

1                                   A bill to be entitled  
 2           An act relating to personal injury protection  
 3           benefits; amending s. 627.736, F.S.; deleting the  
 4           requirement for insureds and health care providers to  
 5           execute a disclosure and acknowledgment form to claim  
 6           personal injury protection benefits; amending ss.  
 7           400.9905 and 627.7401, F.S.; conforming cross-  
 8           references; providing an effective date.

9  
 10 Be It Enacted by the Legislature of the State of Florida:

11  
 12           Section 1. Paragraph (e) of subsection (5) of section  
 13           627.736, Florida Statutes, is amended to read:

14           627.736 Required personal injury protection benefits;  
 15           exclusions; priority; claims.—

16           (5) CHARGES FOR TREATMENT OF INJURED PERSONS.—

17           ~~(c)1. At the initial treatment or service provided, each~~  
 18           ~~physician, other licensed professional, clinic, or other medical~~  
 19           ~~institution providing medical services upon which a claim for~~  
 20           ~~personal injury protection benefits is based shall require an~~  
 21           ~~insured person, or his or her guardian, to execute a disclosure~~  
 22           ~~and acknowledgment form, which reflects at a minimum that:~~

23           ~~a. The insured, or his or her guardian, must countersign~~  
 24           ~~the form attesting to the fact that the services set forth~~  
 25           ~~therein were actually rendered;~~

26           ~~b. The insured, or his or her guardian, has both the right~~  
27 ~~and affirmative duty to confirm that the services were actually~~  
28 ~~rendered;~~

29           ~~e. The insured, or his or her guardian, was not solicited~~  
30 ~~by any person to seek any services from the medical provider;~~

31           ~~d. The physician, other licensed professional, clinic, or~~  
32 ~~other medical institution rendering services for which payment~~  
33 ~~is being claimed explained the services to the insured or his or~~  
34 ~~her guardian; and~~

35           ~~e. If the insured notifies the insurer in writing of a~~  
36 ~~billing error, the insured may be entitled to a certain~~  
37 ~~percentage of a reduction in the amounts paid by the insured's~~  
38 ~~motor vehicle insurer.~~

39           ~~2. The physician, other licensed professional, clinic, or~~  
40 ~~other medical institution rendering services for which payment~~  
41 ~~is being claimed has the affirmative duty to explain the~~  
42 ~~services rendered to the insured, or his or her guardian, so~~  
43 ~~that the insured, or his or her guardian, countersigns the form~~  
44 ~~with informed consent.~~

45           ~~3. Countersignature by the insured, or his or her~~  
46 ~~guardian, is not required for the reading of diagnostic tests or~~  
47 ~~other services that are of such a nature that they are not~~  
48 ~~required to be performed in the presence of the insured.~~

49           ~~4. The licensed medical professional rendering treatment~~  
50 ~~for which payment is being claimed must sign, by his or her own~~

51 ~~hand, the form complying with this paragraph.~~

52 ~~5. The original completed disclosure and acknowledgment~~  
53 ~~form shall be furnished to the insurer pursuant to paragraph~~  
54 ~~(4) (b) and may not be electronically furnished.~~

55 ~~6. The disclosure and acknowledgment form is not required~~  
56 ~~for services billed by a provider for emergency services and~~  
57 ~~care as defined in s. 395.002 rendered in a hospital emergency~~  
58 ~~department, or for transport and treatment rendered by an~~  
59 ~~ambulance provider licensed pursuant to part III of chapter 401.~~

60 ~~7. The Financial Services Commission shall adopt, by rule,~~  
61 ~~a standard disclosure and acknowledgment form to be used to~~  
62 ~~fulfill the requirements of this paragraph.~~

63 ~~8. As used in this paragraph, the term "countersign" or~~  
64 ~~"countersignature" means a second or verifying signature, as on~~  
65 ~~a previously signed document, and is not satisfied by the~~  
66 ~~statement "signature on file" or any similar statement.~~

67 ~~9. The requirements of this paragraph apply only with~~  
68 ~~respect to the initial treatment or service of the insured by a~~  
69 ~~provider. For subsequent treatments or service, the provider~~  
70 ~~must maintain a patient log signed by the patient, in~~  
71 ~~chronological order by date of service, which is consistent with~~  
72 ~~the services being rendered to the patient as claimed. The~~  
73 ~~requirement to maintain a patient log signed by the patient may~~  
74 ~~be met by a hospital that maintains medical records as required~~  
75 ~~by s. 395.3025 and applicable rules and makes such records~~

76 | ~~available to the insurer upon request.~~

77 | Section 2. Paragraph (n) of subsection (4) of section  
78 | 400.9905, Florida Statutes, is amended to read:

79 | 400.9905 Definitions.—

80 | (4) "Clinic" means an entity where health care services  
81 | are provided to individuals and which tenders charges for  
82 | reimbursement for such services, including a mobile clinic and a  
83 | portable equipment provider. As used in this part, the term does  
84 | not include and the licensure requirements of this part do not  
85 | apply to:

86 | (a) Entities licensed or registered by the state under  
87 | chapter 395; entities licensed or registered by the state and  
88 | providing only health care services within the scope of services  
89 | authorized under their respective licenses under ss. 383.30-  
90 | 383.335, chapter 390, chapter 394, chapter 397, this chapter  
91 | except part X, chapter 429, chapter 463, chapter 465, chapter  
92 | 466, chapter 478, part I of chapter 483, chapter 484, or chapter  
93 | 651; end-stage renal disease providers authorized under 42  
94 | C.F.R. part 405, subpart U; providers certified under 42 C.F.R.  
95 | part 485, subpart B or subpart H; or any entity that provides  
96 | neonatal or pediatric hospital-based health care services or  
97 | other health care services by licensed practitioners solely  
98 | within a hospital licensed under chapter 395.

99 | (b) Entities that own, directly or indirectly, entities  
100 | licensed or registered by the state pursuant to chapter 395;

101 entities that own, directly or indirectly, entities licensed or  
102 registered by the state and providing only health care services  
103 within the scope of services authorized pursuant to their  
104 respective licenses under ss. 383.30-383.335, chapter 390,  
105 chapter 394, chapter 397, this chapter except part X, chapter  
106 429, chapter 463, chapter 465, chapter 466, chapter 478, part I  
107 of chapter 483, chapter 484, or chapter 651; end-stage renal  
108 disease providers authorized under 42 C.F.R. part 405, subpart  
109 U; providers certified under 42 C.F.R. part 485, subpart B or  
110 subpart H; or any entity that provides neonatal or pediatric  
111 hospital-based health care services by licensed practitioners  
112 solely within a hospital licensed under chapter 395.

113 (c) Entities that are owned, directly or indirectly, by an  
114 entity licensed or registered by the state pursuant to chapter  
115 395; entities that are owned, directly or indirectly, by an  
116 entity licensed or registered by the state and providing only  
117 health care services within the scope of services authorized  
118 pursuant to their respective licenses under ss. 383.30-383.335,  
119 chapter 390, chapter 394, chapter 397, this chapter except part  
120 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter  
121 478, part I of chapter 483, chapter 484, or chapter 651; end-  
122 stage renal disease providers authorized under 42 C.F.R. part  
123 405, subpart U; providers certified under 42 C.F.R. part 485,  
124 subpart B or subpart H; or any entity that provides neonatal or  
125 pediatric hospital-based health care services by licensed

126 practitioners solely within a hospital under chapter 395.

127 (d) Entities that are under common ownership, directly or  
128 indirectly, with an entity licensed or registered by the state  
129 pursuant to chapter 395; entities that are under common  
130 ownership, directly or indirectly, with an entity licensed or  
131 registered by the state and providing only health care services  
132 within the scope of services authorized pursuant to their  
133 respective licenses under ss. 383.30-383.335, chapter 390,  
134 chapter 394, chapter 397, this chapter except part X, chapter  
135 429, chapter 463, chapter 465, chapter 466, chapter 478, part I  
136 of chapter 483, chapter 484, or chapter 651; end-stage renal  
137 disease providers authorized under 42 C.F.R. part 405, subpart  
138 U; providers certified under 42 C.F.R. part 485, subpart B or  
139 subpart H; or any entity that provides neonatal or pediatric  
140 hospital-based health care services by licensed practitioners  
141 solely within a hospital licensed under chapter 395.

142 (e) An entity that is exempt from federal taxation under  
143 26 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan  
144 under 26 U.S.C. s. 409 that has a board of trustees at least  
145 two-thirds of which are Florida-licensed health care  
146 practitioners and provides only physical therapy services under  
147 physician orders, any community college or university clinic,  
148 and any entity owned or operated by the federal or state  
149 government, including agencies, subdivisions, or municipalities  
150 thereof.

151 (f) A sole proprietorship, group practice, partnership, or  
152 corporation that provides health care services by physicians  
153 covered by s. 627.419, that is directly supervised by one or  
154 more of such physicians, and that is wholly owned by one or more  
155 of those physicians or by a physician and the spouse, parent,  
156 child, or sibling of that physician.

157 (g) A sole proprietorship, group practice, partnership, or  
158 corporation that provides health care services by licensed  
159 health care practitioners under chapter 457, chapter 458,  
160 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,  
161 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,  
162 chapter 490, chapter 491, or part I, part III, part X, part  
163 XIII, or part XIV of chapter 468, or s. 464.012, and that is  
164 wholly owned by one or more licensed health care practitioners,  
165 or the licensed health care practitioners set forth in this  
166 paragraph and the spouse, parent, child, or sibling of a  
167 licensed health care practitioner if one of the owners who is a  
168 licensed health care practitioner is supervising the business  
169 activities and is legally responsible for the entity's  
170 compliance with all federal and state laws. However, a health  
171 care practitioner may not supervise services beyond the scope of  
172 the practitioner's license, except that, for the purposes of  
173 this part, a clinic owned by a licensee in s. 456.053(3)(b)  
174 which provides only services authorized pursuant to s.  
175 456.053(3)(b) may be supervised by a licensee specified in s.

176 456.053 (3) (b) .

177 (h) Clinical facilities affiliated with an accredited  
 178 medical school at which training is provided for medical  
 179 students, residents, or fellows.

180 (i) Entities that provide only oncology or radiation  
 181 therapy services by physicians licensed under chapter 458 or  
 182 chapter 459 or entities that provide oncology or radiation  
 183 therapy services by physicians licensed under chapter 458 or  
 184 chapter 459 which are owned by a corporation whose shares are  
 185 publicly traded on a recognized stock exchange.

186 (j) Clinical facilities affiliated with a college of  
 187 chiropractic accredited by the Council on Chiropractic Education  
 188 at which training is provided for chiropractic students.

189 (k) Entities that provide licensed practitioners to staff  
 190 emergency departments or to deliver anesthesia services in  
 191 facilities licensed under chapter 395 and that derive at least  
 192 90 percent of their gross annual revenues from the provision of  
 193 such services. Entities claiming an exemption from licensure  
 194 under this paragraph must provide documentation demonstrating  
 195 compliance.

196 (l) Orthotic, prosthetic, pediatric cardiology, or  
 197 perinatology clinical facilities or anesthesia clinical  
 198 facilities that are not otherwise exempt under paragraph (a) or  
 199 paragraph (k) and that are a publicly traded corporation or are  
 200 wholly owned, directly or indirectly, by a publicly traded



201 corporation. As used in this paragraph, a publicly traded  
202 corporation is a corporation that issues securities traded on an  
203 exchange registered with the United States Securities and  
204 Exchange Commission as a national securities exchange.

205 (m) Entities that are owned by a corporation that has \$250  
206 million or more in total annual sales of health care services  
207 provided by licensed health care practitioners where one or more  
208 of the persons responsible for the operations of the entity is a  
209 health care practitioner who is licensed in this state and who  
210 is responsible for supervising the business activities of the  
211 entity and is responsible for the entity's compliance with state  
212 law for purposes of this part.

213 (n) Entities that employ 50 or more licensed health care  
214 practitioners licensed under chapter 458 or chapter 459 where  
215 the billing for medical services is under a single tax  
216 identification number. The application for exemption under this  
217 subsection shall contain information that includes: the name,  
218 residence, and business address and phone number of the entity  
219 that owns the practice; a complete list of the names and contact  
220 information of all the officers and directors of the  
221 corporation; the name, residence address, business address, and  
222 medical license number of each licensed Florida health care  
223 practitioner employed by the entity; the corporate tax  
224 identification number of the entity seeking an exemption; a  
225 listing of health care services to be provided by the entity at

226 | the health care clinics owned or operated by the entity and a  
 227 | certified statement prepared by an independent certified public  
 228 | accountant which states that the entity and the health care  
 229 | clinics owned or operated by the entity have not received  
 230 | payment for health care services under personal injury  
 231 | protection insurance coverage for the preceding year. If the  
 232 | agency determines that an entity which is exempt under this  
 233 | subsection has received payments for medical services under  
 234 | personal injury protection insurance coverage, the agency may  
 235 | deny or revoke the exemption from licensure under this  
 236 | subsection.

237 |  
 238 | Notwithstanding this subsection, an entity shall be deemed a  
 239 | clinic and must be licensed under this part in order to receive  
 240 | reimbursement under the Florida Motor Vehicle No-Fault Law, ss.  
 241 | 627.730-627.7405, unless exempted under s. 627.736(5)(g)  
 242 | ~~627.736(5)(h)~~.

243 | Section 3. Paragraph (b) of subsection (1) of section  
 244 | 627.7401, Florida Statutes, is amended to read:

245 | 627.7401 Notification of insured's rights.—

246 | (1) The commission, by rule, shall adopt a form for the  
 247 | notification of insureds of their right to receive personal  
 248 | injury protection benefits under the Florida Motor Vehicle No-  
 249 | Fault Law. Such notice shall include:

250 | (b) An advisory informing insureds that÷

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251 ~~1.~~ pursuant to s. 626.9892, the Department of Financial  
252 Services may pay rewards of up to \$25,000 to persons providing  
253 information leading to the arrest and conviction of persons  
254 committing crimes investigated by the Division of Investigative  
255 and Forensic Services arising from violations of s. 440.105, s.  
256 624.15, s. 626.9541, s. 626.989, or s. 817.234.

257 ~~2. Pursuant to s. 627.736(5)(c)1., if the insured notifies~~  
258 ~~the insurer of a billing error, the insured may be entitled to a~~  
259 ~~certain percentage of a reduction in the amount paid by the~~  
260 ~~insured's motor vehicle insurer.~~

261 Section 4. This act shall take effect July 1, 2018.