

	LEGISLATIVE	ACTION	
Senate			House

Floor: 1/AD/RM Floor: SENAT/C

03/10/2016 04:57 PM 03/11/2016 10:57 AM

Senator Bean moved the following:

Senate Amendment to House Amendment (533707) to Senate Amendment (with title amendment)

Delete lines 47 - 102

and insert:

1

3

4 5

6 7

8

9

10

11

the council under this section. The council may conduct its meetings via teleconference.

- (a) Members of the council shall serve without compensation and are not entitled to reimbursement for per diem or travel expenses. The council shall consist of 15 members, as follows:
  - 1. The Secretary of Health Care Administration, or his or

12

13

14

15

16

17

18 19

20 21

22

23

24

25

26

27

28

29

30

31 32

33

34

35

36

37

38

39

40



her designee, who shall serve as the chair of the council.

- 2. The State Surgeon General or his or his designee.
- 3. The following members appointed by the Secretary of Health Care Administration:
- a. Two representatives of health insurers that offer coverage for telehealth services.
- b. Two representatives of organizations that represent health care facilities, one of whom shall be a representative of a hospital.
- c. Two representatives of entities that create or sell telehealth products.
- d. One representative of an organization that represents telehealth stakeholders.
- e. Two representatives of long-term care services, one of whom shall be a representative of a nursing home and one of whom shall be a representative from a home health agency or community-based health services program.
- 4. The following members appointed by the State Surgeon General:
- a. Two health care practitioners, each of whom practices in a different area of medicine.
- b. Two representatives of organizations that represent health care practitioners.
- (b) The council shall review the surveys and research findings required by this section and make recommendations to increase the use and accessibility of services provided via telehealth, including the identification of any barriers to implementing or accessing services provided via telehealth, in a report that shall be submitted to the Governor, the President of

41 42

43

44

45

46

47

48

49 50

51

52

53

54

55

56

57

58

59

60

61

62

63 64

65

66

67

68 69



the Senate, and the Speaker of the House of Representatives on or before October 31, 2017.

- (3) The Agency for Health Care Administration shall compile the surveys and research findings required by this section and submit a report of such findings to the Governor, the President of the Senate, and the Speaker of the House of Representatives on or before December 31, 2016.
- (4) The Department of Health shall survey all health care practitioners, as defined in s. 456.001, upon and as a condition of licensure renewal to compile the information required pursuant to this section. The Department of Health and the Office of Insurance Regulation shall submit their survey and research findings to the agency and shall assist the agency in compiling the information to prepare the report.
- (5) The Agency for Health Care Administration, the Department of Health, and the Office of Insurance Regulation may assess fines under ss. 408.813(2)(d), 456.072(2)(d), and 624.310(5), Florida Statutes, respectively, against a health care facility, health maintenance organization, health care practitioner, and health insurer for failure to complete the surveys required under this section.
  - (6) This section expires June 30, 2018.
- Section 2. Subsection (1) of section 636.202, Florida Statutes, is amended to read:
  - 636.202 Definitions.—As used in this part, the term:
- (1) "Discount medical plan" means a business arrangement or contract in which a person, in exchange for fees, dues, charges, or other consideration, provides access for plan members to providers of medical services and the right to receive medical



70 services from those providers at a discount. The term "discount 71 medical plan" does not include any product regulated under 72 chapter 627, chapter 641, or part I of this chapter, or any 73 medical services provided through a telecommunications medium 74 that does not offer a discount to the plan member for those 75 medical services. ======== T I T L E A M E N D M E N T =========

76

79

81

82

83

84

77 78

And the title is amended as follows:

Delete line 121

80 and insert:

> the reporting requirement; amending s. 636.202, F.S.; excluding medical services provided through certain telecommunications media from the definition of "discount medical plan"; providing an effective