

PCS for HB 1071

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1 A bill to be entitled
 2 An act relating to health care accrediting
 3 organizations; amending ss. 154.11, 394.741, 395.3038,
 4 397.403, 400.925, 400.9935, 402.7306, 408.05, 430.80,
 5 440.13, 627.645, 627.668, 627.669, 627.736, 641.495,
 6 and 766.1015, F.S.; conforming provisions to a
 7 redefinition of the term "accrediting organizations"
 8 in s. 395.002, F.S., relating to hospital licensing
 9 and regulation; providing an effective date.

10

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

12

13 Section 1. Paragraph (n) of subsection (1) of section
 14 154.11, Florida Statutes, is amended to read:

15 154.11 Powers of board of trustees.—

16 (1) The board of trustees of each public health trust
 17 shall be deemed to exercise a public and essential governmental
 18 function of both the state and the county and in furtherance
 19 thereof it shall, subject to limitation by the governing body of
 20 the county in which such board is located, have all of the
 21 powers necessary or convenient to carry out the operation and
 22 governance of designated health care facilities, including, but
 23 without limiting the generality of, the foregoing:

24 (n) To appoint originally the staff of physicians to
 25 practice in a ~~any~~ designated facility owned or operated by the
 26 board and to approve the bylaws and rules to be adopted by the
 27 medical staff of a ~~any~~ designated facility owned and operated by
 28 the board, such governing regulations ~~to be in accordance with~~

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29 | ~~the standards of the Joint Commission on the Accreditation of~~
 30 | ~~Hospitals shall~~ which provide, among other things, for the
 31 | method of appointing additional staff members and for the
 32 | removal of staff members.

33 | Section 2. Subsection (2) of section 394.741, Florida
 34 | Statutes, is amended to read:

35 | 394.741 Accreditation requirements for providers of
 36 | behavioral health care services.-

37 | (2) Notwithstanding any provision of law to the contrary,
 38 | accreditation shall be accepted by the agency and department in
 39 | lieu of the agency's and department's facility licensure onsite
 40 | review requirements and shall be accepted as a substitute for
 41 | the department's administrative and program monitoring
 42 | requirements, except as required by subsections (3) and (4),
 43 | for:

44 | (a) An ~~Any~~ organization from which the department
 45 | purchases behavioral health care services which ~~that~~ is
 46 | accredited by an accrediting organization whose standards
 47 | incorporate comparable licensure regulations required by this
 48 | state ~~the Joint Commission on Accreditation of Healthcare~~
 49 | ~~Organizations or the Council on Accreditation for Children and~~
 50 | ~~Family Services, or has those services that are being purchased~~
 51 | ~~by the department accredited by CARF the Rehabilitation~~
 52 | ~~Accreditation Commission.~~

53 | (b) A ~~Any~~ mental health facility licensed by the agency or
 54 | a ~~any~~ substance abuse component licensed by the department which
 55 | ~~that~~ is accredited by an accrediting organization whose
 56 | standards incorporate comparable licensure regulations required

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57 | ~~by this state the Joint Commission on Accreditation of~~
 58 | ~~Healthcare Organizations, CARF the Rehabilitation Accreditation~~
 59 | ~~Commission, or the Council on Accreditation of Children and~~
 60 | ~~Family Services.~~

61 | (c) A Any network of providers from which the department
 62 | or the agency purchases behavioral health care services
 63 | accredited by an accrediting organization whose standards
 64 | incorporate comparable licensure regulations required by this
 65 | state ~~the Joint Commission on Accreditation of Healthcare~~
 66 | ~~Organizations, CARF the Rehabilitation Accreditation Commission,~~
 67 | ~~the Council on Accreditation of Children and Family Services, or~~
 68 | ~~the National Committee for Quality Assurance. A provider~~
 69 | organization that, ~~which~~ is part of an accredited network, is
 70 | afforded the same rights under this part.

71 | Section 3. Section 395.3038, Florida Statutes, is amended
 72 | to read:

73 | 395.3038 State-listed primary stroke centers and
 74 | comprehensive stroke centers; notification of hospitals.—

75 | (1) The agency shall make available on its website and to
 76 | the department a list of the name and address of each hospital
 77 | that meets the criteria for a primary stroke center and the name
 78 | and address of each hospital that meets the criteria for a
 79 | comprehensive stroke center. The list of primary and
 80 | comprehensive stroke centers must ~~shall~~ include only those
 81 | hospitals that attest in an affidavit submitted to the agency
 82 | that the hospital meets the named criteria, or those hospitals
 83 | that attest in an affidavit submitted to the agency that the
 84 | hospital is certified as a primary or a comprehensive stroke

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85 center by an accrediting organization ~~the Joint Commission on~~
 86 ~~Accreditation of Healthcare Organizations.~~

87 (2) (a) If a hospital no longer chooses to meet the
 88 criteria for a primary or comprehensive stroke center, the
 89 hospital shall notify the agency and the agency shall
 90 immediately remove the hospital from the list.

91 (b)1. This subsection does not apply if the hospital is
 92 unable to provide stroke treatment services for a period of time
 93 not to exceed 2 months. The hospital shall immediately notify
 94 all local emergency medical services providers when the
 95 temporary unavailability of stroke treatment services begins and
 96 when the services resume.

97 2. If stroke treatment services are unavailable for more
 98 than 2 months, the agency shall remove the hospital from the
 99 list of primary or comprehensive stroke centers until the
 100 hospital notifies the agency that stroke treatment services have
 101 been resumed.

102 ~~(3) The agency shall notify all hospitals in this state by~~
 103 ~~February 15, 2005, that the agency is compiling a list of~~
 104 ~~primary stroke centers and comprehensive stroke centers in this~~
 105 ~~state. The notice shall include an explanation of the criteria~~
 106 ~~necessary for designation as a primary stroke center and the~~
 107 ~~criteria necessary for designation as a comprehensive stroke~~
 108 ~~center. The notice shall also advise hospitals of the process by~~
 109 ~~which a hospital might be added to the list of primary or~~
 110 ~~comprehensive stroke centers.~~

111 (3)(4) The agency shall adopt by rule criteria for a
 112 primary stroke center which are substantially similar to the

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113 certification standards for primary stroke centers of the Joint
 114 Commission ~~on Accreditation of Healthcare Organizations~~.

115 ~~(4)-(5)~~ The agency shall adopt by rule criteria for a
 116 comprehensive stroke center. However, if the Joint Commission ~~on~~
 117 ~~Accreditation of Healthcare Organizations~~ establishes criteria
 118 for a comprehensive stroke center, ~~the~~ agency rules shall be
 119 ~~establish criteria for a comprehensive stroke center which are~~
 120 ~~substantially similar to those criteria established by the Joint~~
 121 ~~Commission on Accreditation of Healthcare Organizations~~.

122 ~~(5)-(6)~~ This act is not a medical practice guideline and
 123 may not be used to restrict the authority of a hospital to
 124 provide services for which it is licenses ~~has received a license~~
 125 under chapter 395. The Legislature intends that all patients be
 126 treated individually based on each patient's needs and
 127 circumstances.

128 Section 4. Subsection (3) of section 397.403, Florida
 129 Statutes, is amended to read:

130 397.403 License application.—

131 (3) The department shall accept proof of accreditation by
 132 an accrediting organization whose standards incorporate
 133 comparable licensure regulations required by this state ~~the~~
 134 ~~Commission on Accreditation of Rehabilitation Facilities (CARF)~~
 135 ~~or the joint commission~~, or through another ~~any other~~ nationally
 136 recognized certification process that is acceptable to the
 137 department and meets the minimum licensure requirements under
 138 this chapter, in lieu of requiring the applicant to submit the
 139 information required by paragraphs (1) (a)-(c).

140 Section 5. Subsection (1) of section 400.925, Florida

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141 Statutes, is amended to read:

142 400.925 Definitions.—As used in this part, the term:

143 (1) "Accrediting organizations" means an organization ~~the~~
 144 ~~Joint Commission on Accreditation of Healthcare Organizations or~~
 145 ~~other national accreditation agencies~~ whose standards
 146 incorporate licensure regulations ~~for accreditation are~~
 147 ~~comparable to those~~ required by this state ~~this part for~~
 148 ~~licensure.~~

149 Section 6. Paragraph (g) of subsection (1) and paragraph
 150 (a) of subsection (7) of section 400.9935, Florida Statutes, is
 151 amended to read:

152 400.9935 Clinic responsibilities.—

153 (1) Each clinic shall appoint a medical director or clinic
 154 director who shall agree in writing to accept legal
 155 responsibility for the following activities on behalf of the
 156 clinic. The medical director or the clinic director shall:

157 (g) Conduct systematic reviews of clinic billings to
 158 ensure that the billings are not fraudulent or unlawful. Upon
 159 discovery of an unlawful charge, the medical director or clinic
 160 director shall take immediate corrective action. If the clinic
 161 performs only the technical component of magnetic resonance
 162 imaging, static radiographs, computed tomography, or positron
 163 emission tomography, and provides the professional
 164 interpretation of such services, in a fixed facility that is
 165 accredited by a national accrediting organization that is
 166 approved by the Centers for Medicare and Medicaid Services for
 167 magnetic resonance imaging and advanced diagnostic imaging
 168 services ~~the Joint Commission on Accreditation of Healthcare~~

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169 ~~Organizations or the Accreditation Association for Ambulatory~~
 170 ~~Health Care, and the American College of Radiology;~~ and if, in
 171 the preceding quarter, the percentage of scans performed by that
 172 clinic which was billed to all personal injury protection
 173 insurance carriers was less than 15 percent, the chief financial
 174 officer of the clinic may, in a written acknowledgment provided
 175 to the agency, assume the responsibility for the conduct of the
 176 systematic reviews of clinic billings to ensure that the
 177 billings are not fraudulent or unlawful.

178 (7) (a) Each clinic engaged in magnetic resonance imaging
 179 services must be accredited by a national accrediting
 180 organization that is approved by the Centers for Medicare and
 181 Medicaid Services for magnetic resonance imaging and advanced
 182 diagnostic imaging services ~~the Joint Commission on~~
 183 ~~Accreditation of Healthcare Organizations, the American College~~
 184 ~~of Radiology, or the Accreditation Association for Ambulatory~~
 185 ~~Health Care,~~ within 1 year after licensure. A clinic that is
 186 accredited ~~by the American College of Radiology~~ or that is
 187 within the original 1-year period after licensure and replaces
 188 its core magnetic resonance imaging equipment shall be given 1
 189 year after the date on which the equipment is replaced to attain
 190 accreditation. However, a clinic may request a single, 6-month
 191 extension if it provides evidence to the agency establishing
 192 that, for good cause shown, such clinic cannot be accredited
 193 within 1 year after licensure, and that such accreditation will
 194 be completed within the 6-month extension. After obtaining
 195 accreditation as required by this subsection, each such clinic
 196 must maintain accreditation as a condition of renewal of its

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197 license. A clinic that files a change of ownership application
 198 must comply with the original accreditation timeframe
 199 requirements of the transferor. The agency shall deny a change
 200 of ownership application if the clinic is not in compliance with
 201 the accreditation requirements. When a clinic adds, replaces, or
 202 modifies magnetic resonance imaging equipment and the
 203 accrediting ~~accreditation~~ agency requires new accreditation, the
 204 clinic must be accredited within 1 year after the date of the
 205 addition, replacement, or modification but may request a single,
 206 6-month extension if the clinic provides evidence of good cause
 207 to the agency.

208 Section 7. Subsections (1) and (2) of section 402.7306,
 209 Florida Statutes, are amended to read:

210 402.7306 Administrative monitoring of child welfare
 211 providers, and administrative, licensure, and programmatic
 212 monitoring of mental health and substance abuse service
 213 providers.—The Department of Children and Family Services, the
 214 Department of Health, the Agency for Persons with Disabilities,
 215 the Agency for Health Care Administration, community-based care
 216 lead agencies, managing entities as defined in s. 394.9082, and
 217 agencies who have contracted with monitoring agents shall
 218 identify and implement changes that improve the efficiency of
 219 administrative monitoring of child welfare services, and the
 220 administrative, licensure, and programmatic monitoring of mental
 221 health and substance abuse service providers. For the purpose of
 222 this section, the term "mental health and substance abuse
 223 service provider" means a provider who provides services to this
 224 state's priority population as defined in s. 394.674. To assist

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225 | with that goal, each such agency shall adopt the following
 226 | policies:

227 | (1) Limit administrative monitoring to once every 3 years
 228 | if the child welfare provider is accredited by an accrediting
 229 | organization whose standards incorporate comparable licensure
 230 | regulations required by this state ~~the Joint Commission, the~~
 231 | ~~Commission on Accreditation of Rehabilitation Facilities, or the~~
 232 | ~~Council on Accreditation~~. If the accrediting body does not
 233 | require documentation that the state agency requires, that
 234 | documentation shall be requested by the state agency and may be
 235 | posted by the service provider on the data warehouse for the
 236 | agency's review. Notwithstanding the survey or inspection of an
 237 | accrediting organization specified in this subsection, an agency
 238 | specified in and subject to this section may continue to monitor
 239 | the service provider as necessary with respect to:

240 | (a) Ensuring that services for which the agency is paying
 241 | are being provided.

242 | (b) Investigating complaints or suspected problems and
 243 | monitoring the service provider's compliance with ~~any~~ resulting
 244 | negotiated terms and conditions, including provisions relating
 245 | to consent decrees that are unique to a specific service and are
 246 | not statements of general applicability.

247 | (c) Ensuring compliance with federal and state laws,
 248 | federal regulations, or state rules if such monitoring does not
 249 | duplicate the accrediting organization's review pursuant to
 250 | accreditation standards.

251 |
 252 | Medicaid certification and precertification reviews are exempt

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253 | from this subsection to ensure Medicaid compliance.

254 | (2) Limit administrative, licensure, and programmatic

255 | monitoring to once every 3 years if the mental health or

256 | substance abuse service provider is accredited by an accrediting

257 | organization whose standards incorporate comparable licensure

258 | regulations required by this state ~~the Joint Commission, the~~

259 | ~~Commission on Accreditation of Rehabilitation Facilities, or the~~

260 | ~~Council on Accreditation~~. If the services being monitored are

261 | not the services for which the provider is accredited, the

262 | limitations of this subsection do not apply. If the accrediting

263 | body does not require documentation that the state agency

264 | requires, that documentation, except documentation relating to

265 | licensure applications and fees, must be requested by the state

266 | agency and may be posted by the service provider on the data

267 | warehouse for the agency's review. Notwithstanding the survey or

268 | inspection of an accrediting organization specified in this

269 | subsection, an agency specified in and subject to this section

270 | may continue to monitor the service provider as necessary with

271 | respect to:

272 | (a) Ensuring that services for which the agency is paying

273 | are being provided.

274 | (b) Investigating complaints, identifying problems that

275 | would affect the safety or viability of the service provider,

276 | and monitoring the service provider's compliance with ~~any~~

277 | resulting negotiated terms and conditions, including provisions

278 | relating to consent decrees that are unique to a specific

279 | service and are not statements of general applicability.

280 | (c) Ensuring compliance with federal and state laws,

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281 federal regulations, or state rules if such monitoring does not
 282 duplicate the accrediting organization's review pursuant to
 283 accreditation standards.

284
 285 Federal certification and precertification reviews are exempt
 286 from this subsection to ensure Medicaid compliance.

287 Section 8. Paragraph (k) of subsection (3) of section
 288 408.05, Florida Statutes, is amended to read:

289 408.05 Florida Center for Health Information and Policy
 290 Analysis.—

291 (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.—In order to
 292 produce comparable and uniform health information and statistics
 293 for the development of policy recommendations, the agency shall
 294 perform the following functions:

295 (k) Develop, in conjunction with the State Consumer Health
 296 Information and Policy Advisory Council, and implement a long-
 297 range plan for making available health care quality measures and
 298 financial data that will allow consumers to compare health care
 299 services. The health care quality measures and financial data
 300 the agency must make available includes ~~shall include~~, but is
 301 not limited to, pharmaceuticals, physicians, health care
 302 facilities, and health plans and managed care entities. The
 303 agency shall update the plan and report on the status of its
 304 implementation annually. The agency shall also make the plan and
 305 status report available to the public on its Internet website.
 306 As part of the plan, the agency shall identify the process and
 307 timeframes for implementation, ~~any~~ barriers to implementation,
 308 and recommendations of changes in the law that may be enacted by

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309 the Legislature to eliminate the barriers. As preliminary
 310 elements of the plan, the agency shall:

311 1. Make available patient-safety indicators, inpatient
 312 quality indicators, and performance outcome and patient charge
 313 data collected from health care facilities pursuant to s.
 314 408.061(1)(a) and (2). The terms "patient-safety indicators" and
 315 "inpatient quality indicators" have the same meaning as that
 316 ascribed ~~shall be as defined~~ by the Centers for Medicare and
 317 Medicaid Services, an accrediting organization whose standards
 318 incorporate comparable regulations required by this state, ~~the~~
 319 ~~National Quality Forum, the Joint Commission on Accreditation of~~
 320 ~~Healthcare Organizations, the Agency for Healthcare Research and~~
 321 ~~Quality, the Centers for Disease Control and Prevention,~~ or a
 322 ~~similar~~ national entity that establishes standards to measure
 323 the performance of health care providers, or by other states.
 324 The agency shall determine which conditions, procedures, health
 325 care quality measures, and patient charge data to disclose based
 326 upon input from the council. When determining which conditions
 327 and procedures are to be disclosed, the council and the agency
 328 shall consider variation in costs, variation in outcomes, and
 329 magnitude of variations and other relevant information. When
 330 determining which health care quality measures to disclose, the
 331 agency:

332 a. Shall consider such factors as volume of cases; average
 333 patient charges; average length of stay; complication rates;
 334 mortality rates; and infection rates, among others, which shall
 335 be adjusted for case mix and severity, if applicable.

336 b. May consider such additional measures that are adopted

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337 | by the Centers for Medicare and Medicaid Studies, an accrediting
 338 | organization whose standards incorporate comparable regulations
 339 | required by this state, National Quality Forum, the Joint
 340 | Commission on Accreditation of Healthcare Organizations, the
 341 | Agency for Healthcare Research and Quality, Centers for Disease
 342 | Control and Prevention, or a similar national entity that
 343 | establishes standards to measure the performance of health care
 344 | providers, or by other states.

345 |
 346 | When determining which patient charge data to disclose, the
 347 | agency shall include such measures as the average of
 348 | undiscounted charges on frequently performed procedures and
 349 | preventive diagnostic procedures, the range of procedure charges
 350 | from highest to lowest, average net revenue per adjusted patient
 351 | day, average cost per adjusted patient day, and average cost per
 352 | admission, among others.

353 | 2. Make available performance measures, benefit design,
 354 | and premium cost data from health plans licensed pursuant to
 355 | chapter 627 or chapter 641. The agency shall determine which
 356 | health care quality measures and member and subscriber cost data
 357 | to disclose, based upon input from the council. When determining
 358 | which data to disclose, the agency shall consider information
 359 | that may be required by either individual or group purchasers to
 360 | assess the value of the product, which may include membership
 361 | satisfaction, quality of care, current enrollment or membership,
 362 | coverage areas, accreditation status, premium costs, plan costs,
 363 | premium increases, range of benefits, copayments and
 364 | deductibles, accuracy and speed of claims payment, credentials

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365 of physicians, number of providers, names of network providers,
 366 and hospitals in the network. Health plans shall make available
 367 to the agency ~~any~~ such data or information that is not currently
 368 reported to the agency or the office.

369 3. Determine the method and format for public disclosure
 370 of data reported pursuant to this paragraph. The agency shall
 371 make its determination based upon input from the State Consumer
 372 Health Information and Policy Advisory Council. At a minimum,
 373 the data shall be made available on the agency's Internet
 374 website in a manner that allows consumers to conduct an
 375 interactive search that allows them to view and compare the
 376 information for specific providers. The website must include
 377 such additional information as is determined necessary to ensure
 378 that the website enhances informed decisionmaking among
 379 consumers and health care purchasers, which shall include, at a
 380 minimum, appropriate guidance on how to use the data and an
 381 explanation of why the data may vary from provider to provider.

382 4. Publish on its website undiscounted charges for no
 383 fewer than 150 of the most commonly performed adult and
 384 pediatric procedures, including outpatient, inpatient,
 385 diagnostic, and preventative procedures.

386 Section 9. Paragraph (b) of subsection (3) of section
 387 430.80, Florida Statutes, is amended to read:

388 430.80 Implementation of a teaching nursing home pilot
 389 project.—

390 (3) To be designated as a teaching nursing home, a nursing
 391 home licensee must, at a minimum:

392 (b) Participate in a nationally recognized accrediting

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393 | ~~accreditation~~ program and hold a valid accreditation, such as
 394 | the accreditation awarded by the Joint Commission ~~on~~
 395 | ~~Accreditation of Healthcare Organizations~~, or, at the time of
 396 | initial designation, possess a Gold Seal Award as conferred by
 397 | the state on its licensed nursing home;

398 | Section 10. Paragraph (a) of subsection (2) of section
 399 | 440.13, Florida Statutes, is amended to read:

400 | 440.13 Medical services and supplies; penalty for
 401 | violations; limitations.—

402 | (2) MEDICAL TREATMENT; DUTY OF EMPLOYER TO FURNISH.—

403 | (a) Subject to the limitations specified elsewhere in this
 404 | chapter, the employer shall furnish to the employee such
 405 | medically necessary remedial treatment, care, and attendance for
 406 | such period as the nature of the injury or the process of
 407 | recovery may require, which is in accordance with established
 408 | practice parameters and protocols of treatment as provided for
 409 | in this chapter, including medicines, medical supplies, durable
 410 | medical equipment, orthoses, prostheses, and other medically
 411 | necessary apparatus. Remedial treatment, care, and attendance,
 412 | including work-hardening programs or pain-management programs
 413 | accredited by an accrediting organization whose standards
 414 | incorporate comparable regulations required by this state ~~the~~
 415 | ~~Commission on Accreditation of Rehabilitation Facilities or~~
 416 | ~~Joint Commission on the Accreditation of Health Organizations~~ or
 417 | pain-management programs affiliated with medical schools, shall
 418 | be considered ~~as~~ covered treatment only when such care is given
 419 | based on a referral by a physician as defined in this chapter.
 420 | Medically necessary treatment, care, and attendance does not

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421 include chiropractic services in excess of 24 treatments or
 422 rendered 12 weeks beyond the date of the initial chiropractic
 423 treatment, whichever comes first, unless the carrier authorizes
 424 additional treatment or the employee is catastrophically
 425 injured.

426
 427 Failure of the carrier to timely comply with this subsection
 428 shall be a violation of this chapter and the carrier shall be
 429 subject to penalties as provided for in s. 440.525.

430 Section 11. Subsection (1) of section 627.645, Florida
 431 Statutes, is amended to read:

432 627.645 Denial of health insurance claims restricted.—

433 (1) A ~~No~~ claim for payment under a health insurance policy
 434 or self-insured program of health benefits for treatment, care,
 435 or services in a licensed hospital that ~~which~~ is accredited by
 436 an accrediting organization whose standards incorporate
 437 comparable regulations required by this state may not ~~the Joint~~
 438 ~~Commission on the Accreditation of Hospitals, the American~~
 439 ~~Osteopathic Association, or the Commission on the Accreditation~~
 440 ~~of Rehabilitative Facilities~~ shall be denied because such
 441 hospital lacks major surgical facilities and is primarily of a
 442 rehabilitative nature, if such rehabilitation is specifically
 443 for treatment of physical disability.

444 Section 12. Paragraph (c) of subsection (2) of section
 445 627.668, Florida Statutes, is amended to read:

446 627.668 Optional coverage for mental and nervous disorders
 447 required; exception.—

448 (2) Under group policies or contracts, inpatient hospital

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449 | benefits, partial hospitalization benefits, and outpatient
 450 | benefits consisting of durational limits, dollar amounts,
 451 | deductibles, and coinsurance factors shall not be less favorable
 452 | than for physical illness generally, except that:

453 | (c) Partial hospitalization benefits shall be provided
 454 | under the direction of a licensed physician. For purposes of
 455 | this part, the term "partial hospitalization services" is
 456 | defined as those services offered by a program that is
 457 | accredited by an accrediting organization whose standards
 458 | incorporate comparable regulations required by this state ~~the~~
 459 | ~~Joint Commission on Accreditation of Hospitals (JCAH) or in~~
 460 | ~~compliance with equivalent standards.~~ Alcohol rehabilitation
 461 | programs accredited by an accrediting organization whose
 462 | standards incorporate comparable regulations required by this
 463 | state ~~the Joint Commission on Accreditation of Hospitals~~ or
 464 | approved by the state and licensed drug abuse rehabilitation
 465 | programs shall also be qualified providers under this section.
 466 | In a given ~~any~~ benefit year, if partial hospitalization services
 467 | or a combination of inpatient and partial hospitalization are
 468 | used ~~utilized~~, the total benefits paid for all such services may
 469 | ~~shall~~ not exceed the cost of 30 days after ~~of~~ inpatient
 470 | hospitalization for psychiatric services, including physician
 471 | fees, which prevail in the community in which the partial
 472 | hospitalization services are rendered. If partial
 473 | hospitalization services benefits are provided beyond the limits
 474 | set forth in this paragraph, the durational limits, dollar
 475 | amounts, and coinsurance factors thereof need not be the same as
 476 | those applicable to physical illness generally.

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477 Section 13. Subsection (3) of section 627.669, Florida
 478 Statutes, is amended to read:

479 627.669 Optional coverage required for substance abuse
 480 impaired persons; exception.—

481 (3) The benefits provided under this section are ~~shall be~~
 482 applicable only if treatment is provided by, or under the
 483 supervision of, or is prescribed by, a licensed physician or
 484 licensed psychologist and if services are provided in a program
 485 that is accredited by an accrediting organization whose
 486 standards incorporate comparable regulations required by this
 487 state ~~the Joint Commission on Accreditation of Hospitals~~ or that
 488 is approved by this ~~the~~ state.

489 Section 14. Paragraph (a) of subsection (1) of section
 490 627.736, Florida Statutes, is amended to read:

491 627.736 Required personal injury protection benefits;
 492 exclusions; priority; claims.—

493 (1) REQUIRED BENEFITS.—An insurance policy complying with
 494 the security requirements of s. 627.733 must provide personal
 495 injury protection to the named insured, relatives residing in
 496 the same household, persons operating the insured motor vehicle,
 497 passengers in the motor vehicle, and other persons struck by the
 498 motor vehicle and suffering bodily injury while not an occupant
 499 of a self-propelled vehicle, subject to subsection (2) and
 500 paragraph (4) (e), to a limit of \$10,000 in medical and
 501 disability benefits and \$5,000 in death benefits resulting from
 502 bodily injury, sickness, disease, or death arising out of the
 503 ownership, maintenance, or use of a motor vehicle as follows:

504 (a) Medical benefits.—Eighty percent of all reasonable

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505 | expenses for medically necessary medical, surgical, X-ray,
 506 | dental, and rehabilitative services, including prosthetic
 507 | devices and medically necessary ambulance, hospital, and nursing
 508 | services if the individual receives initial services and care
 509 | pursuant to subparagraph 1. within 14 days after the motor
 510 | vehicle accident. The medical benefits provide reimbursement
 511 | only for:

512 | 1. Initial services and care that are lawfully provided,
 513 | supervised, ordered, or prescribed by a physician licensed under
 514 | chapter 458 or chapter 459, a dentist licensed under chapter
 515 | 466, or a chiropractic physician licensed under chapter 460 or
 516 | that are provided in a hospital or in a facility that owns, or
 517 | is wholly owned by, a hospital. Initial services and care may
 518 | also be provided by a person or entity licensed under part III
 519 | of chapter 401 which provides emergency transportation and
 520 | treatment.

521 | 2. Upon referral by a provider described in subparagraph
 522 | 1., followup services and care consistent with the underlying
 523 | medical diagnosis rendered pursuant to subparagraph 1. which may
 524 | be provided, supervised, ordered, or prescribed only by a
 525 | physician licensed under chapter 458 or chapter 459, a
 526 | chiropractic physician licensed under chapter 460, a dentist
 527 | licensed under chapter 466, or, to the extent permitted by
 528 | applicable law and under the supervision of such physician,
 529 | osteopathic physician, chiropractic physician, or dentist, by a
 530 | physician assistant licensed under chapter 458 or chapter 459 or
 531 | an advanced registered nurse practitioner licensed under chapter
 532 | 464. Followup services and care may also be provided by ~~any of~~

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533 the following persons or entities:

534 a. A hospital or ambulatory surgical center licensed under
535 chapter 395.

536 b. An entity wholly owned by one or more physicians
537 licensed under chapter 458 or chapter 459, chiropractic
538 physicians licensed under chapter 460, or dentists licensed
539 under chapter 466 or by such practitioners and the spouse,
540 parent, child, or sibling of such practitioners.

541 c. An entity that owns or is wholly owned, directly or
542 indirectly, by a hospital or hospitals.

543 d. A physical therapist licensed under chapter 486, based
544 upon a referral by a provider described in this subparagraph.

545 e. A health care clinic licensed under part X of chapter
546 400 which is accredited by an accrediting organization whose
547 standards incorporate comparable regulations required by this
548 state ~~the Joint Commission on Accreditation of Healthcare~~
549 ~~Organizations, the American Osteopathic Association, the~~
550 ~~Commission on Accreditation of Rehabilitation Facilities, or the~~
551 ~~Accreditation Association for Ambulatory Health Care, Inc., or~~

552 (I) Has a medical director licensed under chapter 458,
553 chapter 459, or chapter 460;

554 (II) Has been continuously licensed for more than 3 years
555 or is a publicly traded corporation that issues securities
556 traded on an exchange registered with the United States
557 Securities and Exchange Commission as a national securities
558 exchange; and

559 (III) Provides at least four of the following medical
560 specialties:

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561 (A) General medicine.
 562 (B) Radiography.
 563 (C) Orthopedic medicine.
 564 (D) Physical medicine.
 565 (E) Physical therapy.
 566 (F) Physical rehabilitation.
 567 (G) Prescribing or dispensing outpatient prescription
 568 medication.
 569 (H) Laboratory services.
 570 3. Reimbursement for services and care provided in
 571 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
 572 licensed under chapter 458 or chapter 459, a dentist licensed
 573 under chapter 466, a physician assistant licensed under chapter
 574 458 or chapter 459, or an advanced registered nurse practitioner
 575 licensed under chapter 464 has determined that the injured
 576 person had an emergency medical condition.
 577 4. Reimbursement for services and care provided in
 578 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a ~~any~~
 579 provider listed in subparagraph 1. or subparagraph 2. determines
 580 that the injured person did not have an emergency medical
 581 condition.
 582 5. Medical benefits do not include massage as defined in
 583 s. 480.033 or acupuncture as defined in s. 457.102, regardless
 584 of the person, entity, or licensee providing massage or
 585 acupuncture, and a licensed massage therapist or licensed
 586 acupuncturist may not be reimbursed for medical benefits under
 587 this section.
 588 6. The Financial Services Commission shall adopt by rule

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589 | the form that must be used by an insurer and a health care
 590 | provider specified in sub-subparagraph 2.b., sub-subparagraph
 591 | 2.c., or sub-subparagraph 2.e. to document that the health care
 592 | provider meets the criteria of this paragraph. Such, ~~which~~ rule
 593 | must include a requirement for a sworn statement or affidavit.
 594 |
 595 | Only insurers writing motor vehicle liability insurance in this
 596 | state may provide the required benefits of this section, and
 597 | such insurer may not require the purchase of any other motor
 598 | vehicle coverage other than the purchase of property damage
 599 | liability coverage as required by s. 627.7275 as a condition for
 600 | providing such benefits. Insurers may not require that property
 601 | damage liability insurance in an amount greater than \$10,000 be
 602 | purchased in conjunction with personal injury protection. Such
 603 | insurers shall make benefits and required property damage
 604 | liability insurance coverage available through normal marketing
 605 | channels. An insurer writing motor vehicle liability insurance
 606 | in this state who fails to comply with such availability
 607 | requirement as a general business practice violates part IX of
 608 | chapter 626, and such violation constitutes an unfair method of
 609 | competition or an unfair or deceptive act or practice involving
 610 | the business of insurance. An insurer committing such violation
 611 | is subject to the penalties provided under that part, as well as
 612 | those provided elsewhere in the insurance code.

613 | Section 15. Subsection (12) of section 641.495, Florida
 614 | Statutes, is amended to read:

615 | 641.495 Requirements for issuance and maintenance of
 616 | certificate.-

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617 (12) The provisions of part I of chapter 395 do not apply
 618 to a health maintenance organization that, on or before January
 619 1, 1991, provides not more than 10 outpatient holding beds for
 620 short-term and hospice-type patients in an ambulatory care
 621 facility for its members, provided that such health maintenance
 622 organization maintains current accreditation by an accrediting
 623 organization whose standards incorporate comparable regulations
 624 required by this state ~~the Joint Commission on Accreditation of~~
 625 ~~Health Care Organizations, the Accreditation Association for~~
 626 ~~Ambulatory Health Care, or the National Committee for Quality~~
 627 ~~Assurance.~~

628 Section 16. Subsection (2) of section 766.1015, Florida
 629 Statutes, is amended to read:

630 766.1015 Civil immunity for members of or consultants to
 631 certain boards, committees, or other entities.—

632 (2) Such committee, board, group, commission, or other
 633 entity must be established in accordance with state law, or in
 634 accordance with requirements of an applicable accrediting
 635 organization whose standards incorporate comparable regulations
 636 required by this state, ~~the Joint Commission on Accreditation of~~
 637 ~~Healthcare Organizations,~~ established and duly constituted by
 638 one or more public or licensed private hospitals or behavioral
 639 health agencies, or established by a governmental agency. To be
 640 protected by this section, the act, decision, omission, or
 641 utterance may not be made or done in bad faith or with malicious
 642 intent.

643 Section 17. This act shall take effect July 1, 2013.