

1                   A bill to be entitled  
2           An act relating to health care consumer protection;  
3           amending s. 395.002, F.S.; defining the term  
4           "diagnostic-imaging center"; conforming cross-  
5           references; amending s. 395.107, F.S.; requiring  
6           certain health care practitioners, urgent care  
7           centers, ambulatory surgical centers, and diagnostic-  
8           imaging centers to publish and post a schedule of  
9           charges for services provided to patients; specifying  
10          text size; requiring the schedule to be in language  
11          comprehensible to a layperson; requiring certain  
12          practitioners to distribute charge schedules to  
13          patients; providing for fines; providing that a  
14          practitioner's failure to comply is grounds for  
15          discipline; amending s. 456.072, F.S.; adding failure  
16          to comply with the provisions of s. 395.107, F.S., to  
17          the grounds for discipline of a practitioner licensed  
18          under certain chapters; amending s. 627.6131, F.S.;  
19          prohibiting a provider of emergency medical care and  
20          services from billing a patient under certain  
21          circumstances; prohibiting certain providers of  
22          nonemergency medical care and services from billing a  
23          patient under certain circumstances; creating s.  
24          627.6385, F.S.; requiring insurers to inform insureds  
25          of certain providers who may bill the insured for  
26          medical services; requiring hospitals to disclose to  
27          certain patients which of its contracted providers  
28          will treat the patients and which of those may bill

29 the patient directly; requiring hospitals to provide  
 30 contact information for those providers to the  
 31 patient; requiring certain providers in a hospital to  
 32 inform certain patients in writing whether the  
 33 patients will be billed directly by the providers;  
 34 releasing a patient from liability if a provider fails  
 35 to disclose billing information; amending ss. 383.50,  
 36 390.011, 394.4787, 395.003, 395.602, 395.701, 408.051,  
 37 409.905, 409.97, 409.975, 468.505, 627.736, 766.118,  
 38 766.316, and 812.014, F.S.; conforming cross-  
 39 references; providing an effective date.

40

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

42

43 Section 1. Subsections (6) through (33) of section  
 44 395.002, Florida Statutes, are renumbered as subsections (7)  
 45 through (34), respectively, present subsections (10) and (28) of  
 46 that section are amended, and a new subsection (6) is added to  
 47 that section, to read:

48 395.002 Definitions.—As used in this chapter:

49 (6) "Diagnostic-imaging center" means a freestanding  
 50 outpatient facility that provides specialized services for the  
 51 diagnosis of a disease by examination and also provides  
 52 radiological services.

53 (11)~~(10)~~ "General hospital" means any facility which meets  
 54 the provisions of subsection (13) ~~(12)~~ and which regularly makes  
 55 its facilities and services available to the general population.

56 (29)~~(28)~~ "Specialty hospital" means any facility which

57 meets the provisions of subsection (13) ~~(12)~~, and which  
 58 regularly makes available either:

59 (a) The range of medical services offered by general  
 60 hospitals, but restricted to a defined age or gender group of  
 61 the population;

62 (b) A restricted range of services appropriate to the  
 63 diagnosis, care, and treatment of patients with specific  
 64 categories of medical or psychiatric illnesses or disorders; or

65 (c) Intensive residential treatment programs for children  
 66 and adolescents as defined in subsection (16) ~~(15)~~.

67 Section 2. Section 395.107, Florida Statutes, is amended  
 68 to read:

69 395.107 Practitioners, urgent care centers, ambulatory  
 70 surgical centers, and diagnostic-imaging centers; publishing and  
 71 posting schedule of charges; distribution; penalties.-

72 (1) An urgent care center, an ambulatory surgical center,  
 73 and a diagnostic-imaging center must publish a schedule of  
 74 charges for the medical services offered to patients. The  
 75 schedule must describe the medical services in language  
 76 comprehensible to a layperson. The schedule must include the  
 77 prices charged to an uninsured person paying for such services  
 78 by cash, check, credit card, or debit card. The schedule must be  
 79 posted in a conspicuous place in the reception area ~~of the~~  
 80 ~~urgent care center~~ and must include, but is not limited to, the  
 81 50 services most frequently provided ~~by the urgent care center~~.  
 82 The schedule may group services by three price levels, listing  
 83 services in each price level. The posting must be at least 15  
 84 square feet in size. The text describing the medical services

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85 must fill at least 12 square feet of the posting. If a care  
86 center is affiliated with a facility licensed under chapter 395,  
87 the schedule must include text that notifies the insured whether  
88 the charges for medical services received at the center will be  
89 the same as charges for medical services received at a hospital.  
90 The text notifying the insured must be in a font size equal to  
91 or greater than the font size used for prices and must be in a  
92 contrasting color. Such text must be included in all  
93 advertisements for the center and in language comprehensible to  
94 a layperson ~~The failure of an urgent care center to publish and~~  
95 ~~post a schedule of charges as required by this section shall~~  
96 ~~result in a fine of not more than \$1,000, per day, until the~~  
97 ~~schedule is published and posted.~~

98 (2) A practitioner licensed under chapter 458, chapter  
99 459, chapter 460, or chapter 461 must publish in writing a  
100 schedule of charges as described in subsection (1) and  
101 distribute it to patients upon each visit.

102 (3) The failure of an urgent care center, an ambulatory  
103 surgical center, or a diagnostic-imaging center to comply with  
104 this section shall result in a fine of not more than \$1,000, per  
105 day, until compliance. Failure of a practitioner licensed under  
106 chapter 458, chapter 459, chapter 460, or chapter 461 to comply  
107 with this section is grounds for discipline pursuant to s.  
108 456.072(2).

109 Section 3. Paragraph (oo) is added to subsection (1) of  
110 section 456.072, Florida Statutes, to read:

111 456.072 Grounds for discipline; penalties; enforcement.—

112 (1) The following acts shall constitute grounds for which

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113 the disciplinary actions specified in subsection (2) may be  
114 taken:

115 (oo) Failure to comply with the provisions of s. 395.107.

116 Section 4. Subsections (20) and (21) are added to section  
117 627.6131, Florida Statutes, to read:

118 627.6131 Payment of claims.—

119 (20) If any insurer is liable for emergency services and  
120 care, as defined in s. 395.002, regardless of whether a contract  
121 exists between the insurer and the provider of emergency  
122 services and care, the insurer is solely liable for payment of  
123 fees to the provider, and the insured is not liable for payment  
124 of fees to the provider, other than applicable copayments and  
125 deductibles, if the insured is transported to the facility by  
126 emergency medical transportation services, as defined in s.  
127 945.6041(1)(a).

128 (21) An insurer is solely liable for payment of fees to  
129 the provider and the insured is not liable for payment of fees  
130 to the provider, other than applicable copayments and  
131 deductibles, for medical services and care that are:

132 (a) Nonemergency services and care as defined in s.  
133 395.002;

134 (b) Provided in a facility licensed under chapter 395  
135 which has a contract with the insurer; and

136 (c) Provided by a provider that does not have a contract  
137 with the insurer where the patient has no ability and  
138 opportunity to choose an alternative provider having a contract  
139 with the insurer.

140 Section 5. Section 627.6385, Florida Statutes, is created

141 to read:

142 627.6385 Hospital and provider transparency; duty to  
 143 inform.-

144 (1) Each insurer issuing a health insurance policy  
 145 insuring against loss or expense due to medical and related  
 146 services provided within a facility licensed under chapter 395  
 147 shall disclose to its insured whether the facility contracts  
 148 with providers who are not under contract with the insurer. Such  
 149 disclosure shall be included in the insurer's member website and  
 150 distributed by the insurer to each insured.

151 (2) Each facility licensed under chapter 395 shall  
 152 disclose to each patient upon scheduling services or  
 153 nonemergency admission which providers will treat the patient  
 154 and which of those providers is not under contract with the  
 155 patient's insurer. The disclosure shall include notification to  
 156 the insured that such providers may bill the insured directly  
 157 for services rendered within the facility. The disclosure shall  
 158 be limited to the providers that are reasonably expected to  
 159 provide specific medical services and treatment scheduled to be  
 160 received by the insured, shall be in writing, and shall include  
 161 the name, professional address, and telephone number of all such  
 162 providers. The disclosure shall advise all patients to contact  
 163 providers prior to delivery of medical services to determine  
 164 whether or not providers will bill the patient directly for  
 165 medical services rendered within the facility. Failure to make  
 166 such a disclosure shall result in a fine of \$500 per occurrence  
 167 pursuant to s. 408.813.

168 (3) For a patient scheduled or admitted for nonemergency

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169 services to a facility licensed under chapter 395 and receiving  
 170 medical services from a provider not under contract with the  
 171 patient's insurer, that provider shall disclose to the patient  
 172 in writing, prior to the provision of medical services, whether  
 173 the patient will be billed directly for medical services  
 174 rendered within the facility. The patient is not liable for any  
 175 charges, other than applicable copayments or deductibles, billed  
 176 to the patient by the provider who failed to make the  
 177 disclosure.

178 Section 6. Subsection (4) of section 383.50, Florida  
 179 Statutes, is amended to read:

180 383.50 Treatment of surrendered newborn infant.—

181 (4) Each hospital of this state subject to s. 395.1041  
 182 shall, and any other hospital may, admit and provide all  
 183 necessary emergency services and care, as defined in s.  
 184 395.002~~(9)~~, to any newborn infant left with the hospital in  
 185 accordance with this section. The hospital or any of its  
 186 licensed health care professionals shall consider these actions  
 187 as implied consent for treatment, and a hospital accepting  
 188 physical custody of a newborn infant has implied consent to  
 189 perform all necessary emergency services and care. The hospital  
 190 or any of its licensed health care professionals is immune from  
 191 criminal or civil liability for acting in good faith in  
 192 accordance with this section. Nothing in this subsection limits  
 193 liability for negligence.

194 Section 7. Subsection (5) of section 390.011, Florida  
 195 Statutes, is amended to read:

196 390.011 Definitions.—As used in this chapter, the term:

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197 (5) "Hospital" means a facility as defined in s.  
 198 395.002(13) ~~395.002(12)~~ and licensed under chapter 395 and part  
 199 II of chapter 408.

200 Section 8. Subsection (7) of section 394.4787, Florida  
 201 Statutes, is amended to read:

202 394.4787 Definitions; ss. 394.4786, 394.4787, 394.4788,  
 203 and 394.4789.—As used in this section and ss. 394.4786,  
 204 394.4788, and 394.4789:

205 (7) "Specialty psychiatric hospital" means a hospital  
 206 licensed by the agency pursuant to s. 395.002(29) ~~395.002(28)~~  
 207 and part II of chapter 408 as a specialty psychiatric hospital.

208 Section 9. Paragraph (b) of subsection (2) of section  
 209 395.003, Florida Statutes, is amended to read:

210 395.003 Licensure; denial, suspension, and revocation.—

211 (2)

212 (b) The agency shall, at the request of a licensee that is  
 213 a teaching hospital as defined in s. 408.07(45), issue a single  
 214 license to a licensee for facilities that have been previously  
 215 licensed as separate premises, provided such separately licensed  
 216 facilities, taken together, constitute the same premises as  
 217 defined in s. ~~395.002(23)~~. Such license for the single premises  
 218 shall include all of the beds, services, and programs that were  
 219 previously included on the licenses for the separate premises.  
 220 The granting of a single license under this paragraph shall not  
 221 in any manner reduce the number of beds, services, or programs  
 222 operated by the licensee.

223 Section 10. Paragraph (c) of subsection (2) of section  
 224 395.602, Florida Statutes, is amended to read:



225 395.602 Rural hospitals.—

226 (2) DEFINITIONS.—As used in this part:

227 (c) "Inactive rural hospital bed" means a licensed acute  
 228 care hospital bed, as defined in s. 395.002~~(13)~~, that is  
 229 inactive in that it cannot be occupied by acute care inpatients.

230 Section 11. Paragraph (c) of subsection (1) of section  
 231 395.701, Florida Statutes, is amended to read:

232 395.701 Annual assessments on net operating revenues for  
 233 inpatient and outpatient services to fund public medical  
 234 assistance; administrative fines for failure to pay assessments  
 235 when due; exemption.—

236 (1) For the purposes of this section, the term:

237 (c) "Hospital" means a health care institution as defined  
 238 in s. 395.002(13) ~~395.002(12)~~, but does not include any hospital  
 239 operated by the agency or the Department of Corrections.

240 Section 12. Subsection (3) of section 408.051, Florida  
 241 Statutes, is amended to read:

242 408.051 Florida Electronic Health Records Exchange Act.—

243 (3) EMERGENCY RELEASE OF IDENTIFIABLE HEALTH RECORD.—A  
 244 health care provider may release or access an identifiable  
 245 health record of a patient without the patient's consent for use  
 246 in the treatment of the patient for an emergency medical  
 247 condition, as defined in s. 395.002~~(8)~~, when the health care  
 248 provider is unable to obtain the patient's consent or the  
 249 consent of the patient representative due to the patient's  
 250 condition or the nature of the situation requiring immediate  
 251 medical attention. A health care provider who in good faith  
 252 releases or accesses an identifiable health record of a patient

253 | in any form or medium under this subsection is immune from civil  
 254 | liability for accessing or releasing an identifiable health  
 255 | record.

256 | Section 13. Subsection (8) of section 409.905, Florida  
 257 | Statutes, is amended to read:

258 | 409.905 Mandatory Medicaid services.—The agency may make  
 259 | payments for the following services, which are required of the  
 260 | state by Title XIX of the Social Security Act, furnished by  
 261 | Medicaid providers to recipients who are determined to be  
 262 | eligible on the dates on which the services were provided. Any  
 263 | service under this section shall be provided only when medically  
 264 | necessary and in accordance with state and federal law.

265 | Mandatory services rendered by providers in mobile units to  
 266 | Medicaid recipients may be restricted by the agency. Nothing in  
 267 | this section shall be construed to prevent or limit the agency  
 268 | from adjusting fees, reimbursement rates, lengths of stay,  
 269 | number of visits, number of services, or any other adjustments  
 270 | necessary to comply with the availability of moneys and any  
 271 | limitations or directions provided for in the General  
 272 | Appropriations Act or chapter 216.

273 | (8) NURSING FACILITY SERVICES.—The agency shall pay for  
 274 | 24-hour-a-day nursing and rehabilitative services for a  
 275 | recipient in a nursing facility licensed under part II of  
 276 | chapter 400 or in a rural hospital, as defined in s. 395.602, or  
 277 | in a Medicare certified skilled nursing facility operated by a  
 278 | hospital, as defined by s. 395.002(11) ~~395.002(10)~~, that is  
 279 | licensed under part I of chapter 395, and in accordance with  
 280 | provisions set forth in s. 409.908(2)(a), which services are

281 | ordered by and provided under the direction of a licensed  
 282 | physician. However, if a nursing facility has been destroyed or  
 283 | otherwise made uninhabitable by natural disaster or other  
 284 | emergency and another nursing facility is not available, the  
 285 | agency must pay for similar services temporarily in a hospital  
 286 | licensed under part I of chapter 395 provided federal funding is  
 287 | approved and available. The agency shall pay only for bed-hold  
 288 | days if the facility has an occupancy rate of 95 percent or  
 289 | greater. The agency is authorized to seek any federal waivers to  
 290 | implement this policy.

291 |         Section 14. Paragraph (a) of subsection (4) of section  
 292 | 409.97, Florida Statutes, is amended to read:

293 |             409.97 State and local Medicaid partnerships.—

294 |             (4) HOSPITAL RATE DISTRIBUTION.—

295 |             (a) The agency is authorized to implement a tiered  
 296 | hospital rate system to enhance Medicaid payments to all  
 297 | hospitals when resources for the tiered rates are available from  
 298 | general revenue and such contributions pursuant to subsection  
 299 | (1) as are authorized under the General Appropriations Act.

300 |             1. Tier 1 hospitals are statutory rural hospitals as  
 301 | defined in s. 395.602, statutory teaching hospitals as defined  
 302 | in s. 408.07(45), and specialty children's hospitals as defined  
 303 | in s. 395.002(29) ~~395.002(28)~~.

304 |             2. Tier 2 hospitals are community hospitals not included  
 305 | in Tier 1 that provided more than 9 percent of the hospital's  
 306 | total inpatient days to Medicaid patients and charity patients,  
 307 | as defined in s. 409.911, and are located in the jurisdiction of  
 308 | a local funding source pursuant to subsection (1).

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309 3. Tier 3 hospitals include all community hospitals.

310 Section 15. Paragraph (b) of subsection (1) of section  
311 409.975, Florida Statutes, is amended to read:

312 409.975 Managed care plan accountability.—In addition to  
313 the requirements of s. 409.967, plans and providers  
314 participating in the managed medical assistance program shall  
315 comply with the requirements of this section.

316 (1) PROVIDER NETWORKS.—Managed care plans must develop and  
317 maintain provider networks that meet the medical needs of their  
318 enrollees in accordance with standards established pursuant to  
319 s. 409.967(2)(b). Except as provided in this section, managed  
320 care plans may limit the providers in their networks based on  
321 credentials, quality indicators, and price.

322 (b) Certain providers are statewide resources and  
323 essential providers for all managed care plans in all regions.  
324 All managed care plans must include these essential providers in  
325 their networks. Statewide essential providers include:

326 1. Faculty plans of Florida medical schools.

327 2. Regional perinatal intensive care centers as defined in  
328 s. 383.16(2).

329 3. Hospitals licensed as specialty children's hospitals as  
330 defined in s. 395.002(29) ~~395.002(28)~~.

331 4. Accredited and integrated systems serving medically  
332 complex children that are comprised of separately licensed, but  
333 commonly owned, health care providers delivering at least the  
334 following services: medical group home, in-home and outpatient  
335 nursing care and therapies, pharmacy services, durable medical  
336 equipment, and Prescribed Pediatric Extended Care.

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337  
338 Managed care plans that have not contracted with all statewide  
339 essential providers in all regions as of the first date of  
340 recipient enrollment must continue to negotiate in good faith.  
341 Payments to physicians on the faculty of nonparticipating  
342 Florida medical schools shall be made at the applicable Medicaid  
343 rate. Payments for services rendered by regional perinatal  
344 intensive care centers shall be made at the applicable Medicaid  
345 rate as of the first day of the contract between the agency and  
346 the plan. Payments to nonparticipating specialty children's  
347 hospitals shall equal the highest rate established by contract  
348 between that provider and any other Medicaid managed care plan.

349 Section 16. Paragraph (1) of subsection (1) of section  
350 468.505, Florida Statutes, is amended to read:

351 468.505 Exemptions; exceptions.—

352 (1) Nothing in this part may be construed as prohibiting  
353 or restricting the practice, services, or activities of:

354 (1) A person employed by a nursing facility exempt from  
355 licensing under s. 395.002(13) ~~395.002(12)~~, or a person exempt  
356 from licensing under s. 464.022.

357 Section 17. Paragraph (c) of subsection (4) and paragraph  
358 (a) of subsection (5) of section 627.736, Florida Statutes, are  
359 amended to read:

360 627.736 Required personal injury protection benefits;  
361 exclusions; priority; claims.—

362 (4) BENEFITS; WHEN DUE.—Benefits due from an insurer under  
363 ss. 627.730-627.7405 shall be primary, except that benefits  
364 received under any workers' compensation law shall be credited

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365 against the benefits provided by subsection (1) and shall be due  
366 and payable as loss accrues, upon receipt of reasonable proof of  
367 such loss and the amount of expenses and loss incurred which are  
368 covered by the policy issued under ss. 627.730-627.7405. When  
369 the Agency for Health Care Administration provides, pays, or  
370 becomes liable for medical assistance under the Medicaid program  
371 related to injury, sickness, disease, or death arising out of  
372 the ownership, maintenance, or use of a motor vehicle, benefits  
373 under ss. 627.730-627.7405 shall be subject to the provisions of  
374 the Medicaid program.

375 (c) Upon receiving notice of an accident that is  
376 potentially covered by personal injury protection benefits, the  
377 insurer must reserve \$5,000 of personal injury protection  
378 benefits for payment to physicians licensed under chapter 458 or  
379 chapter 459 or dentists licensed under chapter 466 who provide  
380 emergency services and care, as defined in s. 395.002~~(9)~~, or who  
381 provide hospital inpatient care. The amount required to be held  
382 in reserve may be used only to pay claims from such physicians  
383 or dentists until 30 days after the date the insurer receives  
384 notice of the accident. After the 30-day period, any amount of  
385 the reserve for which the insurer has not received notice of a  
386 claim from a physician or dentist who provided emergency  
387 services and care or who provided hospital inpatient care may  
388 then be used by the insurer to pay other claims. The time  
389 periods specified in paragraph (b) for required payment of  
390 personal injury protection benefits shall be tolled for the  
391 period of time that an insurer is required by this paragraph to  
392 hold payment of a claim that is not from a physician or dentist

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393 | who provided emergency services and care or who provided  
394 | hospital inpatient care to the extent that the personal injury  
395 | protection benefits not held in reserve are insufficient to pay  
396 | the claim. This paragraph does not require an insurer to  
397 | establish a claim reserve for insurance accounting purposes.

398 | (5) CHARGES FOR TREATMENT OF INJURED PERSONS.—

399 | (a)1. Any physician, hospital, clinic, or other person or  
400 | institution lawfully rendering treatment to an injured person  
401 | for a bodily injury covered by personal injury protection  
402 | insurance may charge the insurer and injured party only a  
403 | reasonable amount pursuant to this section for the services and  
404 | supplies rendered, and the insurer providing such coverage may  
405 | pay for such charges directly to such person or institution  
406 | lawfully rendering such treatment, if the insured receiving such  
407 | treatment or his or her guardian has countersigned the properly  
408 | completed invoice, bill, or claim form approved by the office  
409 | upon which such charges are to be paid for as having actually  
410 | been rendered, to the best knowledge of the insured or his or  
411 | her guardian. In no event, however, may such a charge be in  
412 | excess of the amount the person or institution customarily  
413 | charges for like services or supplies. With respect to a  
414 | determination of whether a charge for a particular service,  
415 | treatment, or otherwise is reasonable, consideration may be  
416 | given to evidence of usual and customary charges and payments  
417 | accepted by the provider involved in the dispute, and  
418 | reimbursement levels in the community and various federal and  
419 | state medical fee schedules applicable to automobile and other  
420 | insurance coverages, and other information relevant to the

421 | reasonably of the reimbursement for the service, treatment,  
 422 | or supply.

423 |         2. The insurer may limit reimbursement to 80 percent of  
 424 | the following schedule of maximum charges:

425 |             a. For emergency transport and treatment by providers  
 426 | licensed under chapter 401, 200 percent of Medicare.

427 |             b. For emergency services and care provided by a hospital  
 428 | licensed under chapter 395, 75 percent of the hospital's usual  
 429 | and customary charges.

430 |             c. For emergency services and care as defined by s.  
 431 | 395.002~~(9)~~ provided in a facility licensed under chapter 395  
 432 | rendered by a physician or dentist, and related hospital  
 433 | inpatient services rendered by a physician or dentist, the usual  
 434 | and customary charges in the community.

435 |             d. For hospital inpatient services, other than emergency  
 436 | services and care, 200 percent of the Medicare Part A  
 437 | prospective payment applicable to the specific hospital  
 438 | providing the inpatient services.

439 |             e. For hospital outpatient services, other than emergency  
 440 | services and care, 200 percent of the Medicare Part A Ambulatory  
 441 | Payment Classification for the specific hospital providing the  
 442 | outpatient services.

443 |             f. For all other medical services, supplies, and care, 200  
 444 | percent of the allowable amount under the participating  
 445 | physicians schedule of Medicare Part B. However, if such  
 446 | services, supplies, or care is not reimbursable under Medicare  
 447 | Part B, the insurer may limit reimbursement to 80 percent of the  
 448 | maximum reimbursable allowance under workers' compensation, as



449 determined under s. 440.13 and rules adopted thereunder which  
450 are in effect at the time such services, supplies, or care is  
451 provided. Services, supplies, or care that is not reimbursable  
452 under Medicare or workers' compensation is not required to be  
453 reimbursed by the insurer.

454 3. For purposes of subparagraph 2., the applicable fee  
455 schedule or payment limitation under Medicare is the fee  
456 schedule or payment limitation in effect at the time the  
457 services, supplies, or care was rendered and for the area in  
458 which such services were rendered, except that it may not be  
459 less than the allowable amount under the participating  
460 physicians schedule of Medicare Part B for 2007 for medical  
461 services, supplies, and care subject to Medicare Part B.

462 4. Subparagraph 2. does not allow the insurer to apply any  
463 limitation on the number of treatments or other utilization  
464 limits that apply under Medicare or workers' compensation. An  
465 insurer that applies the allowable payment limitations of  
466 subparagraph 2. must reimburse a provider who lawfully provided  
467 care or treatment under the scope of his or her license,  
468 regardless of whether such provider would be entitled to  
469 reimbursement under Medicare due to restrictions or limitations  
470 on the types or discipline of health care providers who may be  
471 reimbursed for particular procedures or procedure codes.

472 5. If an insurer limits payment as authorized by  
473 subparagraph 2., the person providing such services, supplies,  
474 or care may not bill or attempt to collect from the insured any  
475 amount in excess of such limits, except for amounts that are not  
476 covered by the insured's personal injury protection coverage due

477 to the coinsurance amount or maximum policy limits.

478 Section 18. Subsection (4) of section 766.118, Florida  
 479 Statutes, is amended to read:

480 766.118 Determination of noneconomic damages.—

481 (4) LIMITATION ON NONECONOMIC DAMAGES FOR NEGLIGENCE OF  
 482 PRACTITIONERS PROVIDING EMERGENCY SERVICES AND CARE.—

483 Notwithstanding subsections (2) and (3), with respect to a cause  
 484 of action for personal injury or wrongful death arising from  
 485 medical negligence of practitioners providing emergency services  
 486 and care, as defined in s. 395.002~~(9)~~, or providing services as  
 487 provided in s. 401.265, or providing services pursuant to  
 488 obligations imposed by 42 U.S.C. s. 1395dd to persons with whom  
 489 the practitioner does not have a then-existing health care  
 490 patient-practitioner relationship for that medical condition:

491 (a) Regardless of the number of such practitioner  
 492 defendants, noneconomic damages shall not exceed \$150,000 per  
 493 claimant.

494 (b) Notwithstanding paragraph (a), the total noneconomic  
 495 damages recoverable by all claimants from all such practitioners  
 496 shall not exceed \$300,000.

497  
 498 The limitation provided by this subsection applies only to  
 499 noneconomic damages awarded as a result of any act or omission  
 500 of providing medical care or treatment, including diagnosis that  
 501 occurs prior to the time the patient is stabilized and is  
 502 capable of receiving medical treatment as a nonemergency  
 503 patient, unless surgery is required as a result of the emergency  
 504 within a reasonable time after the patient is stabilized, in

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505 | which case the limitation provided by this subsection applies to  
 506 | any act or omission of providing medical care or treatment which  
 507 | occurs prior to the stabilization of the patient following the  
 508 | surgery.

509 |       Section 19. Section 766.316, Florida Statutes, is amended  
 510 | to read:

511 |       766.316 Notice to obstetrical patients of participation in  
 512 | the plan.—Each hospital with a participating physician on its  
 513 | staff and each participating physician, other than residents,  
 514 | assistant residents, and interns deemed to be participating  
 515 | physicians under s. 766.314(4)(c), under the Florida Birth-  
 516 | Related Neurological Injury Compensation Plan shall provide  
 517 | notice to the obstetrical patients as to the limited no-fault  
 518 | alternative for birth-related neurological injuries. Such notice  
 519 | shall be provided on forms furnished by the association and  
 520 | shall include a clear and concise explanation of a patient's  
 521 | rights and limitations under the plan. The hospital or the  
 522 | participating physician may elect to have the patient sign a  
 523 | form acknowledging receipt of the notice form. Signature of the  
 524 | patient acknowledging receipt of the notice form raises a  
 525 | rebuttable presumption that the notice requirements of this  
 526 | section have been met. Notice need not be given to a patient  
 527 | when the patient has an emergency medical condition as defined  
 528 | in s. 395.002(9)(b) ~~395.002(8)(b)~~ or when notice is not  
 529 | practicable.

530 |       Section 20. Paragraph (b) of subsection (2) of section  
 531 | 812.014, Florida Statutes, is amended to read:

532 |       812.014 Theft.—

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533 (2)

534 (b)1. If the property stolen is valued at \$20,000 or more,  
535 but less than \$100,000;

536 2. The property stolen is cargo valued at less than  
537 \$50,000 that has entered the stream of interstate or intrastate  
538 commerce from the shipper's loading platform to the consignee's  
539 receiving dock;

540 3. The property stolen is emergency medical equipment,  
541 valued at \$300 or more, that is taken from a facility licensed  
542 under chapter 395 or from an aircraft or vehicle permitted under  
543 chapter 401; or

544 4. The property stolen is law enforcement equipment,  
545 valued at \$300 or more, that is taken from an authorized  
546 emergency vehicle, as defined in s. 316.003,  
547  
548 the offender commits grand theft in the second degree,  
549 punishable as a felony of the second degree, as provided in s.  
550 775.082, s. 775.083, or s. 775.084. Emergency medical equipment  
551 means mechanical or electronic apparatus used to provide  
552 emergency services and care as defined in s. 395.002~~(9)~~ or to  
553 treat medical emergencies. Law enforcement equipment means any  
554 property, device, or apparatus used by any law enforcement  
555 officer as defined in s. 943.10 in the officer's official  
556 business. However, if the property is stolen within a county  
557 that is subject to a state of emergency declared by the Governor  
558 under chapter 252, the theft is committed after the declaration  
559 of emergency is made, and the perpetration of the theft is  
560 facilitated by conditions arising from the emergency, the theft

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561 is a felony of the first degree, punishable as provided in s.  
562 775.082, s. 775.083, or s. 775.084. As used in this paragraph,  
563 the term "conditions arising from the emergency" means civil  
564 unrest, power outages, curfews, voluntary or mandatory  
565 evacuations, or a reduction in the presence of or response time  
566 for first responders or homeland security personnel. For  
567 purposes of sentencing under chapter 921, a felony offense that  
568 is reclassified under this paragraph is ranked one level above  
569 the ranking under s. 921.0022 or s. 921.0023 of the offense  
570 committed.

571 Section 21. This act shall take effect July 1, 2012.