By the Committee on Health Regulation; and Senator Negron

588-03815-11 20111410c1

A bill to be entitled

An act relating to a patient's bill of rights and responsibilities; amending s. 381.026, F.S.; defining the term "primary care provider" as it relates to the Florida Patient's Bill of Rights and Responsibilities; authorizing a primary care provider to publish and post a schedule of certain charges for medical services offered to patients; providing requirements for the schedule; providing that the schedule may group the provider's services by price levels and list the services in each price level; providing an exemption from continuing education requirements for a primary care provider who posts such a schedule; requiring a primary care provider's estimates of charges for medical services to be consistent with the prices listed on the posted schedule; providing an effective date.

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

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Section 1. Subsection (2) and paragraph (c) of subsection (4) of section 381.026, Florida Statutes, are amended to read:

381.026 Florida Patient's Bill of Rights and
Responsibilities.—

24 Responsibilities.—
25 (2) DEFINITIO

- (2) DEFINITIONS.—As used in this section and s. 381.0261, the term:
 - (a) "Department" means the Department of Health.
- (b) "Health care facility" means a facility licensed under chapter 395.

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(c) "Health care provider" means a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, or a podiatric physician licensed under chapter 461.

- (d) "Primary care provider" means a health care provider who provides medical services to patients which are commonly provided without referral from another health care provider, including a health care provider who practices family medicine, general medicine, general pediatrics, or general internal medicine.
- <u>(e)</u> (d) "Responsible provider" means a health care provider who is primarily responsible for patient care in a health care facility or provider's office.
- (4) RIGHTS OF PATIENTS.—Each health care facility or provider shall observe the following standards:
 - (c) Financial information and disclosure. -
- 1. A patient has the right to be given, upon request, by the responsible provider, his or her designee, or a representative of the health care facility full information and necessary counseling on the availability of known financial resources for the patient's health care.
- 2. A health care provider or a health care facility shall, upon request, disclose to each patient who is eligible for Medicare, before in advance of treatment, whether the health care provider or the health care facility in which the patient is receiving medical services accepts assignment under Medicare reimbursement as payment in full for medical services and treatment rendered in the health care provider's office or health care facility.
 - 3. A primary care provider may publish a schedule of

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charges for the medical services that the provider offers to patients. The schedule must include the prices charged to an uninsured person paying for such services by cash, check, credit card, or debit card. The schedule must be posted in a conspicuous place in the reception area of the provider's office, and the posting must be at least 15 square feet in size. The schedule must include, but need not be limited to, the 50 services most frequently provided by that primary care provider. The schedule may group the services by three price levels, listing the services in each price level. A primary care provider who publishes and maintains such a schedule is exempt from the continuing education requirements of chapter 456 and rules implementing those requirements for a single 2-year period.

4.3. A health care provider or a health care facility shall, upon request, furnish a person, before the prior to provision of medical services, a reasonable estimate of charges for such services. The health care provider or the health care facility shall provide an uninsured person, before prior to the provision of a planned nonemergency medical service, a reasonable estimate of charges for such service and information regarding the provider's or facility's discount or charity policies for which the uninsured person may be eligible. Such estimates by a primary care provider must be consistent with the prices listed on the schedule that is posted under subparagraph 3. Estimates must shall, to the extent possible, be written in a language comprehensible to an ordinary layperson. Such reasonable estimate does shall not preclude the health care provider or health care facility from exceeding the estimate or

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making additional charges based on changes in the patient's condition or treatment needs.

5.4. Each licensed facility not operated by the state shall make available to the public on its Internet website or by other electronic means a description of and a link to the performance outcome and financial data that is published by the agency pursuant to s. 408.05(3)(k). The facility shall place a notice in the reception area that such information is available electronically and the website address. The licensed facility may indicate that the pricing information is based on a compilation of charges for the average patient and that each patient's bill may vary from the average depending upon the severity of illness and individual resources consumed. The licensed facility may also indicate that the price of service is negotiable for eligible patients based upon the patient's ability to pay.

 $\underline{6.5.}$ A patient has the right to receive a copy of an itemized bill upon request. A patient has a right to be given an explanation of charges upon request.

Section 2. This act shall take effect July 1, 2011.