

Bill No. CS for SB 2022

Amendment No. ____ Barcode 575672

CHAMBER ACTION

Senate

House

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Senator Alexander moved the following amendment:

Senate Amendment (with title amendment)

Delete everything after the enacting clause

and insert:

Section 1. Paragraph (c) of subsection (4) of section 381.026, Florida Statutes, is amended to read:

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

(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, in advance of treatment, whether the health care

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1 provider or the health care facility in which the patient is
2 receiving medical services accepts assignment under Medicare
3 reimbursement as payment in full for medical services and
4 treatment rendered in the health care provider's office or
5 health care facility.

6 3. A health care provider or a health care facility
7 shall, upon request, furnish a patient, prior to provision of
8 medical services, a reasonable estimate of charges for such
9 services. Such reasonable estimate shall not preclude the
10 health care provider or health care facility from exceeding
11 the estimate or making additional charges based on changes in
12 the patient's condition or treatment needs.

13 4. Each licensed facility not operated by the state
14 shall make available to the public on its Internet website or
15 by other electronic means a description of and a link to the
16 performance outcome and financial data that is published by
17 the agency pursuant to s. 408.05(3)(1). The facility shall
18 place a notice in the reception areas that such information is
19 available electronically and the website address. The licensed
20 facility may indicate that the pricing information is based on
21 a compilation of charges for the average patient and that each
22 patient's bill may vary from the average depending upon the
23 severity of illness and individual resources consumed. The
24 licensed facility may also indicate that the price of service
25 is negotiable for eligible patients based upon the patient's
26 ability to pay.

27 ~~5.4.~~ A patient has the right to receive a copy of an
28 itemized bill upon request. A patient has a right to be given
29 an explanation of charges upon request.

30 Section 2. Subsections (1), (2), and (3) of section
31 395.301, Florida Statutes, are amended, and subsections (7),

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1 (8), (9), (10), and (11) are added to that section, to read:

2 395.301 Itemized patient bill; form and content
3 prescribed by the agency.--

4 (1) A licensed facility not operated by the state
5 shall notify each patient during admission and at discharge of
6 his or her right to receive an itemized bill upon request.
7 Within 7 days following the patient's discharge or release
8 from a licensed facility not operated by the state, ~~or within~~
9 ~~7 days after the earliest date at which the loss or expense~~
10 ~~from the service may be determined,~~ the licensed facility
11 providing the service shall, upon request, submit to the
12 patient, or to the patient's survivor or legal guardian as may
13 be appropriate, an itemized statement detailing in language
14 comprehensible to an ordinary layperson the specific nature of
15 charges or expenses incurred by the patient, which in the
16 initial billing shall contain a statement of specific services
17 received and expenses incurred for such items of service,
18 enumerating in detail the constituent components of the
19 services received within each department of the licensed
20 facility and including unit price data on rates charged by the
21 licensed facility, as prescribed by the agency.

22 (2)(a) Each such statement submitted pursuant to this
23 section:

24 1.(a) May not include charges of hospital-based
25 physicians if billed separately.

26 2.(b) May not include any generalized category of
27 expenses such as "other" or "miscellaneous" or similar
28 categories.

29 3.(c) Shall list drugs by brand or generic name and
30 not refer to drug code numbers when referring to drugs of any
31 sort.

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1 ~~4.(d)~~ Shall specifically identify therapy treatment as
2 to the date, type, and length of treatment when therapy
3 treatment is a part of the statement.

4 **(b)** Any person receiving a statement pursuant to this
5 section shall be fully and accurately informed as to each
6 charge and service provided by the institution preparing the
7 statement.

8 (3) On each ~~such~~ itemized statement submitted pursuant
9 to subsection (1) there shall appear the words "A FOR-PROFIT
10 (or NOT-FOR-PROFIT or PUBLIC) HOSPITAL (or AMBULATORY SURGICAL
11 CENTER) LICENSED BY THE STATE OF FLORIDA" or substantially
12 similar words sufficient to identify clearly and plainly the
13 ownership status of the licensed facility. Each itemized
14 statement must prominently display the phone number of the
15 medical facility's patient liaison who is responsible for
16 expediting the resolution of any billing dispute between the
17 patient, or his or her representative, and the billing
18 department.

19 (7) Each licensed facility not operated by the state
20 shall provide, prior to provision of any nonemergency medical
21 services, a written good-faith estimate of reasonably
22 anticipated charges for the facility to treat the patient's
23 condition upon written request of a prospective patient. The
24 estimate shall be provided to the prospective patient within 7
25 business days of the receipt of the request. The estimate may
26 be the average charges for that diagnosis related group or the
27 average charges for that procedure. Upon request, the facility
28 shall notify the patient of any revision to the good-faith
29 estimate. Such estimate shall not preclude the actual charges
30 from exceeding the estimate. The facility shall place a notice
31 in reception areas that such information is available. Failure

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1 to provide the estimate within the provisions established
2 pursuant to this section shall result in a fine of \$500 for
3 each instance of the facility's failure to provide the
4 requested information.

5 (8) A licensed facility shall make available to a
6 patient all records necessary for verification of the accuracy
7 of the patient's bill within 30 business days after the
8 request for such records. The verification information must be
9 made available in the facility's offices. Such records shall
10 be available to the patient prior to and after payment of the
11 bill or claim. The facility may not charge the patient for
12 making such verification records available; however, the
13 facility may charge its usual fee for providing copies of
14 records as specified in s. 395.3025.

15 (9) Each facility shall establish a method for
16 reviewing and responding to questions from patients concerning
17 the patient's itemized bill. Such response shall be provided
18 within 30 days after the date a question is received. If the
19 patient is not satisfied with the response, the facility must
20 provide the patient with the address of the agency to which
21 the issue may be sent for review.

22 (10) Each licensed facility shall make available on
23 its Internet website a link to the performance outcome and
24 financial data that is published by the Agency for Health Care
25 Administration pursuant to s. 408.05(3)(1). The facility shall
26 place a notice in the reception area that the information is
27 availability electronically and the website address.

28 (11) Each rural hospital as defined in s. 395.602
29 which has fewer than 50 beds is exempt from subsection (10).
30 The agency shall evaluate the most cost-efficient method for
31 collecting and reporting data for these qualifying rural

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1 hospitals and shall, by December 1, 2005, submit a report to
 2 the Governor, the President of the Senate, and the Speaker of
 3 the House of Representatives.

4 Section 3. Subsection (1) of section 408.061, Florida
 5 Statutes, is amended to read:

6 408.061 Data collection; uniform systems of financial
 7 reporting; information relating to physician charges;
 8 confidential information; immunity.--

9 (1) The agency shall ~~may~~ require the submission by
 10 health care facilities, health care providers, and health
 11 insurers of data necessary to carry out the agency's duties.
 12 Specifications for data to be collected under this section
 13 shall be developed by the agency with the assistance of
 14 technical advisory panels including representatives of
 15 affected entities, consumers, purchasers, and such other
 16 interested parties as may be determined by the agency.

17 (a) Data ~~to be~~ submitted by health care facilities,
 18 including the facilities as defined in chapter 395, shall may
 19 include, but are not limited to: case-mix data, patient
 20 admission and or discharge data, hospital emergency department
 21 data shall include the number of patients treated in the
 22 emergency department of a licensed hospital reported by
 23 patient acuity level, data on hospital-acquired infections as
 24 specified by rule, data on complications as specified by rule,
 25 data on readmissions as specified by rule, with patient and
 26 provider-specific identifiers included, actual charge data by
 27 diagnostic groups, financial data, accounting data, operating
 28 expenses, expenses incurred for rendering services to patients
 29 who cannot or do not pay, interest charges, depreciation
 30 expenses based on the expected useful life of the property and
 31 equipment involved, and demographic data. The agency shall

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1 adopt nationally recognized risk adjustment methodologies or
2 software consistent with the standards of the Agency for
3 Healthcare Research and Quality for all data submitted as
4 required by this section. Data may be obtained from documents
5 such as, but not limited to: leases, contracts, debt
6 instruments, itemized patient bills, medical record abstracts,
7 and related diagnostic information. Reported data elements
8 shall be reported electronically in accordance with Rule
9 59E-7.012, Florida Administrative Code. Data submitted shall
10 be certified by the chief executive officer or an appropriate
11 and duly authorized representative or employee of the licensed
12 facility that the information is true and accurate.

13 (b) Data to be submitted by health care providers may
14 include, but are not limited to: Medicare and Medicaid
15 participation, types of services offered to patients, amount
16 of revenue and expenses of the health care provider, and such
17 other data which are reasonably necessary to study utilization
18 patterns. Data submitted shall be certified as true and
19 accurate by the health care provider or by an appropriate and
20 duly authorized representative or employee of the health care
21 provider.

22 (c) Data to be submitted by health insurers may
23 include, but are not limited to: claims, premium,
24 administration, and financial information. Data submitted
25 shall be certified as by the appropriate and duly authorized
26 representative, or employee of the insurer that the
27 information submitted is true and accurate.

28 (d) Data required to be submitted by health care
29 facilities, health care providers, or health insurers shall
30 not include specific provider contract reimbursement
31 information. However, such specific provider reimbursement

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1 data shall be reasonably available for onsite inspection by
2 the agency as is necessary to carry out the agency's
3 regulatory duties. Any such data obtained by the agency as a
4 result of onsite inspections may not be used by the state for
5 purposes of direct provider contracting and are confidential
6 and exempt from the provisions of s. 119.07(1) and s. 24(a),
7 Art. I of the State Constitution.

8 (e) A requirement to submit data shall be adopted by
9 rule if the submission of data is being required of all
10 members of any type of health care facility, health care
11 provider, or health insurer. Rules are not required, however,
12 for the submission of data for a special study mandated by the
13 Legislature or when information is being requested for a
14 single health care facility, health care provider, or health
15 insurer.

16 Section 4. Subsections (1) and (4) of section 408.062,
17 Florida Statutes, are amended, and subsection (5) is added to
18 that section, to read:

19 408.062 Research, analyses, studies, and reports.--

20 (1) The agency shall ~~have the authority to~~ conduct
21 research, analyses, and studies relating to health care costs
22 and access to and quality of health care services as access
23 and quality are affected by changes in health care costs. Such
24 research, analyses, and studies shall include, but not be
25 limited to, ~~research and analysis relating to:~~

26 (a) The financial status of any health care facility
27 or facilities subject to the provisions of this chapter.

28 (b) The impact of uncompensated charity care on health
29 care facilities and health care providers.

30 (c) The state's role in assisting to fund indigent
31 care.

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1 (d) In conjunction with the Office of Insurance
2 Regulation, the availability and affordability of health
3 insurance for small businesses.

4 (e) Total health care expenditures in the state
5 according to the sources of payment and the type of
6 expenditure.

7 (f) The quality of health services, using techniques
8 such as small area analysis, severity adjustments, and
9 risk-adjusted mortality rates.

10 (g) The development of physician information payment
11 systems which are capable of providing data for health care
12 consumers taking into account the amount of resources
13 consumed, including at licensed facilities as defined in
14 chapter 395, and the outcomes produced in the delivery of
15 care.

16 (h) The collection of a statistically valid sample of
17 data on the retail prices charged by pharmacies for the 50
18 most frequently prescribed medicines from any pharmacy
19 licensed by this state as a special study authorized by the
20 Legislature to be performed by the agency quarterly. If the
21 drug is available generically, price data shall be reported
22 for the generic drug and price data of a brand-named drug for
23 which the generic drug is the equivalent shall be reported.
24 The agency shall make available on its Internet website for
25 each pharmacy, no later than October 1, 2005, drug prices for
26 a 30-day supply at a standard dose. The data collected shall
27 be reported for each drug by pharmacy and by metropolitan
28 statistical area or region and updated quarterly. ~~The impact~~
29 of subacute admissions on hospital revenues and expenses for
30 purposes of calculating adjusted admissions as defined in s.
31 408.07.

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1 (i) The use of emergency department services by
2 patient acuity level and the implication of increasing
3 hospital cost by providing nonurgent care in emergency
4 departments. The agency shall submit an annual report based on
5 this monitoring and assessment to the Governor, the President
6 of the Senate, and the Speaker of the House of
7 Representatives, and the substantive legislative committees
8 with the first report due January 1, 2006.

9 (j) Making available on its Internet website no later
10 than October 1, 2004, and in a hard-copy format upon request,
11 patient charge, volumes, length of stay, and performance
12 outcome indicators collected from health care facilities
13 pursuant to s. 408.061(1)(a) for not less than 50 inpatient
14 and 50 outpatient procedures provided in inpatient and
15 outpatient facilities as determined by the agency. In making
16 the determination of specific medical conditions, surgeries,
17 and procedures to include, the agency shall consider such
18 factors as volume, severity of the illness, urgency of
19 admission, individual and societal costs, and whether the
20 condition is acute or chronic. Performance outcome indicators
21 shall re risk adjusted or severity adjusted, as applicable,
22 using nationally recognized risk adjustment methodologies or
23 software consistent with the standards of the Agency for
24 Healthcare Research and Quality and as selected by the agency.
25 The website shall also provide an interactive search that
26 allows consumers to view and compare the information for
27 specific facilities, a map that allows consumers to select a
28 county or region, definitions of all of the data, descriptions
29 of each procedure, and an explanation about why the data may
30 differ from facility to facility. Such public data shall be
31 updated quarterly. The agency shall submit an annual status

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1 report on the collection of data and publication of
2 performance outcome indicators to the Governor, the Speaker of
3 the House of Representatives, the President of the Senate, and
4 the substantive legislative committees with the first status
5 report due January 1, 2005.

6 (4)(a) The agency shall ~~may~~ conduct data-based studies
7 and evaluations and make recommendations to the Legislature
8 and the Governor concerning exemptions, the effectiveness of
9 limitations of referrals, restrictions on investment interests
10 and compensation arrangements, and the effectiveness of public
11 disclosure. Such analysis shall ~~may~~ include, but need not be
12 limited to, utilization of services, cost of care, quality of
13 care, and access to care. The agency may require the
14 submission of data necessary to carry out this duty, which may
15 include, but need not be limited to, data concerning
16 ownership, Medicare and Medicaid, charity care, types of
17 services offered to patients, revenues and expenses,
18 patient-encounter data, and other data reasonably necessary to
19 study utilization patterns and the impact of health care
20 provider ownership interests in health-care-related entities
21 on the cost, quality, and accessibility of health care.

22 (b) The agency may collect such data from any health
23 facility or licensed health care provider as a special study.

24 (5) The agency shall develop and implement a strategy
25 for the adoption and use of electronic health records. The
26 agency may develop rules to facilitate the functionality and
27 protect the confidentiality of electronic health records. The
28 agency shall report to the Governor, the President of the
29 Senate, and the Speaker of the House of Representatives on
30 legislative recommendations to protect the confidentiality of
31 electronic health records.

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1 Section 5. Paragraph (1) is added to subsection (3) of
2 section 408.05, Florida Statutes, and paragraph (a) of
3 subsection (8) of that section is amended, to read:

4 408.05 State Center for Health Statistics.--

5 (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.--In order
6 to produce comparable and uniform health information and
7 statistics, the agency shall perform the following functions:

8 (1) Develop, in conjunction with the State
9 Comprehensive Health Information System Advisory Council, and
10 implement a long-range plan for making available performance
11 outcome and financial data that will allow consumers to
12 compare health care services. The performance outcomes and
13 financial data the agency must make available shall include,
14 but is not limited to, pharmaceuticals, physicians, health
15 care facilities, and health plans and managed care entities.
16 The agency shall submit the initial plan to the Governor, the
17 President of the Senate, and the Speaker of the House of
18 Representatives by March 1, 2005, and shall update the plan
19 and report on the status of its implementation annually
20 thereafter. The agency shall also make the plan and status
21 report available to the public on its Internet website. As
22 part of the plan, the agency shall identify the process and
23 timeframes for implementation, any barriers to implementation,
24 and recommendations of changes in the law that may be enacted
25 by the Legislature to eliminate the barriers. As preliminary
26 elements of the plan, the agency shall:

27 1. Make available performance outcome and patient
28 charge data collected from health care facilities pursuant to
29 s. 408.061(1)(a) and (2). The agency shall determine which
30 conditions and procedures, performance outcomes, and patient
31 charge data to disclose based upon input from the council.

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1 When determining which conditions and procedures are to be
2 disclosed, the council and the agency shall consider variation
3 in costs, variation in outcomes, and magnitude of variations
4 and other relevant information. When determining which
5 performance outcomes to disclose, the agency:

6 a. Shall consider such factors as volume of cases;
7 average patient charges; average length of stay; complication
8 rates; mortality rates; and infection rates, among others,
9 which shall be adjusted for case mix and severity, if
10 applicable.

11 b. May consider such additional measures that are
12 adopted by the Centers for Medicare and Medicaid Studies,
13 National Quality Forum, the Joint Commission on Accreditation
14 of Healthcare Organizations, the Agency for Healthcare
15 Research and Quality, or a similar national entity that
16 establishes standards to measure the performance of health
17 care providers, or by other states.

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19 When determining which patient charge data to disclose, the
20 agency shall consider such measures as average charge, average
21 net revenue per adjusted patient day, average cost per
22 adjusted patient day, and average cost per admission, among
23 others.

24 2. Make available performance measures, benefit
25 design, and premium cost data from health plans licensed
26 pursuant to chapter 627 or chapter 641. The agency shall
27 determine which performance outcome and member and subscriber
28 cost data to disclose, based upon input from the council. When
29 determining which data to disclose, the agency shall consider
30 information that may be required by either individual or group
31 purchasers to assess the value of the product, which may

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1 include membership satisfaction, quality of care, current
2 enrollment or membership, coverage areas, accreditation
3 status, premium costs, plan costs, premium increases, range of
4 benefits, copayments and deductibles, accuracy and speed of
5 claims payment, credentials of physicians, number of
6 providers, names of network providers, and hospitals in the
7 network. Health plans shall make available to the agency any
8 such data or information that is not currently reported to the
9 agency or the office.

10 3. Determine the method and format for public
11 disclosure of data reported pursuant to this paragraph. The
12 agency shall make its determination based upon input from the
13 Comprehensive Health Information System Advisory Council. At a
14 minimum, the data shall be made available on the agency's
15 Internet website in a manner that allows consumers to conduct
16 an interactive search that allows them to view and compare the
17 information for specific providers. The website must include
18 such additional information as is determined necessary to
19 ensure that the website enhances informed decision-making
20 among consumers and health care purchasers, which shall
21 include, at a minimum, appropriate guidance on how to use the
22 data and an explanation of why the data may vary from provider
23 to provider. The data specified in subparagraph 1. shall be
24 released no later than March 1, 2005. The data specified in
25 subparagraph 2. shall be released no later than March 1, 2006.

26 (8) STATE COMPREHENSIVE HEALTH INFORMATION SYSTEM
27 ADVISORY COUNCIL.--

28 (a) There is established in the agency the State
29 Comprehensive Health Information System Advisory Council to
30 assist the center in reviewing the comprehensive health
31 information system and to recommend improvements for such

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1 system. The council shall consist of the following members:

2 1. An employee of the Executive Office of the
3 Governor, to be appointed by the Governor.

4 2. An employee of the Office of Insurance Regulation
5 ~~Department of Financial Services~~, to be appointed by the
6 Chief Financial Officer.

7 3. An employee of the Department of Education, to be
8 appointed by the Commissioner of Education.

9 4. Ten persons, to be appointed by the Secretary of
10 Health Care Administration, representing other state and local
11 agencies, state universities, the Florida Association of
12 Business/Health Coalitions, local health councils,
13 professional health-care-related associations, consumers, and
14 purchasers.

15 Section 6. Subsection (3) of section 409.9066, Florida
16 Statutes, is amended to read:

17 409.9066 Medicare prescription discount program.--

18 (3) The Agency for Health Care Administration shall
19 publish, on a free website available to the public, the most
20 recent average wholesale prices for the 200 drugs most
21 frequently dispensed ~~to the elderly and, to the extent~~
22 ~~possible~~, shall provide a mechanism that consumers may use to
23 calculate the retail price and the price that should be paid
24 after the discount required in subsection (1) is applied. The
25 agency shall provide retail information by geographic area and
26 retail information by provider within geographical areas.

27 Section 7. Section 465.0244, Florida Statutes, is
28 created to read:

29 465.0244 Information disclosure.--Every pharmacy shall
30 make available on its Internet website a link to the financial
31 data that is published by the Agency for Health Care

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1 Administration pursuant to ss. 408.06(2)(1) and 409.9066 and
2 shall place in the area where customers receive filled
3 prescriptions notice that such information is available
4 electronically and the address of its Internet website.

5 Section 8. Section 627.6499, Florida Statutes, is
6 amended to read:

7 627.6499 Reporting by insurers and third-party
8 administrators.--

9 (1) The office may require any insurer, third-party
10 administrator, or service company to report any information
11 reasonably required to assist the board in assessing insurers
12 as required by this act.

13 (2) Each health insurance issuer shall make available
14 on its Internet website a link to the performance outcome and
15 financial data that is published by the Agency for Health Care
16 Administration pursuant to s. 408.05(3)(1) and shall include
17 in every policy delivered or issued for delivery to any person
18 in the state or any materials provided as required by s.
19 627.64725 notice that such information is available
20 electronically and the address of its Internet website.

21 Section 9. Subsections (6) and (7) are added to
22 section 641.54, Florida Statutes, to read:

23 641.54 Information disclosure.--

24 (6) Each health maintenance organization shall make
25 available to its subscribers the estimated co-pay, coinsurance
26 percentage, or deductible, whichever is applicable, for any
27 covered services, the status of the subscriber's maximum
28 annual out-of-pocket payments for a covered individual or
29 family, and the status of the subscriber's maximum lifetime
30 benefit. Such estimate shall not preclude the actual co-pay,
31 coinsurance percentage, or deductible, whichever is

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1 applicable, from exceeding the estimate.

2 (7) Each health maintenance organization shall make
3 available on its Internet website a link to the performance
4 outcome and financial data that is published by the Agency for
5 Health Care Administration pursuant to s. 408.05(3)(1) and
6 shall include in every policy delivered or issued for delivery
7 to any person in the state or any materials provided as
8 required by s. 627.64725 notice that such information is
9 available electronically and the address of its Internet
10 website.

11 Section 10. The Agency for Health Care Administration
12 shall adopt all rules necessary to implement this act no later
13 than January 1, 2005.

14 Section 11. This act shall take effect July 1, 2004.

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17 ===== T I T L E A M E N D M E N T =====

18 And the title is amended as follows:

19 Delete everything before the enacting clause

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21 and insert:

22 A bill to be entitled
23 An act relating to health care; amending s.
24 381.026, F.S.; requiring certain licensed
25 facilities to provide public Internet access to
26 certain financial information; amending s.
27 395.301, F.S.; requiring certain licensed
28 facilities to provide prospective patients
29 certain estimates of charges for services;
30 requiring such facilities to provide patients
31 with certain bill verification information;

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1 providing for a fine for failure to provide
2 such information; providing charge limitations;
3 requiring such facilities to establish a
4 patient question review and response
5 methodology; providing requirements; requiring
6 certain licensed facilities to provide public
7 Internet access to certain financial
8 information; providing an exception for
9 specified rural hospitals; amending s. 408.061,
10 F.S.; requiring the Agency for Health Care
11 Administration to require health care
12 facilities, health care providers, and health
13 insurers to submit certain information;
14 providing requirements; requiring the agency to
15 adopt certain risk and severity adjustment
16 methodologies; requiring the agency to adopt
17 certain rules; requiring certain information to
18 be certified; amending s. 408.062, F.S.;
19 requiring the agency to conduct certain health
20 care costs and access research, analyses, and
21 studies; expanding the scope of such studies to
22 include collection of pharmacy retail price
23 data, use of emergency departments, physician
24 information, and Internet patient charge
25 information availability; requiring publication
26 of information collected on the Internet;
27 requiring a report; requiring the agency to
28 conduct additional data-based studies and make
29 recommendations to the Legislature; requiring
30 the agency to develop and implement a strategy
31 to adopt and use electronic health records;

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1 authorizing the agency to develop rules to
2 protect electronic records confidentiality;
3 requiring a report to the Governor and
4 Legislature; amending s. 408.05, F.S.;
5 requiring the agency to develop a plan to make
6 performance outcome and financial data
7 available to consumers for health care services
8 comparison purposes; requiring submittal of the
9 plan to the Governor and Legislature; requiring
10 the agency to update the plan; requiring the
11 agency to make the plan available
12 electronically; providing plan requirements;
13 amending s. 409.9066, F.S.; requiring the
14 agency to provide certain information relating
15 to the Medicare prescription discount program;
16 creating s. 465.0244, F.S.; requiring each
17 pharmacy to make available on its Internet
18 website a link to certain performance outcome
19 and financial data of the Agency for Health
20 Care Administration and a notice of the
21 availability of such information; amending s.
22 627.6499, F.S.; requiring each health insurer
23 to make available on its Internet website a
24 link to certain performance outcome and
25 financial data of the Agency for Health Care
26 Administration and a notice in policies of the
27 availability of such information; amending s.
28 641.54, F.S.; requiring health maintenance
29 organizations to make certain insurance
30 financial information available to subscribers;
31 requiring health maintenance organizations to

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1 make available on its Internet website a link
2 to certain performance outcome and financial
3 data of the Agency for Health Care
4 Administration and a notice in policies of the
5 availability of such information; authorizing
6 rule adoption; providing an effective date.

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