



Florida Society for Healthcare  
Risk Management & Patient Safety

## Regulatory Impact of Bills that Passed

### 2024 Florida Legislative Session

#### [SB 7016: Health Care](#)

**Effective March 21, 2024**

#### ***Potentially Preventable Health Care Events Report***

The bill requires the AHCA to submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by October 1, 2024, and each October 1 thereafter. The report is to be entitled “Analysis of Potentially Preventable Health Care Events of Florida Medicaid Enrollees” and must include, at a minimum, an analysis of potentially preventable hospital emergency department visits, admissions, and readmissions from the previous state fiscal year, reported by age, eligibility group, managed care plan, and region, detailing conditions contributing to each PPE or category of PPEs. The report must demonstrate trends, and the AHCA may contract a third-party vendor for its production.

#### ***Medicaid Primary Care Initiative for Managed Care Plans***

The bill amends the Primary Care Initiative within Statewide Medicaid Managed Care (SMMC) to require that managed care plans contracted under the managed medical assistance (MMA) component of SMMC must assist new enrollees with initial primary care provider appointments until scheduled, report delays and the reasons for delays to the AHCA and seek to ensure that such an enrollee has at least one primary care appointment annually.

The bill also requires a Medicaid managed care plan to coordinate with a hospital that contacts the plan under the requirements of the hospital’s NCAP for the purpose of establishing the appropriate delivery of primary care services for the plan’s members who present at the hospital’s emergency department for nonemergent care or emergency care that could potentially have been avoided through the regular provision of primary care. The bill requires a managed care plan to also coordinate with the enrollee and his or her primary care provider for that purpose.

### ***Acute Hospital Care at Home Program***

The bill requires the AHCA to seek federal approval to implement a Florida Medicaid acute hospital care at home program, consistent with the parameters of federal law that allow such programs for Medicare patients.

## **Effective July 1, 2025**

### ***Hospital Licensure and Regulations***

The bill addresses the issue of persons who tend to utilize hospital emergency departments for nonemergent care or emergency care that could have been avoided with the regular provision of primary care. The bill requires all hospitals with emergency departments to develop and present to the AHCA for approval a nonemergent care access plan (NCAP) for assisting a patient gain access to appropriate care settings when the patient presents at a hospital emergency department with nonemergent health care needs or indicates when receiving a medical screening examination, triage, or treatment at the hospital that he or she lacks regular access to primary care.

A hospital's NCAP must be approved by the AHCA before the hospital may receive initial licensure or licensure renewal occurring after that date. A hospital with an approved NCAP must submit data to the AHCA demonstrating the implementation and results of its NCAP as part of the licensure renewal process and must update the plan as necessary, or as directed by the AHCA, before each licensure renewal.

An NCAP must include one or both of the following:

- A collaborative partnership with one or more nearby federally qualified health centers (FQHCs) or other primary care settings. The goals of such partnership must include, but need not be limited to, identifying patients who have presented at the emergency department for nonemergent care, care that would best be provided in a primary care setting, or emergency care that could potentially have been avoided through the regular provision of primary care, and, if such a patient indicates that he or she lacks regular access to primary care, proactively seeking to establish a relationship between the patient and the FQHC or other primary care setting so that the patient develops a medical home at such setting for nonemergent and preventive health care services.
- The establishment, construction, and operation of a hospital-owned urgent care center co-located within or adjacent to the hospital emergency department location. After the hospital conducts a medical screening examination, and if appropriate for the patient's needs, the hospital may seek to divert to the urgent care center a patient who presents at the emergency department needing nonemergent health care services. An NCAP with procedures for diverting a patient from the emergency department in this manner must include procedures for assisting such

patient in identifying appropriate primary care settings, providing a current list, with contact information, of such settings within 20 miles of the hospital location, and subsequently assisting the patient in arranging for a follow-up examination in a primary care setting, as appropriate for the patient.

For such patients who are enrolled in the Medicaid program and are members of a Medicaid managed care plan, the hospital's NCAP must include outreach to the patient's Medicaid managed care plan and coordination with the managed care plan for establishing a relationship between the patient and a primary care setting as appropriate for the patient, which may include an FQHC or other primary care setting with which the hospital has a collaborative partnership. For such a Medicaid enrollee, the AHCA is directed to establish a process for the hospital to share with the plan updated contact information for the patient, if such information is in the hospital's possession.

The bill provides that its provisions relating to a hospital NCAP may not be construed to preclude a hospital from complying with state or federal law relating to treating and/or stabilizing all patients who present at the emergency department for care.

The bill also requires each hospital that maintains a certified electronic health record technology to make available its admit, transfer, and discharge data to the Florida Health Information Exchange program for the purpose of supporting public health data registries and patient care coordination.

## [SB 7018: Health Care Innovation](#)

### **Effective March 21, 2024**

The bill creates the Health Care Innovation Council within the Department of Health (DOH), to create best practice recommendations and focus areas for the advancement of the delivery of health care in Florida, with an emphasis on:

- Increasing efficiency in the delivery of health care;
- Reducing strain on the health care workforce;
- Increasing public access to health care;
- Improving patient outcomes;
- Reducing unnecessary hospital emergency department visits; and
- Reducing costs for patients and the state without reducing the quality of patient care.

## [HB 7021: Mental Health and Substance Abuse](#)

### **Effective July 1, 2024**

The bill amends the Baker Act in that it:

- Grants law enforcement officers discretion on initiating involuntary examinations .
- Requires the 72-hour examination period to begin when a patient arrives at the receiving facility.
- Extends the maximum period a person may be ordered to involuntary outpatient services from 90 days to 6 months.
- Removes the 30-bed cap for crisis stabilization units.

The bill amends the Marchman Act in that it:

- Combines the two-petition process—for assessment and stabilization, and for treatment—into one process.
- Allows service providers to exceed licensed bed capacity on a limited basis under certain circumstances.

The bill amends both acts in that it:

- Creates a more comprehensive and personalized discharge planning process.

## [HB 975: Background Screenings and Certifications](#)

### **Effective July 1, 2025**

Employers whose employees are screened through the Care Provider Background Screening Clearinghouse program, administered by AHCA must maintain the status of individuals being screened and update the Clearinghouse regarding any employment changes within 10 business days of the change. Specific list of position requirement.

#### Background Screening for Health Care Professionals

The bill requires additional health care professions licensed by DOH to undergo background screening as a requirement for initial licensure. The following professions will now be required to pass a background screening in order to be licensed:

- Acupuncturists;
- Anesthesiologist Assistants;

- Audiologists;
- Audiologist Assistants;
- Clinical Laboratory Personnel;
- Mental Health Professionals;69
- Registered Mental Health Profession Interns;70
- Dentists;
- Dentists seeking a limited health access license;
- Dental Hygienists;
- Dieticians;
- Electrologists;
- Genetic Counselors;
- Hearing Aid Specialists;
- Medical Physicists;
- Nursing Home Administrators;
- Occupational Therapists;
- Opticians;
- Optometrist;
- Pharmacists;
- Physical Therapists;
- Physical Therapist Assistants;
- Physician Assistants;
- Psychologists and School Psychologists;
- Radiology Technicians;
- Respiratory Therapists;
- Speech-Language Pathologists; and
- Speech-Language Pathology Assistants.