



FCEP SESSION 2021

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Legislation filed as of Feb 15, 2021

~~Monday, January 11 – Friday, January 15~~
~~Monday, January 25 – Friday, January 29~~
~~Monday, February 1 – Friday, February 5~~
~~Monday, February 8 – Friday, February 12~~
~~Monday, February 15 – Friday, February 19~~

**The 2021 Legislative Session
will convene on Tuesday, March 2, 2021.**

Committee Weeks and Session Dates

Session 2021

Legislative Leadership



Senate President
Wilton Simpson
Spring Hill, Florida



Speaker of the
House Chris Sprowls
Clearwater, FL



Senator Debbie Mayfield
Senator Majority Leader



Senator Aaron Bean
Senate HHS Appropriations



- **Senator Manny Diaz, Chair**
- **Senate Health Policy**

Senate Health Care Leadership



House Professions &
Public Health
Subcommittee
Rep Will Robinson,
Chair



House Finance &
Facilities
Subcommittee
Rep Clay Yarborough,
Chair



House Health Care Leadership

- House Health & Human Services Committee
- Rep Colleen Burton, Chair

LEGISLATIVE PRIORITIES 2021



PIP REPEAL/BI



COVID LIABILITY
PROTECTIONS FOR HC



SCOPE OF PRACTICE
OPPOSITION



SB 54/HB 719 – Motor Vehicle Insurance

**Senator Danny Burgess &
Rep Erin Grall:**

Repeals PIP and moves to BI

Both the House & Senate bills include the PHYSICIAN set-a-side language, key to assure liens don't give hospitals priority access to Med Pay funds. This was an important tenant of the last reform, and retained in both bills this Session.

2014 (2) Upon receiving notice of an accident that is
2015 potentially covered by medical payments coverage benefits, the
2016 insurer must reserve \$5,000 of medical payments coverage
2017 benefits for payment to physicians licensed under chapter 458 or
2018 chapter 459 or dentists licensed under chapter 466 who provide
2019 emergency services and care, as defined in s. 395.002, or who
2020 provide hospital inpatient care. The amount required to be held
2021 in reserve may be used only to pay claims from such physicians
2022 or dentists until 30 days after the date the insurer receives
2023 notice of the accident. After the 30-day period, any amount of
2024 the reserve for which the insurer has not received notice of
2025 such claims may be used by the insurer to pay other claims. This

FCEP PIP Repeal ASK

Amendment 1: Med Pay for drivers who can't provide proof of health insurance

Though Med Pay would be a duplicative coverage for drivers with health insurance, it would be the ONLY coverage for those without health insurance and the only coverage for the at-fault driver absent health insurance. Needed to combat the large number of uninsured treated in hospital emergency rooms each year (25% of ED patients), and the unique unfunded mandated created by EMTALA and statutes governing emergency care providers (CH 395.1041, FS).

Amendment 3: Payment Dispute Resolution

Make it clear that any provider/health plan payment dispute arising from payment for injuries received during an auto crash, the dispute resolution process currently in statute would be the venue for such payment disputes, and both parties would participate (CH 408.7057, FS). Ch 641.513, FS would apply..

Amendment 2: Coordination of Benefits

Language is needed to clarifying those drivers opting out of Med Pay but having health insurance coverage, their health insurance cannot exclude payment for injuries received in an auto crash.

Amendment language is needed to assure an insured driver does not receive a 'surprised bill,' where the health insurer is refusing to pay. When and if fault is determined, the health insurer and the auto insurer will need to coordinate payment recoupment, and not place the patient or the provider in the middle.

We are seeking this much needed language to delineate clearly that health insurance is the primary payor, should pay without delay, and that they will collect from the auto insurer if and when fault is established.



SB 74- Covid 19 related Claims against Health Care Providers: Senator Jeff Brandes

**Proposed Committee Bill (PCB HHS 21-01) filed by
Chair Colleen Burton, House Health Care
Committee**

The bill requires a plaintiff who files a COVID-19-related lawsuit to prove that a health care provider's conduct constituted gross negligence or intentional misconduct. The protections apply specifically to acts or omissions made in reliance upon government-issued health standards or guidance relating to COVID-19.

Under the bill, a health care provider has strong liability protections when the provider substantially follows authoritative or applicable government-issued health standards or guidance related to COVID-19. The provider is also entitled to strong liability protections when interpreting or applying the standards or guidance with respect to the provision of health care or related services, or lack thereof, or the allocation of scarce resources or assistance with daily living.

The bill establishes procedures to filter out claims that have insufficient factual support.

The bill provides a one-year limitation period to bring a COVID-19-related claim against a health care provider. The period starts one year after the later of the date of death due to COVID-19, hospitalization related to COVID-19, or the first diagnosis of COVID-19.

Current law provides different procedures for negligence claims against nursing homes and assisted living facilities than for other types of health care providers, such as doctors and hospitals. The bill provides that its provisions will apply to all health care providers with respect to COVID-19-related claims.

The bill would take effect upon becoming a law and applies retroactively except to defendants named in lawsuits filed before the effective date of the bill. The liability protections will apply until 1 year after the termination or expiration of the state public health emergency relating to COVID-19, which was declared by the State Surgeon General, or any nationwide emergency declaration by the Federal Government, whichever is later.



SB 424/HB 111 Autonomous Practice by an Advanced Practice Registered Nurse

**Senator Jeff Brandes &
Rep Randy Maggard**

**Removes the stipulation they practice
in primary care**

**Also filed: SB 894 Diaz/
HB 431 Rommel
PA Independent Practice**

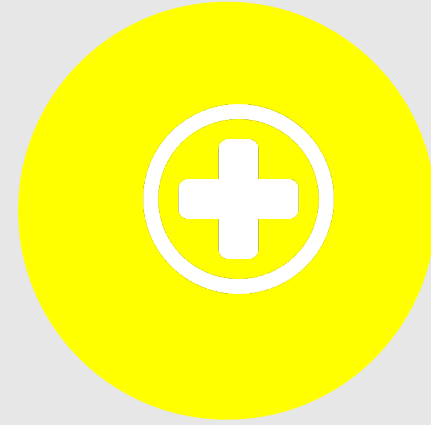
ALSO UNDER CONSIDERATION



PELVIC CONSENT GLITCH
BILL



FMA COVID HEROES



TBA: BILLS CAN BE FILED
UNTIL 1ST DAY OF SESSION



SB 716/HB 361: Consent for Pelvic Exams

**Senator Lauren Book &
Rep Evan Jenne**

Fixes glitches from the 2020 Session

26 may not perform a pelvic examination on an anesthetized or
27 unconscious a patient without the written consent of the patient
28 or the patient's legal representative ~~executed specific to, and~~
29 ~~expressly identifying, the pelvic examination,~~ unless:

30 (a) A court orders performance of the pelvic examination
31 for the collection of evidence; ~~or~~

32 (b) The pelvic examination is ~~immediately~~ necessary for
33 the provision of emergency services and care as defined in s.
34 395.002 to avert a serious risk of imminent substantial and
35 irreversible physical impairment of a major bodily function of
36 the patient; or

37 (c) The pelvic examination is indicated in the standard of
38 care for a procedure to which the patient or the patient's legal
39 representative has consented.

40 (3) Written consent for a pelvic examination may be
41 obtained as part of a general consent form if it is included as
42 its own provision. One written consent form may be used to
43 authorize multiple health care practitioners or students to
44 perform a pelvic examination.

The Legislature should no longer tolerate health plans increasing their bottom line by making medical decisions that negatively affect patients' lives. If the prior authorization is to be retained, it must be right-sized and used judiciously. We strongly urge the legislature to implement a comprehensive strategy to reduce the harms and burdens of prior authorization by enacting legislation that implements the following principles:

- ➡ **Selective application of prior authorization to only “outliers”**
- ➡ **Revise/adjustment of PA lists to remove services/drugs that represent low-value prior authorization**
- ➡ **Transparency of prior authorization requirements and their clinical basis to patients and physicians**
- ➡ **Protections of patient continuity of care; and**
- ➡ **Automation to improve prior authorization and process efficiency.**

The legislature should also ensure that insurance companies give prior approval for medical services are not allowed to deny payment after the services are provided.



FMA COVID HEROES PACKAGE

SB 1290/HB 1001: Senator Ed Hooper & Rep Matt Willhite



SB 614: Assault & Battery on Hospital Personnel

Senator Ana Maria Rodriguez

Provides enhanced criminal penalties for persons who knowingly commit assault or battery upon hospital personnel

11 Section 1. Section 784.07, Florida Statutes, is amended to
12 read:

13 784.07 Assault or battery of law enforcement officers,
14 firefighters, emergency medical care providers, hospital
15 personnel, public transit employees or agents, or other
16 specified officers; reclassification of offenses; minimum
17 sentences.—

18 (1) As used in this section, the term:

19 (a) "Emergency medical care provider" means an ambulance
20 driver, emergency medical technician, paramedic, registered
21 nurse, physician as defined in s. 401.23, medical director as
22 defined in s. 401.23, or any person authorized by an emergency
23 medical service licensed under chapter 401 who is engaged in the
24 performance of his or her duties. The term "emergency medical
25 care provider" also includes physicians, employees, agents, or
26 volunteers of hospitals as defined in chapter 395, who are
27 employed, under contract, or otherwise authorized by a hospital
28 to perform duties directly associated with the care and
29 treatment rendered by the hospital's emergency department or the

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(c) "Hospital personnel" means a physician, an employee, an
agent, or a volunteer who is employed, under contract, or
otherwise authorized by a hospital, as defined in s. 395.002, to
perform duties directly associated with the care and treatment
rendered by any department of a hospital or with the security
thereof.