

By Senator Peaden

2-1517-04

See HB 715

1 A bill to be entitled
2 An act relating to self-pay patients; amending
3 s. 395.301, F.S.; requiring hospitals to
4 develop and make available a payment allowance
5 program for certain patients; providing program
6 guidelines and requirements; providing
7 exclusions; providing a definition of patients
8 qualified for such program; providing
9 exceptions; prohibiting hospitals from pursuing
10 certain civil remedies against such patients;
11 providing an effective date.

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

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15 Section 1. Subsection (7) is added to section 395.301,
16 Florida Statutes, to read:

17 395.301 Itemized patient bill; form and content
18 prescribed by the agency.--

19 (7)(a) Each hospital shall develop and make available
20 a program of payment allowances for qualified self-pay
21 patients who are treated in the emergency room, admitted
22 through the emergency room, or present for labor and delivery,
23 with household incomes up to at least 300 percent of the
24 federal poverty guidelines. All patients shall continue to be
25 charged the same rate, but qualified self-pay patients shall
26 be eligible for discounts based on family income. The discount
27 program shall not apply to patients who are eligible for
28 Medicaid or Medicare or are enrolled in health maintenance
29 organizations, preferred provider organizations, medical
30 savings accounts, health savings accounts, health insurance
31 plans including limited benefit or catastrophic, or any other

1 indemnity plans. The policy must include a minimum discount of
2 30 percent and a description of the methodologies developed by
3 the hospital for the following:

4 1. Identifying patients who may be eligible for a
5 payment allowance, notifying them of the availability of the
6 program, and providing appropriate information, including
7 application forms, for a payment allowance.

8 2. Identifying public or private insurance or other
9 payment mechanisms for which the patient might be eligible.

10 3. Determining the payment allowance or credit.

11 4. Notifying patients of their qualification either
12 for a public source of payment or a discount pursuant to this
13 program.

14 5. Developing payment plans and procedures preceding
15 assignment of a patient's account to a third party or
16 reporting nonpayment to a patient's consumer credit agency.
17 For purposes of this program, these patients are considered as
18 "qualified self-pays."

19 (b) The term "qualified self-pay patient" means any
20 individual with no public or private source of payment for
21 medical services who would otherwise be expected to pay the
22 hospital's billed charges. The term does not include:

23 1. Patients presenting for services which are not
24 covered by Medicare, Medicaid, or workers' compensation in
25 this state or elective, nonmedically necessary services.

26 2. Patients who fail to provide income and asset
27 information to determine if the patient is eligible for public
28 or private coverage or for a discount under this program.

29 3. Patients who have been covered by public or private
30 insurance programs at any time during the last 6 months.

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1 4. Patients with discretionary assets in excess of 50
2 percent of the billed charges, with discretionary assets
3 defined as the fair market value of savings, investment, and
4 nonhomestead property.

5 (c) No hospital shall foreclose on homestead property
6 that is owned by a qualified self-pay patient. No hospital
7 shall seek a court order to issue a writ of bodily attachment
8 to enforce payment of hospital bills for medical services
9 provided to qualified self-pay patients.

10 Section 2. This act shall take effect upon becoming a
11 law.

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