clinical Laboratory Improvement
 692 Amendments and the federal rules adopted thereunder; or any
 693 entity that provides neonatal or pediatric hospital-based health
 694 care services by licensed practitioners solely within a hospital
 695 licensed under chapter 395.

696
 697 Notwithstanding this subsection, an entity shall be deemed a
 698 clinic and must be licensed under this part in order to receive
 699 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.
 700 627.730-627.7405, unless exempted under s. 627.736(5)(h).

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

701 Section 10. Section 542.336, Florida Statutes, is created
702 to read:

703 542.336 Invalid restrictive covenants.—A restrictive
704 covenant entered into with a physician who is licensed under
705 chapter 458 or chapter 459 and who practices a medical specialty
706 in a county wherein one entity employs or contracts with, either
707 directly or through related or affiliated entities, all
708 physicians who practice such specialty in that county is not
709 supported by a legitimate business interest. The Legislature
710 finds that such covenants restrict patient access to physicians,
711 increase costs, and are void and unenforceable under current
712 law. Such restrictive covenants shall remain void and
713 unenforceable for 3 years after the date on which a second
714 entity that employs or contracts with, either directly or
715 through related or affiliated entities, one or more physicians
716 who practice such specialty begins offering such specialty
717 services in that county.

718 Section 11. Section 624.27, Florida Statutes, is amended
719 to read:

720 624.27 Direct health ~~primary~~ care agreements; exemption
721 from code.—

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

723 (a) "Direct health ~~primary~~ care agreement" means a
724 contract between a health ~~primary~~ care provider and a patient, a
725 patient's legal representative, or a patient's employer, which

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

726 | meets the requirements of subsection (4) and does not indemnify
 727 | for services provided by a third party.

728 | (b) "Health Primary care provider" means a health care
 729 | provider licensed under chapter 458, chapter 459, chapter 460,
 730 | ~~or~~ chapter 464, or chapter 466, or a health primary care group
 731 | practice, who provides health primary care services to patients.

732 | (c) "Health Primary care services" means the screening,
 733 | assessment, diagnosis, and treatment of a patient conducted
 734 | within the competency and training of the health primary care
 735 | provider for the purpose of promoting health or detecting and
 736 | managing disease or injury.

737 | (2) A direct health primary care agreement does not
 738 | constitute insurance and is not subject to the Florida Insurance
 739 | Code. The act of entering into a direct health primary care
 740 | agreement does not constitute the business of insurance and is
 741 | not subject to the Florida Insurance Code.

742 | (3) A health primary care provider or an agent of a health
 743 | ~~primary~~ care provider is not required to obtain a certificate of
 744 | authority or license under the Florida Insurance Code to market,
 745 | sell, or offer to sell a direct health primary care agreement.

746 | (4) For purposes of this section, a direct health primary
 747 | care agreement must:

748 | (a) Be in writing.

749 | (b) Be signed by the health primary care provider or an
 750 | agent of the health primary care provider and the patient, the

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

751 patient's legal representative, or the patient's employer.

752 (c) Allow a party to terminate the agreement by giving the
753 other party at least 30 days' advance written notice. The
754 agreement may provide for immediate termination due to a
755 violation of the physician-patient relationship or a breach of
756 the terms of the agreement.

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

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

761 (f) Specify the duration of the agreement and any
762 automatic renewal provisions.

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

767 (h) Contain, in contrasting color and in at least 12-point
768 type, the following statement on the signature page: "This
769 agreement is not health insurance and the health ~~primary~~ care
770 provider will not file any claims against the patient's health
771 insurance policy or plan for reimbursement of any health ~~primary~~
772 care services covered by the agreement. This agreement does not
773 qualify as minimum essential coverage to satisfy the individual
774 shared responsibility provision of the Patient Protection and
775 Affordable Care Act, 26 U.S.C. s. 5000A. This agreement is not

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

776 workers' compensation insurance and does not replace an
777 employer's obligations under chapter 440."

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

780 627.42393 Step-therapy protocol.-

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

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

788 (b) The insured provides documentation originating from
789 the health coverage plan that approved the prescription drug as
790 described in paragraph (a) indicating that the health coverage
791 plan paid for the drug on the insured's behalf during the 90
792 days immediately before the request.

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

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

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

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

801 (c) A multiple-employer welfare arrangement as defined in
 802 s. 624.437.

803 (d) A governmental entity providing a plan of self-
 804 insurance.

805 (3) This section does not require a health insurer to add
 806 a drug to its prescription drug formulary or to cover a
 807 prescription drug that the insurer does not otherwise cover.

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

810 641.31 Health maintenance contracts.—

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

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

818 2. The subscriber provides documentation originating from
 819 the health coverage plan that approved the prescription drug as
 820 described in subparagraph 1. indicating that the health coverage
 821 plan paid for the drug on the subscriber's behalf during the 90
 822 days immediately before the request.

823 (b) As used in this subsection, the term "health coverage
 824 plan" means any of the following which previously provided or is
 825 currently providing major medical or similar comprehensive

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

826 | coverage or benefits to the subscriber:

827 | 1. A health insurer or health maintenance organization;

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

831 | 3. A multiple-employer welfare arrangement as defined in
 832 | s. 624.437; or

833 | 4. A governmental entity providing a plan of self-
 834 | insurance.

835 | (c) This subsection does not require a health maintenance
 836 | organization to add a drug to its prescription drug formulary or
 837 | to cover a prescription drug that the health maintenance
 838 | organization does not otherwise cover.

839 | Section 14. The Office of Program Policy Analysis and
 840 | Government Accountability shall research and analyze the
 841 | Interstate Medical Licensure Compact and the relevant
 842 | requirements and provisions of general law and the State
 843 | Constitution and shall develop a report and recommendations
 844 | addressing this state's prospective entrance into the compact as
 845 | a member state while remaining consistent with those
 846 | requirements and provisions. In conducting such research and
 847 | analysis, the office may consult with the executive director,
 848 | other executive staff, or the executive committee of the
 849 | Interstate Medical Licensure Compact Commission. The office
 850 | shall submit the report and recommendations to the Governor, the

ENROLLED

CS/HB 843, Engrossed 1

2019 Legislature

851 President of the Senate, and the Speaker of the House of
852 Representatives by not later than October 1, 2019.

853 Section 15. Except as otherwise expressly provided in this
854 act, and except for this section and s. 542.336, Florida
855 Statutes, as created by this act, which shall take effect upon
856 this act becoming a law, this act shall take effect July 1,
857 2019.