HB 1299

1	A bill to be entitled
2	An act relating to payments for health care providers
3	and surgical procedures under workers' compensation;
4	amending s. 440.13, F.S.; increasing the maximum
5	amounts of certain witness fees related to workers'
6	compensation cases; increasing the maximum
7	reimbursements for physicians and surgical procedures
8	under workers' compensation; providing an effective
9	date.
10	
11	Be It Enacted by the Legislature of the State of Florida:
12	
13	Section 1. Subsection (10) and paragraph (b) of subsection
14	(12) of section 440.13, Florida Statutes, are amended to read:
15	440.13 Medical services and supplies; penalty for
16	violations; limitations
17	(10) WITNESS FEES.—Any health care provider who gives a
18	deposition shall be allowed a witness fee. The amount charged by
19	the witness may not exceed $\frac{\$300}{\$200}$ per hour. An expert witness
20	who has never provided direct professional services to a party
21	but has merely reviewed medical records and provided an expert
22	opinion or has provided only direct professional services that
23	were unrelated to the workers' compensation case may not be
24	allowed a witness fee in excess of $\frac{\$300}{\$200}$ per day.
25	(12) CREATION OF THREE-MEMBER PANEL; GUIDES OF MAXIMUM
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26 REIMBURSEMENT ALLOWANCES.-

(b) It is the intent of the Legislature to increase the schedule of maximum reimbursement allowances for selected physicians effective January 1, 2004, and to pay for the increases through reductions in payments to hospitals. Revisions developed pursuant to this subsection are limited to the following:

1. Payments for outpatient physical, occupational, and speech therapy provided by hospitals shall be reduced to the schedule of maximum reimbursement allowances for these services which applies to nonhospital providers.

2. Payments for scheduled outpatient nonemergency radiological and clinical laboratory services that are not provided in conjunction with a surgical procedure shall be reduced to the schedule of maximum reimbursement allowances for these services which applies to nonhospital providers.

3. Outpatient reimbursement for scheduled surgeries shallbe reduced from 75 percent of charges to 60 percent of charges.

44 4. Maximum reimbursement for a physician licensed under 45 chapter 458 or chapter 459 shall be increased to <u>200</u> 110 percent 46 of the reimbursement allowed by Medicare, using appropriate 47 codes and modifiers or the medical reimbursement level adopted 48 by the three-member panel as of January 1, 2003, whichever is 49 greater.

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5. Maximum reimbursement for surgical procedures shall be

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51 increased to <u>200</u> 140 percent of the reimbursement allowed by 52 Medicare or the medical reimbursement level adopted by the 53 three-member panel as of January 1, 2003, whichever is greater.

55 The department, as requested, shall provide data to the panel, 56 including, but not limited to, utilization trends in the 57 workers' compensation health care delivery system. The 58 department shall provide the panel with an annual report 59 regarding the resolution of medical reimbursement disputes and any actions pursuant to subsection (8). The department shall 60 61 provide administrative support and service to the panel to the extent requested by the panel. For prescription medication 62 63 purchased under the requirements of this subsection, a 64 dispensing practitioner shall not possess such medication unless 65 payment has been made by the practitioner, the practitioner's 66 professional practice, or the practitioner's practice management company or employer to the supplying manufacturer, wholesaler, 67 68 distributor, or drug repackager within 60 days of the dispensing 69 practitioner taking possession of that medication.



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Section 2. This act shall take effect July 1, 2023.

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