CS/HB 843 — Health Care
by Health and Human Services Committee and Rep. Rodriguez, A.M. and others (CS/SB 7078 by Appropriations Committee and Health Policy Committee)

The bill provides the following revisions to health care and health insurance law:

**Dental Services**

The bill provides legislative intent regarding oral health and dental services. The bill:
- Re-creates the Dental Student Loan Repayment Program under s. 381.4019, F.S., for Florida-licensed dentists who practice in specific public health programs located in federally-designated dental health professional shortage areas or medically underserved areas.
- Creates the Donated Dental Services Program under s. 381.40195, F.S., to establish a network of voluntary dentists and other dental providers for the purpose of providing comprehensive dental services at no cost to eligible individuals.

Implementation of each of these programs by the Department of Health is subject to legislative appropriation.

**Hospital Quality Report Cards**

The bill amends s. 395.1012, F.S., to require hospitals to provide patients, or a patient’s proxy, with written information and quality measures pertaining to quality of care for that hospital and the statewide average for those quality measures. Such information must be easily understandable and include an explanation of the relationship between patient safety and the hospital’s data for quality measures.

**Physician Access in a Hospital Setting**

The bill creates s. 395.1052, F.S., to facilitate the involvement of a patient’s primary care physician and specialists in a hospital setting:
- Hospitals must notify each patient’s primary care provider within 24 hours after the patient is admitted and after discharge.
- Hospitals must also inform a patient that he or she may request the hospital’s treating physician to consult with the patient’s primary care doctor and/or specialist when developing the patient’s plan of care. If such request is made, the treating physician is required to make reasonable efforts to do so.
- Hospitals must also provide the patient’s discharge summary to the patient’s primary care doctor within 14 days after the discharge summary is completed.
Ambulatory Surgical Centers

The bill amends s. 395.002, F.S., to allow a patient to stay in an ambulatory surgical center for up to 24 hours and deletes the current-law requirement that a patient be admitted and discharged on the same working day without staying overnight. The bill also amends s. 395.1055, F.S., to require the Agency for Health Care Administration (AHCA) to adopt rules to ensure the safe and effective delivery of care to children in ambulatory surgical centers.

Pediatric Cardiac Technical Advisory Panel

The bill amends s. 395.1055, F.S., to add three alternate at-large members to the existing Pediatric Cardiac Technical Advisory Panel established under AHCA. The bill also:

- Authorizes the AHCA Secretary to request announced or unannounced site visits to pediatric cardiac surgical centers for inspections by the panel and provides parameters for those inspections;
- Authorizes the AHCA Secretary to request recommendations from the panel for in-state physician experts to conduct on-site visits, and permits the Secretary to appoint up to two out-of-state physician experts for such visits;
- Authorizes the panel to present an advisory opinion and suggested actions for correction to the AHCA Secretary, as warranted;
- Authorizes AHCA to reimburse panel members for travel expenses; and
- Provides that panel members are agents of the state and are subject to sovereign immunity laws while conducting their duties in good faith.

Hospital Observation Status

The bill amends s. 395.301, F.S., to require that when a hospital places a patient on observation status instead of inpatient status, the hospital must immediately provide written notification to the patient. The bill requires the notice be given to Medicare patients through a Medicare form and to non-Medicare patients through a form adopted by AHCA rule.

Definition of Clinics

The bill amends s. 400.9905, F.S., to provide that the definition of “clinic” does not include providers certified by the federal Centers for Medicare & Medicaid services under the federal Clinical Laboratory Improvement Amendments and federal rules adopted thereunder.

Health Care Restrictive Covenants

Effective upon becoming law, the bill creates s. 542.336, F.S., to provide that certain restrictive covenants relating to health care practitioners are void and unenforceable until certain conditions are met.
Direct Health Care Agreements

The bill amends s. 624.27, F.S., relating to direct primary care agreements and expands the statute’s effects to include any medical services provided by physicians, chiropractors, nurses, and dentists instead of solely primary care services.

Step-Therapy Protocols

Effective January 1, 2020, the bill creates s. 627.42393, F.S., to prohibit certain health insurance policies from requiring an insured to undergo a step-therapy protocol before approving a covered prescription drug if the patient has already been approved to receive the drug through the completion of a step-therapy protocol under previous health coverage in the past 90 days. The bill also creates an identical prohibition for certain health maintenance organization contracts by amending s. 641.31, F.S.

Office of Program Policy Analysis and Governmental Accountability (OPPAGA) Review

The bill directs OPPAGA to research and analyze the Interstate Medical Licensure Compact and the relevant provisions of Florida’s general laws and Constitution and submit a report and recommendations to the Governor and the Legislature addressing Florida’s prospective entrance into the Compact in a way that remains consistent with Florida’s laws and Constitution. The report is due October 1, 2019.

If approved by the Governor, these provisions take effect July 1, 2019, except as otherwise provided.

Vote: Senate 39-0; House 115-0