

By the Committees on Appropriations; and Health Policy; and
Senators Burgess and Book

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1 A bill to be entitled
2 An act relating to the Florida Birth-Related
3 Neurological Injury Compensation Plan; amending s.
4 766.301, F.S.; revising legislative intent; amending
5 s. 766.303, F.S.; requiring the Florida Birth-Related
6 Neurological Injury Compensation Association to
7 administer the Florida Birth-Related Neurological
8 Injury Compensation Plan in a specified manner;
9 amending s. 766.305, F.S.; requiring that, if a
10 physician is involved in more than one filed claim,
11 the Division of Medical Quality Assurance of the
12 Department of Health review all such claims together
13 when making certain determinations; amending s.
14 766.31, F.S.; revising requirements for the award for
15 compensation for claims under the plan; increasing the
16 maximum amount that may be awarded to the parents or
17 legal guardians of an infant found to have sustained a
18 birth-related neurological injury, as of a specified
19 date; requiring that the maximum award amount be
20 increased by a certain percentage annually; requiring
21 the plan to provide retroactive payments to certain
22 parents or legal guardians which are sufficient to
23 bring the total award to a specified amount;
24 authorizing such payments to be made in a lump sum or
25 periodically; increasing the amount of the death
26 benefit that must be awarded; requiring the plan to
27 act on a request for payment of expenses within a
28 specified timeframe; requiring parents or legal
29 guardians, or their designee, to submit any additional

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30 information or documentation requested by the plan
31 within a specified timeframe; requiring the plan to
32 pay or deny a request within a specified timeframe;
33 providing that failure to pay or deny the claim within
34 a specified timeframe results in an uncontestable
35 obligation to pay the claim; amending s. 766.313,
36 F.S.; revising the timeframe within which birth-
37 related neurological injury compensation claims must
38 be filed; creating s. 766.3135, F.S.; providing that
39 the Florida Birth-Related Neurological Injury
40 Compensation Association is responsible for
41 reimbursing parents and legal guardians for actual
42 expenses for medically necessary and reasonable
43 services for an injured child; prohibiting the
44 association from holding itself out as the payor of
45 last resort for services under the plan; requiring the
46 association to reimburse parents and legal guardians
47 for services, drugs, equipment, or treatment at a
48 reasonable rate if they submit a certain letter of
49 medical necessity; authorizing the association to
50 establish an independent review process for such
51 reimbursement; requiring parents and legal guardians
52 to submit a certain report to the association for
53 reimbursement of experimental treatments, therapies,
54 or programs; authorizing the association to use its
55 review process to make certain determinations
56 regarding such reimbursement; requiring the
57 association to reimburse parents and legal guardians
58 for experimental treatments, therapies, and programs

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59 under certain circumstances; specifying expenses for
60 which parents and legal guardians are eligible to
61 receive reimbursement; providing duties for the
62 association; amending s. 766.314, F.S.; beginning on a
63 specified date, requiring the annual assessments
64 imposed on physicians and certain entities
65 participating in the plan to be increased by a certain
66 percentage annually; creating s. 766.3145, F.S.;

67 requiring association employees to annually sign and
68 submit a conflict-of-interest statement as a condition
69 of employment; requiring prospective employees to sign
70 and submit such statement as a condition of
71 employment; providing that the executive director, the
72 ombudsman, senior managers, and the board of directors
73 are subject to specified provisions; prohibiting board
74 members from voting on measures under certain
75 circumstances; providing procedures and requirements
76 for board members who have a conflict of interest;
77 requiring the executive director, senior managers, and
78 board members to file certain disclosures; requiring
79 the executive director or his or her designee to
80 notify specified individuals of the reporting
81 requirements; requiring the executive director or his
82 or her designee to submit, at least quarterly, a list
83 of specified individuals to the Commission on Ethics;
84 prohibiting employees and board members from accepting
85 gifts or expenditures from certain individuals;
86 providing penalties; prohibiting certain senior
87 managers and executive directors from representing

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88 persons or entities before the association for a
89 specified timeframe; amending s. 766.315, F.S.;
90 revising membership of the plan's board of directors;
91 prohibiting certain appointed directors from voting on
92 board matters relating to a claim if they were named
93 in the petition for the claim; requiring the board of
94 directors to employ an ombudsman for a specified
95 purpose; providing duties of the ombudsman; requiring
96 the association to submit an annual report to the
97 Governor and the Legislature by a specified date;
98 providing requirements for the report; requiring that
99 the first report include a certain actuarial report;
100 providing requirements for the actuarial report;
101 requiring the Auditor General to conduct a performance
102 audit of the association and plan; providing
103 requirements for the audit; requiring the Auditor
104 General to release the audit by a specified date;
105 providing for future repeal; providing applicability;
106 providing an effective date.

107
108 Be It Enacted by the Legislature of the State of Florida:

109
110 Section 1. Subsection (2) of section 766.301, Florida
111 Statutes, is amended to read:

112 766.301 Legislative findings and intent.—

113 (2) It is the intent of the Legislature to provide
114 compensation, on a no-fault basis, for a limited class of
115 catastrophic injuries that result in unusually high costs for
116 custodial care and rehabilitation. This plan shall apply only to

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117 birth-related neurological injuries and is not intended to serve
118 as the payor of last resort for claims arising out of such
119 injuries. It is not the intent of the Legislature to shield
120 physicians who engage in willful misconduct, gross negligence,
121 or recklessness or to preclude individuals from filing
122 legitimate claims of medical malpractice against such
123 physicians.

124 Section 2. Subsection (4) is added to section 766.303,
125 Florida Statutes, to read:

126 766.303 Florida Birth-Related Neurological Injury
127 Compensation Plan; exclusiveness of remedy.—

128 (4) The Florida Birth-Related Neurological Injury
129 Compensation Association shall administer the plan in a manner
130 that promotes and protects the health and best interests of
131 children with birth-related neurological injuries who have been
132 accepted into the plan, and the association shall strive to
133 ensure that all of their medically reasonable needs are being
134 met.

135 Section 3. Subsection (5) of section 766.305, Florida
136 Statutes, is amended to read:

137 766.305 Filing of claims and responses; medical
138 disciplinary review.—

139 (5) Upon receipt of such petition, the Division of Medical
140 Quality Assurance shall review the information therein and
141 determine whether it involved conduct by a physician licensed
142 under chapter 458 or an osteopathic physician licensed under
143 chapter 459 which ~~that~~ is subject to disciplinary action. If a
144 physician is involved in more than one filed claim, the division
145 also must review the circumstances of all such claims together

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146 to determine whether the physician's conduct establishes a
147 pattern of practice subject to disciplinary action. Section
148 456.073 applies in such cases, ~~in which case the provisions of~~
149 ~~s. 456.073 shall apply.~~

150 Section 4. Subsections (1) and (2) of section 766.31,
151 Florida Statutes, are amended to read:

152 766.31 Administrative law judge awards for birth-related
153 neurological injuries; notice of award.—

154 (1) Upon determining that an infant has sustained a birth-
155 related neurological injury and that obstetrical services were
156 delivered by a participating physician at the birth, the
157 administrative law judge shall make an award providing
158 compensation for the following items relative to such injury:

159 (a) Actual expenses for medically necessary and reasonable
160 medical and hospital, habilitative and training, family
161 residential or custodial care, professional residential, and
162 custodial care and service, for medically necessary drugs,
163 special equipment, and facilities, and for related travel. At a
164 minimum, compensation must be provided for the following actual
165 expenses:

166 1. Diapers and baby formula for the infant from the time of
167 birth and pureed baby food or other baby food for the infant at
168 the appropriate age or developmental stage.

169 2. A total annual benefit of up to \$5,000 for immediate
170 family members who reside with the infant for psychotherapeutic
171 services obtained from providers licensed under chapter 490 or
172 chapter 491.

173 3. Transportation reimbursement for all necessary trips to
174 the pharmacy each month for prescription fills for the infant.

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175 (b) However, the following expenses are not subject to
176 compensation such expenses shall not include:

177 1. Expenses for items or services that the infant has
178 received, or is entitled to receive, under the laws of any state
179 or the Federal Government, except to the extent such exclusion
180 may be prohibited by federal law.

181 2. Expenses for items or services that the infant has
182 received, or is contractually entitled to receive, from any
183 prepaid health plan, health maintenance organization, or other
184 private insuring entity.

185 3. Expenses for which the infant has received
186 reimbursement, or for which the infant is entitled to receive
187 reimbursement, under the laws of any state or the Federal
188 Government, except to the extent such exclusion may be
189 prohibited by federal law.

190 4. Expenses for which the infant has received
191 reimbursement, or for which the infant is contractually entitled
192 to receive reimbursement, pursuant to the provisions of any
193 health or sickness insurance policy or other private insurance
194 program.

195 (c) Expenses included under this paragraph (a) may not
196 exceed shall be limited to reasonable charges prevailing in the
197 same community for similar treatment of injured persons when
198 such treatment is paid for by the injured person.

199 (d) 1.a. (b) 1. Periodic payments of an award to the parents
200 or legal guardians of the infant found to have sustained a
201 birth-related neurological injury, which award may shall not
202 exceed \$100,000. However, at the discretion of the
203 administrative law judge, such award may be made in a lump sum.

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204 Beginning on January 1, 2021, the award may not exceed \$250,000,
205 and each January 1 thereafter the maximum award authorized under
206 this paragraph shall increase by 3 percent.

207 b. Parents or legal guardians who received an award
208 pursuant to this section before January 1, 2021, and whose child
209 currently receives benefits under the plan must receive a
210 retroactive payment in an amount sufficient to bring the total
211 award paid to the parents or legal guardians pursuant to sub-
212 paragraph a. to \$250,000. This additional payment may be made
213 in a lump sum or in periodic payments as designated by the
214 parents or legal guardians.

215 2. Death benefit for the infant in an amount of \$50,000
216 \$10,000.

217 (e)~~(e)~~ Reasonable expenses incurred in connection with the
218 filing of a claim under ss. 766.301-766.316, including
219 reasonable attorney ~~attorney's~~ fees, which are ~~shall be~~ subject
220 to the approval and award of the administrative law judge. In
221 determining an award for attorney ~~attorney's~~ fees, the
222 administrative law judge shall consider the following factors:

223 1. The time and labor required, the novelty and difficulty
224 of the questions involved, and the skill requisite to perform
225 the legal services properly.

226 2. The fee customarily charged in the locality for similar
227 legal services.

228 3. The time limitations imposed by the claimant or the
229 circumstances.

230 4. The nature and length of the professional relationship
231 with the claimant.

232 5. The experience, reputation, and ability of the lawyer or

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233 lawyers performing services.

234 6. The contingency or certainty of a fee.

235
236 Should there be a final determination of compensability, and the
237 claimants accept an award under this section, the claimants are
238 ~~shall~~ not be liable for any expenses, including attorney
239 ~~attorney's~~ fees, incurred in connection with the filing of a
240 claim under ss. 766.301-766.316 other than those expenses
241 awarded under this section.

242 (2) The award shall require the immediate payment of
243 expenses previously incurred and shall require that future
244 expenses be paid as incurred.

245 (a) Within 20 days after the receipt of a request for
246 payment of expenses, the plan must pay the expenses or notify
247 the parents or legal guardians, or their designee, that specific
248 additional information or documentation is needed to evaluate
249 the request or that the request for payment of the expenses is
250 being denied.

251 (b) Parents or legal guardians, or their designee, must
252 submit any additional information or documentation requested by
253 the plan within 35 days after receipt of the notification by the
254 plan that additional information or documentation is needed.
255 Additional information is considered submitted on the date it is
256 mailed or electronically submitted to the plan.

257 (c) A request for payment of expenses must be paid or
258 denied within 90 days after receipt of the request. Failure to
259 pay or deny the claim within 120 days after receipt of the
260 request creates an uncontestable obligation to pay the expenses.

261 Section 5. Section 766.313, Florida Statutes, is amended to

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262 read:

263 766.313 Limitation on claim.—Any claim for compensation
264 under ss. 766.301-766.316 which ~~that~~ is filed more than 8 5
265 years after the birth of an infant alleged to have a birth-
266 related neurological injury is ~~shall be~~ barred.

267 Section 6. Section 766.3135, Florida Statutes, is created
268 to read:

269 766.3135 Plan services.—

270 (1) Pursuant to an award under s. 766.31(1), the
271 association is responsible for reimbursement of actual expenses
272 for medically necessary and reasonable services for a child
273 under the plan. The plan is not intended to serve as the payor
274 of last resort and the association may not hold itself out as
275 such.

276 (a) The association must reimburse the parents or legal
277 guardians of a child under the plan for any service, drug,
278 equipment, or treatment at a reasonable rate if they submit a
279 letter of medical necessity from the child's physician or other
280 treating health care provider for such service, drug, equipment,
281 or treatment.

282 (b) The association may establish an independent review
283 process that uses medical experts to review such requests after
284 reimbursement to determine whether the physician's or health
285 care provider's determination of medical necessity was
286 reasonable. If the review finds that such determination was not
287 reasonable, the association may ask the parents or legal
288 guardians to provide a letter of medical necessity from a second
289 health care provider. If such letter is provided, the
290 association may not take further action. If the parents or legal

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291 guardians are unable to provide a second letter, the association
292 may debit the reimbursement from future reimbursements.

293 (c) For experimental treatments, therapies, or programs,
294 the parents or legal guardians of the child must submit a report
295 of medical necessity from the physician or other health care
296 provider which details the medical necessity for the
297 experimental treatment, therapy, or program and provides proof
298 that it has shown objective, observable, and demonstrable
299 medical benefits to other patients similarly situated to the
300 child under the plan. The association may use its review process
301 established under paragraph (b) to conclude whether the report
302 reasonably supports the determination of medical necessity. If
303 the review finds that such determination is not reasonable, the
304 association may require the parents or legal guardians to
305 provide a second report from a different health care provider.
306 If such report is provided, the association must reimburse the
307 parents or legal guardians for the experimental treatment,
308 therapy, or program, as applicable. If the parents or legal
309 guardians are unable to provide a second report, the association
310 is not required to provide reimbursement.

311 (2) Parents or legal guardians of a child under the plan
312 are eligible for reimbursement of expenses for any of the
313 following, at a minimum:

314 (a) Medical, dental, and hospital care; habilitative
315 services and training; mental health services; music or art
316 therapy; family residential or custodial care; and professional
317 residential and custodial care and services. Reimbursement for
318 private nursing services or attendant care under this paragraph
319 must be provided at a rate at least equal to the state or

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320 federal minimum wage, whichever is greater, and must be
321 reimbursed at the same rate regardless of the setting in which
322 the services or care is provided.

323 (b) Medically necessary drugs, special equipment, and
324 facilities.

325 (c) Family support services for immediate family members
326 living with the child, including, but not limited to, mental
327 health services.

328 (d) Travel expenses related to the child's care. The
329 association may not limit the amount or type of travel which may
330 be reimbursed or differentiate reimbursement rates based on the
331 purpose of such travel, provided that it is related to the
332 child's care.

333 (e) Entertainment and other promotion of the child's mental
334 and emotional well-being. The parents or legal guardians of the
335 child are entitled to a reimbursement of at least \$1,500 per
336 year under this paragraph.

337 (f) Nutrition and hygiene needs of the child. The
338 association may not limit reimbursement for diapers, baby food,
339 or formula if such items are appropriate for the child's age or
340 developmental stage.

341 (3) The association is also responsible for the following:

342 (a) Providing ongoing transportation assistance for the
343 life of the child. The association must provide parents or legal
344 guardians with a reliable method of transportation for the care
345 of the child or reimburse the cost of upgrading an existing
346 vehicle to accommodate the child's needs. The mode of
347 transportation must take into account the special accommodations
348 required for the specific child. The association may not limit

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349 such transportation assistance based on the child's age or
350 weight.

351 (b) Providing ongoing housing assistance for the life of
352 the child. Such assistance includes, but is not limited to:

353 1. Payment assistance for rent and utilities to cover the
354 cost of any increase due to the accommodation of the child's
355 condition and medical needs.

356 2. Reimbursement of moving costs.

357 3. Payment assistance for home construction costs up to
358 \$100,000.

359 (c) Establishing an online network portal for parents and
360 legal guardians of children under the plan to support one
361 another and exchange information and resources. Access to the
362 online network must be provided at no cost to parents and legal
363 guardians.

364 Section 7. Paragraph (a) of subsection (5) of section
365 766.314, Florida Statutes, is amended to read:

366 766.314 Assessments; plan of operation.—

367 (5) (a) Beginning January 1, 1990, the persons and entities
368 listed in paragraphs (4) (b) and (c), except those persons or
369 entities who are specifically excluded from said provisions, as
370 of the date determined in accordance with the plan of operation,
371 taking into account persons licensed subsequent to the payment
372 of the initial assessment, shall pay an annual assessment in the
373 amount equal to the initial assessments provided in paragraphs
374 (4) (b) and (c). If payment of the annual assessment by a
375 physician is received by the association by January 31 of any
376 calendar year, the physician shall qualify as a participating
377 physician for that entire calendar year. If the payment is

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378 received after January 31 of any calendar year, the physician
379 shall qualify as a participating physician for that calendar
380 year only from the date the payment was received by the
381 association. Beginning on January 1, 2022, and on each January 1
382 thereafter, the annual assessment shall increase by 3 percent.
383 On January 1, 1991, and on each January 1 thereafter, the
384 association shall determine the amount of additional assessments
385 necessary pursuant to subsection (7), in the manner required by
386 the plan of operation, subject to any increase determined to be
387 necessary by the Office of Insurance Regulation pursuant to
388 paragraph (7) (b). On July 1, 1991, and on each July 1
389 thereafter, the persons and entities listed in paragraphs (4) (b)
390 and (c), except those persons or entities who are specifically
391 excluded from said provisions, shall pay the additional
392 assessments which were determined on January 1. Beginning
393 January 1, 1990, the entities listed in paragraph (4) (a),
394 including those licensed on or after October 1, 1988, shall pay
395 an annual assessment of \$50 per infant delivered during the
396 prior calendar year. The additional assessments which were
397 determined on January 1, 1991, pursuant to ~~the provisions of~~
398 subsection (7) are ~~shall~~ not be due and payable by the entities
399 listed in paragraph (4) (a) until July 1.

400 Section 8. Section 766.3145, Florida Statutes, is created
401 to read:

402 766.3145 Code of ethics.—

403 (1) On or before July 1 of each year, employees of the
404 association must sign and submit a statement attesting that they
405 do not have a conflict of interest as defined in part III of
406 chapter 112. As a condition of employment, all prospective

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407 employees must sign and submit to the association a conflict-of-
408 interest statement.

409 (2) The executive director, the ombudsman, senior managers,
410 and members of the board of directors are subject to part III of
411 chapter 112, including, but not limited to, the code of ethics
412 and the public disclosure and reporting of financial interests
413 requirements of s. 112.3145. For purposes of applying part III
414 of chapter 112 to activities of the executive director, senior
415 managers, and members of the board of directors, those persons
416 are considered public officers or employees and the association
417 is considered their agency. A board member may not vote on any
418 measure that would inure to his or her special private gain or
419 loss and, notwithstanding s. 112.3143(2), may not vote on any
420 measure that he or she knows would inure to the special private
421 gain or loss of any principal by whom he or she is retained or
422 to the parent organization or subsidiary of a corporate
423 principal by which he or she is retained, other than an agency
424 as defined in s. 112.312; or that he or she knows would inure to
425 the special private gain or loss of a relative or business
426 associate of the public officer. Before the vote is taken, such
427 member shall publicly state to the board the nature of his or
428 her interest in the matter from which he or she is abstaining
429 from voting and, within 15 days after the vote occurs, disclose
430 the nature of his or her interest as a public record in a
431 memorandum filed with the person responsible for recording the
432 minutes of the meeting, who shall incorporate the memorandum in
433 the minutes. The executive director, senior managers, and board
434 members are also required to file such disclosures with the
435 Commission on Ethics and the Office of Insurance Regulation. The

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436 executive director of the association or his or her designee
437 shall notify each existing and newly appointed member of the
438 board of directors and senior managers of his or her duty to
439 comply with the reporting requirements of part III of chapter
440 112. At least quarterly, the executive director or his or her
441 designee shall submit to the Commission on Ethics a list of
442 names of the members of the board of directors and senior
443 managers who are subject to the public disclosure requirements
444 under s. 112.3145.

445 (3) Notwithstanding s. 112.3148, s. 112.3149, or any other
446 law, an employee or board member may not knowingly accept,
447 directly or indirectly, any gift or expenditure from a person or
448 entity, or an employee or representative of such person or
449 entity, which has a contractual relationship with the
450 association or which is under consideration for a contract.

451 (4) An employee or board member who fails to comply with
452 subsection (2) or subsection (3) is subject to penalties
453 provided under ss. 112.317 and 112.3173.

454 (5) Any senior manager or executive director of the
455 association who is employed on or after January 1, 2022,
456 regardless of the date of hire, who subsequently retires or
457 terminates employment is prohibited from representing another
458 person or entity before the association for 2 years after
459 retirement or termination of employment from the association.

460 Section 9. Paragraphs (a) and (c) of subsection (1),
461 paragraph (a) of subsection (2), and paragraph (i) of subsection
462 (4) of section 766.315, Florida Statutes, are amended, and
463 subsection (6) is added to that section, to read:

464 766.315 Florida Birth-Related Neurological Injury

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465 Compensation Association; board of directors.—

466 (1) (a) The Florida Birth-Related Neurological Injury
467 Compensation Plan shall be governed by a board of seven ~~five~~
468 directors which shall be known as the Florida Birth-Related
469 Neurological Injury Compensation Association. The association is
470 not a state agency, board, or commission. Notwithstanding ~~the~~
471 ~~provision of~~ s. 15.03, the association is authorized to use the
472 state seal.

473 (c) The Chief Financial Officer shall appoint the
474 directors, ensuring that at least one board member is a woman,
475 ~~shall be appointed by the Chief Financial Officer~~ as follows:

- 476 1. One citizen representative.
- 477 2. One representative of participating physicians.
- 478 3. One representative of hospitals.
- 479 4. One representative of casualty insurers.
- 480 5. One representative of physicians other than
481 participating physicians.

482 6. One parent or legal guardian representative of an
483 injured infant under the plan.

484 7. One representative of an advocacy organization for
485 children with disabilities.

486 (2) (a) The Chief Financial Officer may select the
487 representative of the participating physicians from a list of at
488 least three names recommended by the American Congress of
489 Obstetricians and Gynecologists, District XII; the
490 representative of hospitals from a list of at least three names
491 recommended by the Florida Hospital Association; the
492 representative of casualty insurers from a list of at least
493 three names, one of which is recommended by the American

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494 Insurance Association, one of which is recommended by the
495 Florida Insurance Council, and one of which is recommended by
496 the Property Casualty Insurers Association of America; and the
497 representative of physicians, other than participating
498 physicians, from a list of three names recommended by the
499 Florida Medical Association and a list of three names
500 recommended by the Florida Osteopathic Medical Association.
501 However, the Chief Financial Officer is not required to make an
502 appointment from among the nominees of the respective
503 associations. A participating physician who is named in a
504 pending petition for a claim may not be appointed to the board.
505 An appointed director who is a participating physician may not
506 vote on any board matter relating to a claim accepted for an
507 award for compensation if the physician was named in the
508 petition for the claim.

509 (4) The board of directors shall have the power to:

510 (i) Employ or retain such persons as are necessary to
511 perform the administrative and financial transactions and
512 responsibilities of the plan and to perform other necessary and
513 proper functions not prohibited by law.

514 1. The board of directors shall employ an ombudsman who
515 will serve at the pleasure of, and must report directly to, the
516 board and who will act as an advocate for the parents and legal
517 guardians of plan participants.

518 2. The ombudsman shall do all of the following:

519 a. Provide information and assistance, outreach, and
520 education to parents and legal guardians of plan participants
521 regarding plan benefits and community, state, and federal
522 government resources.

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523 b. Investigate complaints of parents or legal guardians of
524 plan participants regarding the operation of the plan.

525 c. Provide an annual report to the board regarding the
526 ombudsman's activities, the disposition of complaints, and any
527 recommendations to improve the operations of the plan and the
528 delivery of benefits to participants.

529 (6) On or before January 31, 2022, and by each January 31
530 thereafter, the association shall submit an annual report to the
531 Governor, the President of the Senate, and the Speaker of the
532 House of Representatives. The report must include:

533 (a) The number of petitions filed for compensation with the
534 division, the number of claimants awarded compensation, the
535 number of claimants denied compensation, and the reasons for the
536 denial of compensation.

537 (b) The number and dollar amount of paid and denied
538 compensation for expenses by category and the reasons for any
539 denied compensation for expenses by category.

540 (c) The average turnaround time for paying or denying
541 compensation for expenses.

542 (d) Legislative recommendations to improve the program.

543 (e) A summary of any pending or resolved litigation during
544 the year which affects the plan.

545 (f) For the initial report due on or before January 31,
546 2022, an actuarial report conducted by an independent actuary
547 that provides an analysis of the estimated costs of implementing
548 the following changes to the plan:

549 1. Reducing the minimum birth weight eligibility for a
550 participant in the plan from 2,500 grams to 2,000 grams.

551 2. Revising the eligibility of participation in the plan by

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552 providing that an infant must be permanently and substantially
553 mentally or physically impaired, rather than permanently and
554 substantially mentally and physically impaired.

555 3. Increasing the annual special benefit or quality of life
556 benefit from \$500 to \$2,500 per calendar year.

557 Section 10. The Auditor General shall conduct a performance
558 audit of the association and plan to evaluate management's
559 performance in administering the laws, policies, and procedures
560 governing the operations of the association and plan in an
561 efficient and effective manner.

562 (1) The audit must include evaluations of all of the
563 following:

564 (a) The protocols used for the payment of expenses,
565 including standards for determining medical necessity and
566 reasonableness of requests for medical care, services, or other
567 benefits provided under the plan and the timeliness of the
568 payment of expenses.

569 (b) The effectiveness of the association's outreach to
570 inform parents and legal guardians of participants of available
571 benefits and any changes in benefits and processes to resolve
572 disputes regarding the payment of expenses internally.

573 (c) The efficacy of the current processes for the
574 procurement of goods and services.

575 (d) The internal controls of the plan and association.

576 (2) The Auditor General shall release the audit by January
577 15, 2022.

578 Section 11. Sections 766.301-766.316, Florida Statutes, are
579 repealed on December 31, 2026, unless reviewed and saved from
580 repeal by the Legislature.

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581 Section 12. The amendments made to s. 766.31(1)(d)1.a. and
582 2., Florida Statutes, by this act apply to all claims filed
583 under s. 766.305, Florida Statutes, for which an award was made
584 through entry of final order under s. 766.31(1), Florida
585 Statutes, on or after January 1, 2021.

586 Section 13. This act shall take effect July 1, 2021.