

	LEGISLATIVE ACTION	
Senate		House
Comm: RCS		
04/23/2015		

The Committee on Appropriations (Grimsley) recommended the following:

Senate Amendment (with title amendment)

Between lines 232 and 233

insert:

1 2 3

4

5

6 7

8

9

10

Section 8. Section 296.42, Florida Statutes, is created to read:

296.42 Site selection process for state veterans' nursing homes.-

(1) The department shall contract for a study to determine the need for new state veterans' nursing homes and the most

16

17

18

19

20

21 22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39



11 appropriate counties in which to locate the homes based on the 12 greatest level of need. The department shall submit the study to the Governor, the President of the Senate, and the Speaker of 13 14 the House of Representatives by November 1, 2015.

- (2) The study shall use the following criteria to rank each county according to need:
- (a) The distance from the geographic center of the county to the nearest existing state veterans' nursing home.
- (b) The number of veterans age 65 years or older residing in the county.
- (c) The presence of an existing federal Veterans' Health Administration medical center or outpatient clinic in the county.
- (d) Elements of emergency health care in the county, as determined by:
 - 1. The number of general hospitals.
- 2. The number of emergency room holding beds per hospital. The term "emergency room holding bed" means a bed located in the emergency room of a hospital licensed under ch. 395 which is used for a patient admitted to the hospital through the emergency room, but is waiting for an available bed in an inpatient unit of the hospital.
- 3. The number of employed physicians per hospital in the emergency room 24 hours per day.
- (e) The number of existing community nursing home beds per 1,000 males age 65 years or older residing in the county.
- (f) The presence of an accredited educational institution offering health care programs in the county.
 - (g) The county poverty rate.

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59 60

61 62

6.3

64

65

66

67

68



- (3) For each new nursing home, the department shall select the highest-ranked county in the applicable study under this section which does not have a veterans' nursing home. If the highest-ranked county cannot serve as the site, the department shall select the next-highest ranked county. The selection is subject to the approval of the Governor and Cabinet.
- (4) The department shall use the 2014 site selection study to select a county for any new state veterans' nursing home authorized before November 1, 2015.
- (5) The department shall use the November 2015 site selection study ranking to select each new state veterans' nursing home site authorized before July 1, 2020.
- (6) The department shall contract for and submit a new site selection study to the Governor, the President of the Senate, and the Speaker of the House of Representatives using the county ranking criteria in paragraph (3) by November 1, 2019 for site selections on or after July 1, 2020. The department must conduct new site selection studies every 4 years using the county ranking criteria under paragraph (3) with each report due by November 1st for the selection period that begins the following July 1st.

Section 9. Section 624.27, Florida Statutes, is created to read:

- 624.27 Application of code as to direct primary care agreements.-
 - (1) As used in this section, the term:
- (a) "Direct primary care agreement" means a contract between a primary care provider or primary care group practice and a patient, the patient's legal representative, or an

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97



employer which must satisfy the criteria in subsection (4) and does not indemnify for services provided by a third party.

- (b) "Primary care provider" means a health care provider licensed under chapter 458, chapter 459, or chapter 464 who provides medical services to patients which are commonly provided without referral from another health care provider.
- (c) "Primary care service" means the screening, assessment, diagnosis, and treatment of a patient for the purpose of promoting health or detecting and managing disease or injury within the competency and training of the primary care provider.
- (2) A direct primary care agreement does not constitute insurance and is not subject to this code. The act of entering into a direct primary care agreement does not constitute the business of insurance and is not subject to this code.
- (3) A primary care provider or an agent of a primary care provider is not required to obtain a certificate of authority or license under this code to market, sell, or offer to sell a direct primary care agreement.
- (4) For purposes of this section, a direct primary care agreement must:
 - (a) Be in writing.
- (b) Be signed by the primary care provider or an agent of the primary care provider and the patient or the patient's legal representative.
- (c) Allow a party to terminate the agreement by written notice to the other party after a period specified in the agreement.
- (d) Describe the scope of the primary care services that are covered by the monthly fee.

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126



- 98 (e) Specify the monthly fee and any fees for primary care 99 services not covered by the monthly fee.
 - (f) Specify the duration of the agreement and any automatic renewal provisions.
 - (g) Offer a refund to the patient of monthly fees paid in advance if the primary care provider ceases to offer primary care services for any reason.
 - (h) State that the agreement is not health insurance. Section 10. Paragraphs (a) and (d) of subsection (3) and subsections (4) and (5) of section 766.1115, Florida Statutes, are amended to read:
 - 766.1115 Health care providers; creation of agency relationship with governmental contractors.-
 - (3) DEFINITIONS.—As used in this section, the term:
 - (a) "Contract" means an agreement executed in compliance with this section between a health care provider and a governmental contractor which allows the health care provider, or any employee or agent of the health care provider, to deliver health care services to low-income recipients as an agent of the governmental contractor. The contract must be for volunteer, uncompensated services, except as provided in paragraph (4)(g). For services to qualify as volunteer, uncompensated services under this section, the health care provider must receive no compensation from the governmental contractor for any services provided under the contract and must not bill or accept compensation from the recipient, or a public or private thirdparty payor, for the specific services provided to the lowincome recipients covered by the contract except as provided in paragraph (4)(g). A free clinic as described in subparagraph

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143 144

145

146

147

148 149

150

151

152

153

154

155



(3)(d)14. may receive a legislative appropriation, a grant through a legislative appropriation, or a grant from a governmental entity or nonprofit corporation to support the delivery of such contracted services by volunteer health care providers, including the employment of health care providers to supplement, coordinate, or support the delivery of services by volunteer health care providers. Such an appropriation or grant does not constitute compensation under this paragraph from the governmental contractor for services provided under the contract, nor does receipt and use of the appropriation or grant constitute the acceptance of compensation under this paragraph for the specific services provided to the low-income recipients covered by the contract.

- (d) "Health care provider" or "provider" means:
- 1. A birth center licensed under chapter 383.
- 2. An ambulatory surgical center licensed under chapter 395.
 - 3. A hospital licensed under chapter 395.
- 4. A physician or physician assistant licensed under chapter 458.
- 5. An osteopathic physician or osteopathic physician assistant licensed under chapter 459.
 - 6. A chiropractic physician licensed under chapter 460.
 - 7. A podiatric physician licensed under chapter 461.
- 8. A registered nurse, nurse midwife, licensed practical nurse, or advanced registered nurse practitioner licensed or registered under part I of chapter 464 or any facility which employs nurses licensed or registered under part I of chapter 464 to supply all or part of the care delivered under this



156 section.

157

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

- 9. A midwife licensed under chapter 467.
- 158 10. A health maintenance organization certificated under 159 part I of chapter 641.
 - 11. A health care professional association and its employees or a corporate medical group and its employees.
 - 12. Any other medical facility the primary purpose of which is to deliver human medical diagnostic services or which delivers nonsurgical human medical treatment, and which includes an office maintained by a provider.
 - 13. A dentist or dental hygienist licensed under chapter 466.
 - 14. A free clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all low-income recipients.
 - 15. Any other health care professional, practitioner, provider, or facility under contract with a governmental contractor, including a student enrolled in an accredited program that prepares the student for licensure as any one of the professionals listed in subparagraphs 4.-9.

176 177

178

179 180

181

182 183

184

The term includes any nonprofit corporation qualified as exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c) of the Internal Revenue Code, which delivers health care services provided by licensed professionals listed in this paragraph, any federally funded community health center, and any volunteer corporation or volunteer health care provider that delivers health care

services.

186

187

188

189

190

191

192

193 194

195

196

197

198

199

200

201

202

203

204

205

206

207

208

209 210

211

212

213



- (4) CONTRACT REQUIREMENTS.—A health care provider that executes a contract with a governmental contractor to deliver health care services on or after April 17, 1992, as an agent of the governmental contractor, or any employee or agent of such health care provider, is an agent for purposes of s. 768.28(9), while acting within the scope of duties under the contract, if the contract complies with the requirements of this section and regardless of whether the individual treated is later found to be ineligible. A health care provider, or any employee or agent of such health care provider, shall continue to be an agent for purposes of s. 768.28(9) for 30 days after a determination of ineligibility to allow for treatment until the individual transitions to treatment by another health care provider. A health care provider under contract with the state, or any employee or agent of such health care provider, may not be named as a defendant in any action arising out of medical care or treatment provided on or after April 17, 1992, under contracts entered into under this section. The contract must provide that:
- (a) The right of dismissal or termination of any health care provider delivering services under the contract is retained by the governmental contractor.
- (b) The governmental contractor has access to the patient records of any health care provider delivering services under the contract.
- (c) Adverse incidents and information on treatment outcomes must be reported by any health care provider to the governmental contractor if the incidents and information pertain to a patient treated under the contract. The health care provider shall submit the reports required by s. 395.0197. If an incident

215

216

217

218

219

220

221

2.2.2

223

224

225

226

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242



involves a professional licensed by the Department of Health or a facility licensed by the Agency for Health Care Administration, the governmental contractor shall submit such incident reports to the appropriate department or agency, which shall review each incident and determine whether it involves conduct by the licensee that is subject to disciplinary action. All patient medical records and any identifying information contained in adverse incident reports and treatment outcomes which are obtained by governmental entities under this paragraph are confidential and exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

- (d) Patient selection and initial referral must be made by the governmental contractor or the provider. Patients may not be transferred to the provider based on a violation of the antidumping provisions of the Omnibus Budget Reconciliation Act of 1989, the Omnibus Budget Reconciliation Act of 1990, or chapter 395.
- (e) If emergency care is required, the patient need not be referred before receiving treatment, but must be referred within 48 hours after treatment is commenced or within 48 hours after the patient has the mental capacity to consent to treatment, whichever occurs later.
- (f) The provider is subject to supervision and regular inspection by the governmental contractor.
- (g) As an agent of the governmental contractor for purposes of s. 768.28(9), while acting within the scope of duties under the contract, A health care provider licensed under chapter 466, as an agent of the governmental contractor for purposes of s.768.28(9), may allow a patient, or a parent or guardian of the



patient, to voluntarily contribute a monetary amount to cover costs of dental laboratory work related to the services provided to the patient within the scope of duties under the contract. This contribution may not exceed the actual cost of the dental laboratory charges.

247 248 249

250

251

252

253

254

255

256

257

258

259

260

261 262

263

264

265

266

267

268

269

270

271

243

244

245

246

A governmental contractor that is also a health care provider is not required to enter into a contract under this section with respect to the health care services delivered by its employees.

(5) NOTICE OF AGENCY RELATIONSHIP.—The governmental contractor must provide written notice to each patient, or the patient's legal representative, receipt of which must be acknowledged in writing at the initial visit, that the provider is an agent of the governmental contractor and that the exclusive remedy for injury or damage suffered as the result of any act or omission of the provider or of any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to the provisions of s. 768.28. Thereafter, and with respect to any federally funded community health center, the notice requirements may be met by posting in a place conspicuous to all persons a notice that the health care provider federally funded community health center is an agent of the governmental contractor and that the exclusive remedy for injury or damage suffered as the result of any act or omission of the provider or of any employee or agent thereof acting within the scope of duties pursuant to the contract is by commencement of an action pursuant to the provisions of s. 768.28.

Section 11. Paragraph (b) of subsection (9) of section



768.28, Florida Statutes, is amended to read:

768.28 Waiver of sovereign immunity in tort actions; recovery limits; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs.-

(9)

- (b) As used in this subsection, the term:
- 1. "Employee" includes any volunteer firefighter.
- 2. "Officer, employee, or agent" includes, but is not limited to, any health care provider, and its employees or agents, when providing services pursuant to s. 766.1115; any nonprofit independent college or university located and chartered in this state which owns or operates an accredited medical school, and its employees or agents, when providing patient services pursuant to paragraph (10)(f); and any public defender or her or his employee or agent, including, among others, an assistant public defender and an investigator.

289

272

273

274 275

276

277

278

279

280

281

282

283

284

285

286

287

288

290

291

292

294

295 296

297

298

299

300

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

And the title is amended as follows:

Delete lines 2 - 24

293 and insert:

> An act relating to the access to health care services; amending ss. 458.347 and 459.022, F.S.; revising the authority of a licensed physician assistant to order medication under the direction of a supervisory physician for a specified patient; amending s. 464.012, F.S.; authorizing an advanced registered nurse practitioner to order medication for

302

303 304

305

306

307

308

309

310

311

312

313

314

315

316

317

318

319

320

321

322 323

324

325

326

327

328

329



administration to a specified patient; amending s. 465.003, F.S.; revising the term "prescription" to exclude an order for drugs or medicinal supplies by a licensed practitioner that is dispensed for certain administration; amending s. 893.02, F.S.; revising the term "administer" to include the term "administration"; revising the term "prescription" to exclude an order for drugs or medicinal supplies by a licensed practitioner that is dispensed for certain administration; amending s. 893.04, F.S.; conforming provisions to changes made by act; amending s. 893.05, F.S.; authorizing a licensed practitioner to authorize a licensed physician assistant or advanced registered nurse practitioner to order controlled substances for a specified patient under certain circumstances; creating s. 296.42, F.S.; directing the Department of Veterans' Affairs to contract for a study to determine the need and location for additional state veterans' nursing homes; directing the department to submit the study to the Governor and Legislature; providing study criteria for ranking each county according to need; providing site selection criteria; requiring approval of the Governor and Cabinet for site selection; requiring the department to use specified studies to select new nursing home sites; directing the department to contract for subsequent studies and submit the studies to the Governor and Legislature; creating s. 624.27, F.S.; providing definitions; specifying that a direct primary care agreement does

331

332

333

334

335

336

337

338

339

340

341

342

343

344

345

346

347

348

349

350

351



not constitute insurance and is not subject to the Florida Insurance Code; specifying that entering into a direct primary care agreement does not constitute the business of insurance and is not subject to the code; providing that a health care provider is not required to obtain a certificate of authority to market, sell, or offer to sell a direct primary care agreement; specifying criteria for a direct primary care agreement; amending s. 766.1115, F.S.; redefining terms relating to agency relationships with governmental health care contractors; deleting an obsolete date; extending sovereign immunity to employees or agents of a health care provider that executes a contract with a governmental contractor; clarifying that a receipt of specified notice must be acknowledged by a patient or the patient's representative at the initial visit; requiring the posting of notice that a specified health care provider is an agent of a governmental contractor; amending s. 768.28, F.S.; redefining the term "officer, employee, or agent" to include employees or agents of a health care provider;