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CS/CS/HB 7087, Engrossed 2

2016 Legislature

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 2 An act relating to health care; requiring the Agency
 3 for Health Care Administration, the Department of
 4 Health, and the Office of Insurance Regulation to
 5 collect certain information; creating the Telehealth
 6 Advisory Council within the agency for specified
 7 purposes; specifying council membership; providing for
 8 council membership requirements; requiring the council
 9 to review certain findings and make recommendations in
 10 a report to the Governor and the Legislature by a
 11 specified date; requiring the agency to report such
 12 information to the Governor and Legislature by a
 13 specified date; providing certain enforcement
 14 authority to each agency; providing for expiration of
 15 the reporting requirement; reenacting s. 409.975(6),
 16 F.S., relating to provider payment of managed medical
 17 assistance program participants; providing legislative
 18 intent regarding the effect of other legislation;
 19 providing an effective date.

20
 21 Be It Enacted by the Legislature of the State of Florida:

22
 23 Section 1. Telehealth utilization and insurance coverage
 24 report.—

25 (1) The Agency for Health Care Administration, the
 26 Department of Health, and the Office of Insurance Regulation



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27 shall, within existing resources, survey health care facilities,
28 health maintenance organizations, health care practitioners, and
29 health insurers, respectively, and perform any other research
30 necessary to collect the following information:

31 (a) The types of health care services provided via
32 telehealth.

33 (b) The extent to which telehealth is used by health care
34 practitioners and health care facilities nationally and in the
35 state.

36 (c) The estimated costs and cost savings to health care
37 entities, health care practitioners, and the state associated
38 with using telehealth to provide health care services.

39 (d) Which health care insurers, health maintenance
40 organizations, and managed care organizations cover health care
41 services provided to patients in Florida via telehealth, whether
42 the coverage is restricted or limited, and how such coverage
43 compares to that insurer's coverage for services provided in
44 person. The comparison shall at a minimum include:

45 1. Covered medical or other health care services.

46 2. A description of whether payment rates for such
47 services provided via telehealth are less than, equal to, or
48 greater than payment rates for such services provided in person.

49 3. Any annual or lifetime dollar maximums on coverage for
50 services provided via telehealth and in person.

51 4. Any copayments, coinsurance, or deductible amounts, or
52 policy year, calendar year, lifetime, or other durational



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53 benefit limitation or maximum for benefits or services provided
54 via telehealth and in person.

55 5. Any conditions imposed for coverage for services
56 provided via telehealth that are not imposed for coverage for
57 the same services provided in person.

58 (e) The barriers to using, implementing the use of, or
59 accessing services via telehealth.

60 (2) The Telehealth Advisory Council is created within the
61 Agency for Health Care Administration for the purpose of making
62 recommendations based on the surveys and research findings
63 required by this section. The agency shall use existing and
64 available resources to administer and support the activities of
65 the council under this section. The council may conduct its
66 meetings via teleconference.

67 (a) Members of the council shall serve without
68 compensation and are not entitled to reimbursement for per diem
69 or travel expenses. The council shall consist of 15 members, as
70 follows:

71 1. The Secretary of Health Care Administration, or his or
72 her designee, who shall serve as the chair of the council.

73 2. The State Surgeon General or his or his designee.

74 3. The following members appointed by the Secretary of
75 Health Care Administration:

76 a. Two representatives of health insurers that offer
77 coverage for telehealth services.

78 b. Two representatives of organizations that represent



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79 health care facilities, one of whom shall be a representative of
80 a hospital.

81 c. Two representatives of entities that create or sell
82 telehealth products.

83 d. One representative of an organization that represents
84 telehealth stakeholders.

85 e. Two representatives of long-term care services, one of
86 whom shall be a representative of a nursing home and one of whom
87 shall be a representative from a home health agency or
88 community-based health services program.

89 4. The following members appointed by the State Surgeon
90 General:

91 a. Two health care practitioners, each of whom practices
92 in a different area of medicine.

93 b. Two representatives of organizations that represent
94 health care practitioners.

95 (b) The council shall review the surveys and research
96 findings required by this section and make recommendations to
97 increase the use and accessibility of services provided via
98 telehealth, including the identification of any barriers to
99 implementing or accessing services provided via telehealth, in a
100 report that shall be submitted to the Governor, the President of
101 the Senate, and the Speaker of the House of Representatives on
102 or before October 31, 2017.

103 (3) The Agency for Health Care Administration shall
104 compile the surveys and research findings required by this



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105 section and submit a report of such findings to the Governor,
106 the President of the Senate, and the Speaker of the House of
107 Representatives on or before December 31, 2016.

108 (4) The Department of Health shall survey all health care
109 practitioners, as defined in s. 456.001, upon and as a condition
110 of licensure renewal to compile the information required
111 pursuant to this section. The Department of Health and the
112 Office of Insurance Regulation shall submit their survey and
113 research findings to the agency and shall assist the agency in
114 compiling the information to prepare the report.

115 (5) The Agency for Health Care Administration, the
116 Department of Health, and the Office of Insurance Regulation may
117 assess fines under ss. 408.813(2)(d), 456.072(2)(d), and
118 624.310(5), Florida Statutes, respectively, against a health
119 care facility, health maintenance organization, health care
120 practitioner, and health insurer for failure to complete the
121 surveys required under this section.

122 (6) This section expires June 30, 2018.

123 Section 2. Subsection (1) of section 636.202, Florida
124 Statutes, is amended to read:

125 636.202 Definitions.—As used in this part, the term:

126 (1) "Discount medical plan" means a business arrangement
127 or contract in which a person, in exchange for fees, dues,
128 charges, or other consideration, provides access for plan
129 members to providers of medical services and the right to
130 receive medical services from those providers at a discount. The



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131 term "discount medical plan" does not include any product
132 regulated under chapter 627, chapter 641, or part I of this
133 chapter, or any medical services provided through a
134 telecommunications medium that does not offer a discount to the
135 plan member for those medical services.

136 Section 3. Notwithstanding the amendment made to s.
137 409.975(6), Florida Statutes, by HB 5101, 1st Eng., 2016 Regular
138 Session, subsection (6) of s. 409.975, Florida Statutes, is
139 reenacted to read:

140 409.975 Managed care plan accountability.—In addition to
141 the requirements of s. 409.967, plans and providers
142 participating in the managed medical assistance program shall
143 comply with the requirements of this section.

144 (6) PROVIDER PAYMENT.—Managed care plans and hospitals
145 shall negotiate mutually acceptable rates, methods, and terms of
146 payment. For rates, methods, and terms of payment negotiated
147 after the contract between the agency and the plan is executed,
148 plans shall pay hospitals, at a minimum, the rate the agency
149 would have paid on the first day of the contract between the
150 provider and the plan. Such payments to hospitals may not exceed
151 120 percent of the rate the agency would have paid on the first
152 day of the contract between the provider and the plan, unless
153 specifically approved by the agency. Payment rates may be
154 updated periodically.

155 Section 4. It is the intent of the Legislature that the
156 reenactment of s. 409.975(6), Florida Statutes, made by this act



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157 | shall control over the amendment to that subsection made by HB
158 | 5101, 1st Eng., 2016 Regular Session, regardless of the order in
159 | which the reenactment and the amendment are enacted.

160 | Section 5. This act shall take effect July 1, 2016.