

CHAPTER 2013-151

Committee Substitute for Committee Substitute for House Bill No. 1093

An act relating to volunteer health services; amending ss. 458.317 and 459.0075, F.S.; revising criteria required for limited licensure for physicians; amending s. 766.1115, F.S.; revising requirements for patient referral under the “Access to Health Care Act”; eliminating a requirement that the governmental contractor approve all followup or hospital care; requiring the Department of Health to post specified information online concerning volunteer providers; permitting volunteer providers to earn continuing education credit for participation in the program up to a specified amount; providing that rules adopted by the department give providers the greatest flexibility possible in order to serve eligible patients; providing an effective date.

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

Section 1. Paragraphs (c) through (e) of subsection (1) of section 458.317, Florida Statutes, are redesignated as paragraphs (b) through (d), respectively, and present paragraphs (a) and (b) of that subsection are amended, to read:

458.317 Limited licenses.—

(1)(a) Any person desiring to obtain a limited license shall:

1. ~~Submit to the board, with an application and fee not to exceed \$300 and demonstrate, an affidavit stating that he or she has been licensed to practice medicine in any jurisdiction in the United States for at least 10 years and intends to practice only pursuant to the restrictions of a limited license granted pursuant to this section. However, a physician who is not fully retired in all jurisdictions may use a limited license only for noncompensated practice. If the person applying for a limited license submits a notarized statement from the employing agency or institution stating that he or she will not receive compensation for any service involving the practice of medicine, the application fee and all licensure fees shall be waived. However, any person who receives a waiver of fees for a limited license shall pay such fees if the person receives compensation for the practice of medicine.~~

2. ~~Meet the requirements in s. 458.311(1)(b)(g) and (5). If the applicant graduated from medical school prior to 1946, the board or its appropriate committee may accept military medical training or medical experience as a substitute for the approved 1-year residency requirement in s. 458.311(1)(f).~~

(b) ~~After approval of an application under this section, no license shall be issued until the applicant provides to the board an affidavit that there have been no substantial changes in status since initial application.~~

Nothing herein limits in any way any policy by the board, otherwise authorized by law, to grant licenses to physicians duly licensed in other states under conditions less restrictive than the requirements of this section. Notwithstanding the other provisions of this section, the board may refuse to authorize a physician otherwise qualified to practice in the employ of any agency or institution otherwise qualified if the agency or institution has caused or permitted violations of the provisions of this chapter which it knew or should have known were occurring.

Section 2. Subsection (7) of section 459.0075, Florida Statutes, is renumbered as subsection (6), and present subsections (1) and (6) of that section are amended, to read:

459.0075 Limited licenses.—

(1) Any person desiring to obtain a limited license shall:

(a) Submit to the board a licensure application and fee required by this chapter. However, an osteopathic physician who is not fully retired in all jurisdictions may use a limited license only for noncompensated practice. If the person applying for a limited license submits a ~~notarized~~ statement from the employing agency or institution stating that she or he will not receive monetary compensation for any service involving the practice of osteopathic medicine, the application fee and all licensure fees shall be waived. However, any person who receives a waiver of fees for a limited license shall pay such fees if the person receives compensation for the practice of osteopathic medicine.

(b) Submit proof ~~an affidavit~~ that such osteopathic physician has been licensed to practice osteopathic medicine in any jurisdiction in the United States in good standing and pursuant to law for at least 10 years.

(c) Complete an amount of continuing education established by the board.

~~(d) Within 60 days after receipt of an application for a limited license, the board shall review the application and issue the limited license or notify the applicant of denial.~~

~~(6) Any person desiring a limited license shall meet all the requirements of s. 459.0055, except s. 459.0055(1)(d).~~

Section 3. 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:

766.1115 Health care providers; creation of agency 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. 768.28(9), while acting within the scope of duties under the contract, if the contract complies with the requirements of this section and regardless of whether the individual treated is later found to be ineligible. A health care provider under contract with the state may not be named as a defendant in any action arising out of medical care or treatment provided on or after April 17, 1992, under contracts entered into under this section. The contract must provide that:

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

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

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

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

(8) REPORTING REPORT TO THE LEGISLATURE.—

(a) Annually, the department shall report to the President of the Senate, the Speaker of the House of Representatives, and the minority leaders and relevant substantive committee chairpersons of both houses, summarizing the efficacy of access and treatment outcomes with respect to providing health care services for low-income persons pursuant to this section.

(b) The department shall provide an online listing of all providers participating in this program and the number of volunteer service hours and patient visits each provided. A provider may request in writing to the department to be excluded from the online listing.

(10) CONTINUING EDUCATION CREDIT.—Notwithstanding the maximum allowable credit of 25 percent of continuing education hours pursuant to s. 456.013(9), a provider may fulfill 1 hour of continuing education credit by performing 1 hour of volunteer services to the indigent as provided in this section, up to a maximum of 8 continuing education hours per licensure renewal period.

~~(11)~~(10) RULES.—The department shall adopt rules to administer this section in a manner consistent with its purpose to provide and facilitate

access to appropriate, safe, and cost-effective health care services and to maintain health care quality. ~~The rules may include services to be provided and authorized procedures.~~ Notwithstanding the requirements of paragraph (4)(d), the department shall adopt rules that specify required methods for determination and approval of patient eligibility and referral by government contractors and providers. The rules adopted by the department under this subsection shall give providers the greatest flexibility possible in order to serve eligible patients. The department shall retain review and oversight authority of the patient eligibility and referral determination and the contractual conditions under which a health care provider may perform the patient eligibility and referral process on behalf of the department. These rules shall include, but not be limited to, the following requirements:

~~(a) The provider must accept all patients referred by the department. However, the number of patients that must be accepted may be limited by the contract.~~

~~(b) The provider shall comply with departmental rules regarding the determination and approval of patient eligibility and referral.~~

~~(c) The provider shall complete training conducted by the department regarding compliance with the approved methods for determination and approval of patient eligibility and referral.~~

~~(d) The department shall retain review and oversight authority of the patient eligibility and referral determination.~~

Section 4. This act shall take effect July 1, 2013.

Approved by the Governor June 7, 2013.

Filed in Office Secretary of State June 7, 2013.