

	LEGISLATIVE ACTION	
Senate		House
Comm: OO		
04/20/2021		
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The Committee on Appropriations (Book) recommended the following:

Senate Amendment (with title amendment)

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Before line 14

4 insert:

> Section 1. Subsection (2) of section 766.301, Florida Statutes, is amended to read:

766.301 Legislative findings and intent.

(2) It is the intent of the Legislature to provide compensation, on a no-fault basis, for a limited class of catastrophic injuries that result in unusually high costs for

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custodial care and rehabilitation. This plan shall apply only to birth-related neurological injuries and is not intended to serve as the payor of last resort for claims arising out of such injuries. It is not the intent of the Legislature to shield physicians who engage in willful misconduct, gross negligence, or recklessness or to preclude individuals from filing legitimate claims of medical malpractice against such physicians.

Section 2. Subsection (5) of section 766.305, Florida Statutes, is amended to read:

766.305 Filing of claims and responses; medical disciplinary review.-

(5) Upon receipt of such petition, the Division of Medical Quality Assurance shall review the information therein and determine whether it involved conduct by a physician licensed under chapter 458 or an osteopathic physician licensed under chapter 459 which that is subject to disciplinary action. If a physician is involved in more than one filed claim, the division also must review the circumstances of all such claims together to determine whether the physician's conduct establishes a pattern of practice subject to disciplinary action. Section 456.073 applies in such cases, in which case the provisions of s. 456.073 shall apply.

Section 3. Section 766.313, Florida Statutes, is amended to read:

766.313 Limitation on claim.—Any claim for compensation under ss. 766.301-766.316 which that is filed more than 8 5 years after the birth of an infant alleged to have a birthrelated neurological injury is shall be barred.

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Section 4. Section 766.3135, Florida Statutes, is created to read:

766.3135 Plan services.-

- (1) Pursuant to an award under s. 766.31(1), the association is responsible for reimbursement of actual expenses for medically necessary and reasonable services for the injured child under the plan. The plan is not intended to serve as the payor of last resort and the association may not hold itself out as such. The association must reimburse the parent or legal quardian of the child for any service, drug, equipment, or treatment at a reasonable rate if he or she submits a letter of medical necessity from the child's physician or other treating health care provider for such service, drug, equipment, or treatment. The association may establish an independent review process that uses medical experts to review such requests after reimbursement to determine whether the physician's or health care provider's determination of medical necessity was reasonable. If the medical experts find that such determination was not reasonable, the association may ask the parent or legal guardian to provide a letter of medical necessity from a second health care provider. If provided, the association may not take further action. If the parent or legal guardian is unable to provide a second letter, the association may debit the reimbursement from future reimbursements.
- (2) Parents or legal guardians of the child are eligible for reimbursement of expenses for any of the following, at a minimum:
- (a) Medical, dental, and hospital care; habilitative services and training; mental health services; music or art

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therapy; family residential or custodial care; and professional residential and custodial care and services. Reimbursement for private nursing staff or attendant care under this paragraph must be provided at a rate at least equal to the state or federal minimum wage, whichever is greater, and must be reimbursed at the same rate regardless of the setting in which the care is provided.

- (b) Medically necessary drugs, special equipment, and facilities.
- (c) Family support services for immediate family members living with the child, including, but not limited to, mental health services.
- (d) Travel expenses related to the child's care. The association may not limit the amount or type of travel which may be reimbursed or differentiate reimbursement rates based on the purpose of such travel, provided that it is related to the child's care.
- (e) Entertainment and other promotion of the child's wellbeing. The parents or legal quardians of a child are entitled to a reimbursement of at least \$1,500 per year under this paragraph.
- (f) Nutrition and hygiene needs of the child. The association may not limit reimbursement for diapers, baby food, or formula if such items are appropriate for the child's age or developmental stage.
 - (3) The association is also responsible for the following:
- (a) Providing ongoing transportation assistance for the life of the child. The association must provide parents or legal guardians with a reliable method of transportation for the care

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of the child or reimburse them the cost of upgrading an existing vehicle to accommodate the child's needs. The mode of transportation must take into account the special accommodations required for the specific child. The association may not limit such transportation assistance based on the child's age or weight.

- (b) Providing ongoing housing assistance for the life of the child. Such assistance includes, but is not limited to:
- 1. Payment assistance for rent and utilities to cover the cost of any increase due to the accommodation of the child's condition and medical needs.
 - 2. Reimbursement of moving costs.
- 3. Payment assistance for home construction costs up to \$100,000.
- (c) Establishing an online network portal for parents and legal guardians of children under the plan to support one another and exchange information and resources. Access to the online network must be provided at no cost to the parents and legal quardians.

Section 5. Paragraph (a) of subsection (5) of section 766.314, Florida Statutes, is amended to read:

766.314 Assessments; plan of operation.

(5) (a) Beginning January 1, 1990, the persons and entities listed in paragraphs (4)(b) and (c), except those persons or entities who are specifically excluded from said provisions, as of the date determined in accordance with the plan of operation, taking into account persons licensed subsequent to the payment of the initial assessment, shall pay an annual assessment in the amount equal to the initial assessments provided in paragraphs



127 (4)(b) and (c). If payment of the annual assessment by a 128 physician is received by the association by January 31 of any 129 calendar year, the physician shall qualify as a participating 130 physician for that entire calendar year. If the payment is 131 received after January 31 of any calendar year, the physician 132 shall qualify as a participating physician for that calendar 133 year only from the date the payment was received by the association. Beginning on January 1, 2022, and on each January 1 134 thereafter, the annual assessment shall increase by 3 percent. 135 136 On January 1, 1991, and on each January 1 thereafter, the 137 association shall determine the amount of additional assessments 138 necessary pursuant to subsection (7), in the manner required by 139 the plan of operation, subject to any increase determined to be 140 necessary by the Office of Insurance Regulation pursuant to 141 paragraph (7) (b). On July 1, 1991, and on each July 1 142 thereafter, the persons and entities listed in paragraphs (4)(b) 143 and (c), except those persons or entities who are specifically 144 excluded from said provisions, shall pay the additional 145 assessments which were determined on January 1. Beginning 146 January 1, 1990, the entities listed in paragraph (4)(a), 147 including those licensed on or after October 1, 1988, shall pay an annual assessment of \$50 per infant delivered during the 148 149 prior calendar year. The additional assessments which were 150 determined on January 1, 1991, pursuant to the provisions of 151 subsection (7) are shall not be due and payable by the entities 152 listed in paragraph (4)(a) until July 1. 153 154 ======= T I T L E A M E N D M E N T ======

155 And the title is amended as follows:



156 Delete line 3 157 and insert: 158 neurological injuries; amending s. 766.301, F.S.; 159 revising legislative intent; amending s. 766.305, 160 F.S.; requiring the Division of Medical Quality 161 Assurance of the Department of Health to review all 162 claims under the Florida Birth-Related Neurological 163 Injury Compensation Plan involving a particular 164 physician together when making certain determinations; 165 amending s. 766.313, F.S.; revising the timeframe 166 within which birth-related neurological injury 167 compensation claims must be filed; creating s. 168 766.3135, F.S.; providing that the Florida Birth-169 Related Neurological Injury Compensation Association 170 is responsible for reimbursing parents and legal 171 quardians for actual expenses for medically necessary 172 and reasonable services for the injured child; 173 prohibiting the association from holding itself out as 174 the payor of last resort for services under the plan; 175 requiring the association to reimburse parents and 176 legal guardians for services, drugs, equipment, or 177 treatment if they provide a certain letter of medical 178 necessity; authorizing the association to establish a certain review process for such reimbursements; 179 180 specifying expenses for which parents and legal 181 quardians are eligible to receive reimbursement; 182 providing duties for the association; amending s. 183 766.314, F.S.; beginning on a specified date, 184 requiring the annual assessments imposed on physicians



185	and certain entities participating in the plan to be
186	increased by a certain percentage annually; amending
187	s. 766.31, F.S.;