

# Florida Podiatric Medical Association (FPMA)

## Legislative Update – Week of January 29<sup>th</sup>

It was a good week for the Florida Podiatric Medical Association (FPMA); two key legislative initiatives began to move. The retroactive denial bill received its first hearing in the House of Representatives and the TeleHealth bill in the Florida Senate was heard as well. Both bills passed their respective committees. Set forth below is a recap of each issue.

### HB 217 – Payment of Healthcare Claims by Hager

#### SUMMARY ANALYSIS

Health insurers and health care providers often interact with one another prior to the delivery of care for insured patients. An initial interaction often consists of a contact from a provider to the insurer to verify that a patient has active insurance coverage. Once this verification is made, services are provided and claims generated.

If patients seek services for which they are not currently covered, there is no guarantee that a health insurer will pay for those services. For example, a patient may seek a service from a provider prior to that patient's effective date of coverage, after coverage has ended, or during a time in which the patient had not paid the applicable premium, later resulting in termination of coverage. If an insurer later determines that a patient was not eligible for coverage at the time of service delivery, a medical claim may be denied. When a claim is denied at a later date, it is commonly referred to as a retroactive denial.

In the instance of a retroactive denial, the provider may have already verified that the patient had active health insurance, provided services based on that verification, and in some cases already received payment. Retroactive denials can result in the provider or the patient covering the loss, despite the verified eligibility.

HB 217 amends ss. 627.6131 and 641.3155, F.S., to prohibit a health insurer or health maintenance organization (HMO) from retroactively denying a claim at any time because of insured ineligibility, if the insurer or HMO verified the eligibility of the patient at the time of treatment and provided an authorization number.

The bill has an indeterminate significant negative fiscal impact on the Statewide Medicaid Managed Care Program and a significant negative fiscal impact on the fully-insured HMO plan in the State Group Insurance Plan. The bill would also have an indeterminate negative fiscal impact on local government.

The bill applies to insurance policies entered into or renewed on or after January 1, 2019.

The bill provides an effective date of July 1, 2018.

The companion bill to Representative Hager's bill, SB 162 by Steube, passed its final committee and was placed on the calendar.

**CS/SB280 – TeleHealth by Bean**  
**SUMMARY ANALYSIS**

CS/SB 280 establishes practice standards for telehealth health care services, addresses the prescribing of controlled substances and issuance of a physician certification for medical marijuana through telehealth, and prescribes recordkeeping and patient consent. Telehealth is the delivery of health care services using telecommunication technologies, which allows licensed practitioners in one location to diagnose and treat patients at a different location. The bill will remove regulatory ambiguity regarding the provision of health care services using this technology because it is not currently addressed in Florida Statutes.

Expanding the use of telehealth could help Florida address a significant health care provider shortage. This shortage is evidenced by the fact there are 647 federally designated Health Professional Shortage Areas (HPSA) within the state for primary care, dental care, and mental health. It is estimated that an additional 1,609 primary care, 1,169 dental care, and 158 mental health practitioners are needed to eliminate these shortage areas in Florida.

Telehealth technology is currently being utilized to provide health care services nationally and in Florida. Telehealth technology can enable real-time communication between patients and health care practitioners (or between multiple practitioners) using live video conferencing; can securely store-and-forward clinical data to offsite locations for evaluation by health care practitioners; and can support remote monitoring of patients' conditions.

The bill has an effective date of July 1, 2018

**The Key section for FPMA is the TeleHealth provider section which states:**

The section defines "telehealth provider" as a person providing health care services and related services through telehealth, and who is licensed under ch. 457, F.S. (acupuncture); ch. 458, F.S. (medical practice); ch. 459, F.S. (osteopathic medicine); ch. 460, F.S. (chiropractic medicine); ch. 461, F.S. (podiatric medicine); ch. 462, F.S. (naturopathy); ch. 463, F.S. (optometry); ch.464, F.S. (nursing); ch. 465, F.S. (pharmacy); ch. 466, F.S. (dentistry); ch. 467, F.S. (midwifery); part I (speech-language pathology and audiology), part III (occupational therapy), part IV (radiological personnel), part V (respiratory therapy), part X (dietetics and nutrition practice), part XIII (athletics trainers), or part XIV (orthotics, prosthetics, and pedorthics) of ch.468, F.S.; ch. 478, F.S. (electrolysis); ch. 480, F.S. (massage practice); parts III (clinical lab personnel) and IV (medical physicists) of ch. 483, F.S.; ch. 484, F.S. (dispensing of optical devices and hearing aids); ch. 486, F.S. (physical therapy); ch. 490, F.S. (psychological services); or ch. 491, F.S. (clinical, counseling, and psychotherapy services); or who is certified under s. 393.17, F.S., (behavior analyst) or part III of ch 401, F.S. (medical transportation services).