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A bill to be entitled

2 An act relating to volunteer health services; amending 3 s. 766.1115, F.S.; revising requirements for patient 4 referral under the "Access to Health Care Act"; 5 eliminating a requirement that the governmental contractor approve all followup or hospital care; 6 7 requiring the Department of Health to post specified 8 information online concerning volunteer providers; 9 permitting volunteer providers to earn continuing education credit for participation in the program up 10 to a specified amount; providing that rules adopted by 11 12 the department give providers the greatest flexibility possible in order to serve eligible patients; 13 14 providing an effective date. 15

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

Section 1. Subsections (10) and (11) of section 766.1115, Florida Statutes, are renumbered as sections (11) and (12), respectively, a new subsection (10) is added to that section, and paragraphs (d), (f), and (g) of subsection (4) and present subsections (8) and (10) of that section are amended, to read:

23 766.1115 Health care providers; creation of agency 24 relationship with governmental contractors.-

(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 is an agent for purposes of s.

Page 1 of 4

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29 768.28(9), while acting within the scope of duties under the 30 contract, if the contract complies with the requirements of this 31 section and regardless of whether the individual treated is 32 later found to be ineligible. A health care provider under 33 contract with the state may not be named as a defendant in any 34 action arising out of medical care or treatment provided on or after April 17, 1992, under contracts entered into under this 35 36 section. The contract must provide that:

37 Patient selection and initial referral may must be (d) 38 made solely by the governmental contractor or the provider, and 39 the provider must accept all referred patients. However, the 40 number of patients that must be accepted may be limited by the 41 contract, and Patients may not be transferred to the provider 42 based on a violation of the antidumping provisions of the 43 Omnibus Budget Reconciliation Act of 1989, the Omnibus Budget Reconciliation Act of 1990, or chapter 395. 44

45 (f) Patient care, including any followup or hospital care,
46 is subject to approval by the governmental contractor.

47 (f) (g) The provider is subject to supervision and regular
 48 inspection by the governmental contractor.

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50 A governmental contractor that is also a health care provider is 51 not required to enter into a contract under this section with 52 respect to the health care services delivered by its employees.

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- (8) REPORTING REPORT TO THE LEGISLATURE. -

54 <u>(a)</u> Annually, the department shall report to the President 55 of the Senate, the Speaker of the House of Representatives, and 56 the minority leaders and relevant substantive committee

Page 2 of 4

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hb1093-01-c1

57 chairpersons of both houses, summarizing the efficacy of access 58 and treatment outcomes with respect to providing health care 59 services for low-income persons pursuant to this section.

(b) The department shall provide an online listing of all
 providers volunteering under this program with their hours and
 the number of patient visits each provided.

63 (10) CONTINUING EDUCATION CREDIT.—A provider may fulfill 1 64 hour of continuing education credit by performing 1 hour of 65 volunteer services to the indigent as provided in this section, 66 up to a maximum of eight credits per licensure period for that 67 provider.

68 (11) (10) RULES.-The department shall adopt rules to 69 administer this section in a manner consistent with its purpose 70 to provide and facilitate access to appropriate, safe, and cost-71 effective health care services and to maintain health care 72 quality. The rules may include services to be provided and 73 authorized procedures. Notwithstanding the requirements of 74 paragraph (4)(d), the department shall adopt rules that specify required methods for determination and approval of patient 75 76 eligibility and referral by government contractors and 77 providers. The rules adopted by the department under this 78 subsection shall give providers the greatest flexibility 79 possible in order to serve eligible patients. The department 80 shall retain review and oversight authority of the patient 81 eligibility and referral determination and the contractual 82 conditions under which a health care provider may perform the 83 patient eligibility and referral process on behalf of the 84 department. These rules shall include, but not be limited to,

Page 3 of 4

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85 the following requirements: 86 (a) The provider must accept all patients referred by the department. However, the number of patients that must be 87 accepted may be limited by the contract. 88 89 (b) The provider shall comply with departmental rules 90 regarding the determination and approval of patient eligibility and referral. 91 (c) The provider shall complete training conducted by the 92 department regarding compliance with the approved methods for 93 determination and approval of patient eligibility and referral. 94 95 (d) The department shall retain review and oversight authority of the patient eligibility and referral determination. 96 97 Section 2. This act shall take effect July 1, 2013.

Page 4 of 4

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