

CHAMBER ACTION

1 The Committee on Insurance recommends the following:

2  
3 **Committee Substitute**

4 Remove the entire bill and insert:

5 A bill to be entitled

6 An act relating to health care; amending s. 381.026, F.S.;  
7 requiring certain licensed facilities to provide certain  
8 financial information on its website; amending s. 395.301,  
9 F.S.; requiring certain licensed facilities to provide  
10 prospective patients with certain estimates of charges for  
11 services; requiring such facilities to provide patients  
12 with certain bill verification information; providing for  
13 a fine for failure to provide such information; providing  
14 charge limitations; requiring such facilities to establish  
15 a patient question review and response methodology;  
16 providing requirements; requiring certain licensed  
17 facilities to provide to certain financial information on  
18 its website; providing an exception for specified rural  
19 hospitals; requiring a report; amending s. 408.061, F.S.;  
20 requiring the Agency for Health Care Administration to  
21 require health care facilities, health care providers, and  
22 health insurers to submit certain information; providing  
23 requirements; requiring the agency to adopt certain risk

24 adjustment methodologies or software; requiring the agency  
25 to adopt certain rules; requiring certain information to  
26 be certified; amending s. 408.062, F.S.; requiring the  
27 agency to conduct certain health care costs and access  
28 research, analyses, and studies; expanding the scope of  
29 such studies to include collection of pharmacy retail  
30 price data, use of emergency departments, physician  
31 information, and Internet patient charge information  
32 availability; requiring publication of information  
33 collected on the Internet; requiring a report; requiring  
34 the agency to conduct additional data-based studies and  
35 make recommendations to the Legislature; requiring the  
36 agency to develop and implement a strategy to adopt and  
37 use electronic health records; authorizing the agency to  
38 develop rules to protect electronic records  
39 confidentiality; requiring a report to the Governor and  
40 Legislature; amending s. 408.05, F.S.; requiring the  
41 agency to develop a plan to make performance outcome and  
42 financial data available to consumers for health care  
43 services comparison purposes; requiring submittal of the  
44 plan to the Governor and Legislature; requiring the agency  
45 to update the plan; requiring the agency to make the plan  
46 available electronically; providing plan requirements;  
47 amending s. 409.9066, F.S.; requiring the agency to  
48 provide certain information relating to the Medicare  
49 prescription discount program; creating s. 465.0244, F.S.;  
50 requiring each pharmacy to make available on its Internet  
51 website a link to certain performance outcome and

52 financial data of the Agency for Health Care  
 53 Administration and a notice of the availability of such  
 54 information; amending s. 627.6499, F.S.; requiring each  
 55 health insurer to make available on its Internet website a  
 56 link to certain performance outcome and financial data of  
 57 the Agency for Health Care Administration and a notice in  
 58 policies of the availability of such information; amending  
 59 s. 641.54, F.S.; requiring health maintenance  
 60 organizations to make certain insurance financial  
 61 information available to subscribers; requiring health  
 62 maintenance organizations to make available on its  
 63 Internet website a link to certain performance outcome and  
 64 financial data of the Agency for Health Care  
 65 Administration and a notice in policies of the  
 66 availability of such information; authorizing rule  
 67 adoption; providing an effective date.

68

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

70

71 Section 1. Paragraph (c) of subsection (4) of section  
 72 381.026, Florida Statutes, is amended to read:

73 381.026 Florida Patient's Bill of Rights and  
 74 Responsibilities.--

75 (4) RIGHTS OF PATIENTS.--Each health care facility or  
 76 provider shall observe the following standards:

77 (c) Financial information and disclosure.--

78 1. A patient has the right to be given, upon request, by  
 79 the responsible provider, his or her designee, or a

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80 representative of the health care facility full information and  
81 necessary counseling on the availability of known financial  
82 resources for the patient's health care.

83 2. A health care provider or a health care facility shall,  
84 upon request, disclose to each patient who is eligible for  
85 Medicare, in advance of treatment, whether the health care  
86 provider or the health care facility in which the patient is  
87 receiving medical services accepts assignment under Medicare  
88 reimbursement as payment in full for medical services and  
89 treatment rendered in the health care provider's office or  
90 health care facility.

91 3. A health care provider or a health care facility shall,  
92 upon request, furnish a patient, prior to provision of medical  
93 services, a reasonable estimate of charges for such services.  
94 Such reasonable estimate shall not preclude the health care  
95 provider or health care facility from exceeding the estimate or  
96 making additional charges based on changes in the patient's  
97 condition or treatment needs.

98 4. Each licensed facility not operated by the state shall  
99 make available to the public on its Internet website or by other  
100 electronic means a description of, and a link to, the  
101 performance outcome and financial data that is published by the  
102 agency pursuant to s. 408.05. The facility shall place a notice  
103 in reception areas that such information is available  
104 electronically and provide the Internet address. The licensed  
105 facility may indicate that the pricing information is based on a  
106 compilation of charges for the average patient and that each  
107 patient's bill may vary from the average, depending upon the

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108 severity of illness and individual resources consumed. The  
109 licensed facility may also indicate that the price of service is  
110 negotiable for eligible patients based upon the patient's  
111 ability to pay.

112 ~~5.4.~~ A patient has the right to receive a copy of an  
113 itemized bill upon request. A patient has a right to be given an  
114 explanation of charges upon request.

115 Section 2. Subsections (1), (2), and (3) of section  
116 395.301, Florida Statutes, are amended, and subsections (7),  
117 (8), (9), (10), and (11) are added to said section, to read:

118 395.301 Itemized patient bill; form and content prescribed  
119 by the agency.--

120 (1) A licensed facility not operated by the state shall  
121 notify each patient during admission and at discharge of his or  
122 her right to receive an itemized bill upon request. Within 7  
123 days following the patient's discharge or release from a  
124 licensed facility not operated by the state, ~~or within 7 days~~  
125 ~~after the earliest date at which the loss or expense from the~~  
126 ~~service may be determined,~~ the licensed facility providing the  
127 service shall, upon request, submit to the patient, or to the  
128 patient's survivor or legal guardian as may be appropriate, an  
129 itemized statement detailing in language comprehensible to an  
130 ordinary layperson the specific nature of charges or expenses  
131 incurred by the patient, which in the initial billing shall  
132 contain a statement of specific services received and expenses  
133 incurred for such items of service, enumerating in detail the  
134 constituent components of the services received within each  
135 department of the licensed facility and including unit price

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136 data on rates charged by the licensed facility, as prescribed by  
137 the agency.

138 (2)(a) Each such statement submitted pursuant to this  
139 section:

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

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

144 3.(e) Shall list drugs by brand or generic name and not  
145 refer to drug code numbers when referring to drugs of any sort.

146 4.(d) Shall specifically identify therapy treatment as to  
147 the date, type, and length of treatment when therapy treatment  
148 is a part of the statement.

149 (b) Any person receiving a statement pursuant to this  
150 section shall be fully and accurately informed as to each charge  
151 and service provided by the institution preparing the statement.

152 (3) On each ~~such~~ itemized statement submitted pursuant to  
153 subsection (1), there shall appear the words "A FOR-PROFIT (or  
154 NOT-FOR-PROFIT or PUBLIC) HOSPITAL (or AMBULATORY SURGICAL  
155 CENTER) LICENSED BY THE STATE OF FLORIDA" or substantially  
156 similar words sufficient to identify clearly and plainly the  
157 ownership status of the licensed facility. Each itemized  
158 statement must prominently display the phone number of the  
159 medical facility's patient liaison who is responsible for  
160 expediting the resolution of any billing dispute between the  
161 patient, or his or her representative, and the billing  
162 department.

163        (7) Each licensed facility not operated by the state shall  
 164 provide, prior to provision of any nonemergency medical  
 165 services, a written good faith estimate of reasonably  
 166 anticipated charges for the facility to treat the patient's  
 167 condition upon written request of a prospective patient. The  
 168 estimate shall be provided to the prospective patient within 7  
 169 business days of the receipt of the request. The estimate may be  
 170 the average charges for that diagnosis related group or the  
 171 average charges for that procedure. Upon request, the facility  
 172 shall notify the patient of any revision to the good faith  
 173 estimate. Such estimate shall not preclude the actual charges  
 174 from exceeding the estimate. The facility shall place a notice  
 175 in reception areas that such information is available. Failure  
 176 to provide the estimate within the provisions established  
 177 pursuant to this section shall result in a fine of \$500 for each  
 178 instance of the facility's failure to provide the requested  
 179 information.

180        (8) A licensed facility shall make available to a patient  
 181 all records necessary for verification of the accuracy of the  
 182 patient's bill within 30 business days after the request for  
 183 such records. The verification information must be made  
 184 available in the facility's offices. Such records shall be  
 185 available to the patient prior to and after payment of the bill  
 186 or claim. The facility may not charge the patient for making  
 187 such verification records available; however, the facility may  
 188 charge its usual fee for providing copies of records as  
 189 specified in s. 395.3025.

190       (9) Each facility shall establish a method for reviewing  
 191 and responding to questions from patients concerning the  
 192 patient's itemized bill. Such response shall be provided within  
 193 30 days after the date a question is received. If the patient is  
 194 not satisfied with the response, the facility must provide the  
 195 patient with the address of the agency to which the issue may be  
 196 sent for review.

197       (10) Each licensed facility shall make available on its  
 198 Internet website a link to the performance outcome and financial  
 199 data that is published by the Agency for Health Care  
 200 Administration pursuant to s. 408.05. The facility shall place a  
 201 notice in the reception area that the information is available  
 202 electronically and the Internet address.

203       (11) Each rural hospital, as defined in s. 395.602, which  
 204 has fewer than 50 beds is exempt from subsection (10). The  
 205 agency shall evaluate the most cost-efficient method for  
 206 collecting and reporting data for these qualifying rural  
 207 hospitals and shall, by December 1, 2005, submit a report to the  
 208 Governor, the President of the Senate, and the Speaker of the  
 209 House of Representatives.

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

212       408.061 Data collection; uniform systems of financial  
 213 reporting; information relating to physician charges;  
 214 confidential information; immunity.--

215       (1) The agency shall ~~may~~ require the submission by health  
 216 care facilities, health care providers, and health insurers of  
 217 data necessary to carry out the agency's duties. Specifications



218 for data to be collected under this section shall be developed  
 219 by the agency with the assistance of technical advisory panels  
 220 including representatives of affected entities, consumers,  
 221 purchasers, and such other interested parties as may be  
 222 determined by the agency.

223 (a) Data ~~to be~~ submitted by health care facilities,  
 224 including the facilities as defined in chapter 395, shall ~~may~~  
 225 include, but are not limited to: case-mix data, patient  
 226 admission and ~~or~~ discharge data, data on hospital-acquired  
 227 infections as specified by rule, data on complications as  
 228 specified by rule, data on readmissions as specified by rule,  
 229 with patient and provider-specific identifiers included, actual  
 230 charge data by diagnostic groups, financial data, accounting  
 231 data, operating expenses, expenses incurred for rendering  
 232 services to patients who cannot or do not pay, interest charges,  
 233 depreciation expenses based on the expected useful life of the  
 234 property and equipment involved, and demographic data. Hospital  
 235 emergency data shall include the number of the patients treated  
 236 in the emergency department of a licensed hospital reported by  
 237 patient acuity level. The agency shall adopt nationally  
 238 recognized risk adjustment methodologies or software consistent  
 239 with the standards of the Agency for Healthcare Research and  
 240 Quality for all data submitted as required by this section. Data  
 241 may be obtained from documents such as, but not limited to:  
 242 leases, contracts, debt instruments, itemized patient bills,  
 243 medical record abstracts, and related diagnostic information.  
 244 Reported data elements shall be reported electronically in  
 245 accordance with applicable department rules. Data submitted

246 shall be certified by the chief executive officer or an  
247 appropriate and duly authorized representative or employee of  
248 the licensed facility that the information is accurate.

249 (b) Data to be submitted by health care providers may  
250 include, but are not limited to: Medicare and Medicaid  
251 participation, types of services offered to patients, amount of  
252 revenue and expenses of the health care provider, and such other  
253 data which are reasonably necessary to study utilization  
254 patterns. Data submitted shall be certified as true and accurate  
255 by the health care provider or by an appropriate and duly  
256 authorized representative or employee of the health care  
257 provider.

258 (c) Data to be submitted by health insurers may include,  
259 but are not limited to: claims, premium, administration, and  
260 financial information. Data submitted shall be certified as by  
261 the appropriate and duly authorized representative or employee  
262 of the insurer that the information submitted is true and  
263 accurate.

264 (d) Data required to be submitted by health care  
265 facilities, health care providers, or health insurers shall not  
266 include specific provider contract reimbursement information.  
267 However, such specific provider reimbursement data shall be  
268 reasonably available for onsite inspection by the agency as is  
269 necessary to carry out the agency's regulatory duties. Any such  
270 data obtained by the agency as a result of onsite inspections  
271 may not be used by the state for purposes of direct provider  
272 contracting and are confidential and exempt from the provisions  
273 of s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

274 (e) A requirement to submit data shall be adopted by rule  
 275 if the submission of data is being required of all members of  
 276 any type of health care facility, health care provider, or  
 277 health insurer. Rules are not required, however, for the  
 278 submission of data for a special study mandated by the  
 279 Legislature or when information is being requested for a single  
 280 health care facility, health care provider, or health insurer.

281 Section 4. Subsections (1) and (4) of section 408.062,  
 282 Florida Statutes, are amended, and subsection (5) is added to  
 283 said section, to read:

284 408.062 Research, analyses, studies, and reports.--

285 (1) The agency shall ~~have the authority to~~ conduct  
 286 research, analyses, and studies relating to health care costs  
 287 and access to and quality of health care services as access and  
 288 quality are affected by changes in health care costs. Such  
 289 research, analyses, and studies shall include, but not be  
 290 limited to, ~~research and analysis relating to:~~

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

293 (b) The impact of uncompensated charity care on health  
 294 care facilities and health care providers.

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

296 (d) In conjunction with the Office of Insurance  
 297 Regulation, the availability and affordability of health  
 298 insurance for small businesses.

299 (e) Total health care expenditures in the state according  
 300 to the sources of payment and the type of expenditure.

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

304 (g) The development of physician information ~~payment~~  
305 systems which are capable of providing data for health care  
306 consumers, taking into account the amount of resources consumed,  
307 including licensed facilities as defined in chapter 395, and the  
308 outcomes produced in the delivery of care.

309 (h) The collection of a statistically valid sample of data  
310 on the retail prices charged by pharmacies for the 50 most  
311 frequently prescribed medicines from any pharmacy licensed by  
312 this state as a special study authorized by the Legislature to  
313 be performed by the agency quarterly. If a drug is available  
314 generically, price data shall be reported for the generic drug  
315 and price data of a brand name drug for which the generic drug  
316 is the equivalent shall be reported. The agency shall make  
317 available on its Internet website for each pharmacy, no later  
318 than October 1, 2005, drug prices for a 30-day supply at a  
319 standard dose. The data collected shall be reported for each  
320 drug by pharmacy and by metropolitan statistical area or region  
321 and updated quarterly ~~The impact of subacute admissions on~~  
322 ~~hospital revenues and expenses for purposes of calculating~~  
323 ~~adjusted admissions as defined in s. 408.07.~~

324 (i) The use of emergency department services by patient  
325 acuity level and the implication of increasing hospital cost by  
326 providing nonurgent care in emergency departments. The agency  
327 shall submit an annual report based on this monitoring and  
328 assessment to the Governor, the President of the Senate, the

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329 Speaker of the House of Representatives, and the substantive  
330 legislative committees with the first report due January 1,  
331 2006.

332 (j) The making available on its Internet website no later  
333 than October 1, 2004, and in a hard copy format upon request, of  
334 patient charge, volumes, length of stay, and performance outcome  
335 indicators collected from health care facilities pursuant to s.  
336 408.061 for specific medical conditions, surgeries, and  
337 procedures provided in inpatient and outpatient facilities as  
338 determined by the agency. In making the determination of  
339 specific medical conditions, surgeries, and procedures to  
340 include, the agency shall consider such factors as volume,  
341 severity of the illness, urgency of admission, individual and  
342 societal costs, and whether the condition is acute or chronic.  
343 Performance outcome indicators shall be risk adjusted or  
344 severity adjusted, as applicable, using nationally recognized  
345 risk adjustment methodologies or software consistent with the  
346 standards of the Agency for Healthcare Research and Quality and  
347 as selected by the agency. The Internet website shall also  
348 provide an interactive search that allows consumers to view and  
349 compare the information for specific facilities, a map that  
350 allows consumers to select a county or region, definitions of  
351 all of the data, descriptions of each procedure, and an  
352 explanation about why the data may differ from facility to  
353 facility. Such public data shall be updated quarterly. The  
354 agency shall submit an annual status report on the collection of  
355 data and publication of performance outcome indicators to the  
356 Governor, the President of the Senate, the Speaker of the House

357 of Representatives, and the substantive legislative committees  
 358 with the first status report due January 1, 2005.

359 (4)(a) The agency shall ~~may~~ conduct data-based studies and  
 360 evaluations and make recommendations to the Legislature and the  
 361 Governor concerning exemptions, the effectiveness of limitations  
 362 of referrals, restrictions on investment interests and  
 363 compensation arrangements, and the effectiveness of public  
 364 disclosure. Such analysis shall ~~may~~ include, but need not be  
 365 limited to, utilization of services, cost of care, quality of  
 366 care, and access to care. The agency may require the submission  
 367 of data necessary to carry out this duty, which may include, but  
 368 need not be limited to, data concerning ownership, Medicare and  
 369 Medicaid, charity care, types of services offered to patients,  
 370 revenues and expenses, patient-encounter data, and other data  
 371 reasonably necessary to study utilization patterns and the  
 372 impact of health care provider ownership interests in health-  
 373 care-related entities on the cost, quality, and accessibility of  
 374 health care.

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

377 (5) The agency shall develop and implement a strategy for  
 378 the adoption and use of electronic health records. The agency  
 379 may develop rules to facilitate the functionality and protect  
 380 the confidentiality of electronic health records. The agency  
 381 shall report to the Governor, the President of the Senate, and  
 382 the Speaker of the House of Representatives on legislative  
 383 recommendations to protect the confidentiality of electronic  
 384 health records.

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

388 408.05 State Center for Health Statistics.--

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

392 (1) Develop, in conjunction with the State Comprehensive  
 393 Health Information System Advisory Council, and implement a  
 394 long-range plan for making available performance outcome and  
 395 financial data that will allow consumers to compare health care  
 396 services. The performance outcomes and financial data the agency  
 397 must make available shall include, but are not limited to,  
 398 pharmaceuticals, physicians, health care facilities, and health  
 399 plans and managed care entities. The agency shall submit the  
 400 initial plan to the Governor, the President of the Senate, and  
 401 the Speaker of the House of Representatives by March 1, 2005,  
 402 and shall update the plan and report on the status of its  
 403 implementation annually thereafter. The agency shall also make  
 404 the plan and status report available to the public on its  
 405 Internet website. As part of the plan, the agency shall identify  
 406 the process and timeframes for implementation, any barriers to  
 407 implementation, and recommendations of changes in the law that  
 408 may be enacted by the Legislature to eliminate the barriers. As  
 409 preliminary elements of the plan, the agency shall:

410 1. Make available performance outcome and patient charge  
 411 data collected from health care facilities pursuant to s.  
 412 408.061. The agency shall determine which conditions and

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413 procedures, performance outcomes, and patient charge data to  
414 disclose based upon input from the council. When determining  
415 which conditions and procedures are to be disclosed, the council  
416 and the agency shall consider variation in costs, variation in  
417 outcomes, and magnitude of variations and other relevant  
418 information. When determining which performance outcomes to  
419 disclose, the agency:

420 a. Shall consider such factors as volume of cases, average  
421 patient charges, average length of stay, complication rates,  
422 mortality rates, and infection rates, among other factors, which  
423 shall be adjusted for case mix and severity, if applicable.

424 b. May consider such additional measures that are adopted  
425 by the Centers for Medicare and Medicaid Studies, National  
426 Quality Forum, the Joint Commission on Accreditation of  
427 Healthcare Organizations, and the Agency for Healthcare Research  
428 and Quality, or a similar national entity that establishes  
429 standards to measure the performance of health care providers,  
430 or by other states.

431  
432 When determining which patient charge data to disclose, the  
433 agency shall consider such measures as average charge, average  
434 net revenue per adjusted patient day, average cost per adjusted  
435 patient day, and average cost per admission, among other  
436 measures.

437 2. Make available performance measures, benefit design,  
438 and premium cost data from health plans licensed pursuant to  
439 chapter 627 or chapter 641. The agency shall determine which  
440 performance outcome and member and subscriber cost data to



441 disclose, based upon input from the council. When determining  
442 which data to disclose, the agency shall consider information  
443 that may be required by either individual or group purchasers to  
444 assess the value of the product, which may include membership  
445 satisfaction, quality of care, current enrollment or membership,  
446 coverage areas, accreditation status, premium costs, plan costs,  
447 premium increases, range of benefits, copayments and  
448 deductibles, accuracy and speed of claims payment, credentials  
449 of physicians, number of providers, names of network providers,  
450 and hospitals in the network. Health plans shall make available  
451 to the agency any such data or information that is not currently  
452 reported to the agency or the office.

453 3. Determine the method and format for public disclosure  
454 of data reported pursuant to this paragraph. The agency shall  
455 make its determination based upon input from the Comprehensive  
456 Health Information System Advisory Council. At a minimum, the  
457 data shall be made available on the agency's Internet website in  
458 a manner that allows consumers to conduct an interactive search  
459 that allows them to view and compare the information for  
460 specific providers. The Internet website must include such  
461 additional information as is determined necessary to ensure that  
462 the website enhances informed decisionmaking among consumers and  
463 health care purchasers, which shall include, at a minimum,  
464 appropriate guidance on how to use the data and an explanation  
465 of why the data may vary from provider to provider. The data  
466 specified in subparagraph 1. shall be released no later than  
467 March 1, 2005. The data specified in subparagraph 2. shall be  
468 released no later than March 1, 2006.

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469 (8) STATE COMPREHENSIVE HEALTH INFORMATION SYSTEM ADVISORY  
470 COUNCIL.--

471 (a) There is established in the agency the State  
472 Comprehensive Health Information System Advisory Council to  
473 assist the center in reviewing the comprehensive health  
474 information system and to recommend improvements for such  
475 system. The council shall consist of the following members:

476 1. An employee of the Executive Office of the Governor, to  
477 be appointed by the Governor.

478 2. An employee of the Office of Insurance Regulation  
479 ~~Department of Financial Services~~, to be appointed by the Chief  
480 Financial Officer.

481 3. An employee of the Department of Education, to be  
482 appointed by the Commissioner of Education.

483 4. Ten persons, to be appointed by the Secretary of Health  
484 Care Administration, representing other state and local  
485 agencies, state universities, the Florida Association of  
486 Business/Health Coalitions, local health councils, professional  
487 health-care-related associations, consumers, and purchasers.

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

490 409.9066 Medicare prescription discount program.--

491 (3) The Agency for Health Care Administration shall  
492 publish, on a free website available to the public, the most  
493 recent average wholesale prices for the 200 drugs most  
494 frequently dispensed ~~to the elderly and, to the extent possible,~~  
495 shall provide a mechanism that consumers may use to calculate  
496 the retail price and the price that should be paid after the

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497 | discount required in subsection (1) is applied. The agency shall  
 498 | provide retail information by geographic area and retail  
 499 | information by provider within geographical areas.

500 | Section 7. Section 465.0244, Florida Statutes, is created  
 501 | to read:

502 | 465.0244 Information disclosure.--Every pharmacy shall  
 503 | make available on its Internet website a link to the financial  
 504 | data that is published by the Agency for Health Care  
 505 | Administration pursuant to ss. 408.06 and 409.9066 and shall  
 506 | place in the area where customers receive filled prescriptions  
 507 | notice that such information is available electronically and the  
 508 | Internet address.

509 | Section 8. Section 627.6499, Florida Statutes, is amended  
 510 | to read:

511 | 627.6499 Reporting by insurers and third-party  
 512 | administrators.--

513 | (1) The office may require any insurer, third-party  
 514 | administrator, or service company to report any information  
 515 | reasonably required to assist the board in assessing insurers as  
 516 | required by this act.

517 | (2) Each health insurance issuer shall make available on  
 518 | its Internet website a link to the performance outcome and  
 519 | financial data that is published by the Agency for Health Care  
 520 | Administration pursuant to s. 408.05, and shall include in every  
 521 | policy delivered or issued for delivery to any person in the  
 522 | state or any materials provided as required by s. 627.64725,  
 523 | notice that such information is available electronically and the  
 524 | Internet address.

525 Section 9. Subsections (6) and (7) are added to section  
526 641.54, Florida Statutes, to read:

527 641.54 Information disclosure.--

528 (6) Each health maintenance organization shall make  
529 available to its subscribers the estimated copay, coinsurance  
530 percentage, or deductible, whichever is applicable, for any  
531 covered services, the status of the subscriber's maximum annual  
532 out-of-pocket payments for a covered individual or family, and  
533 the status of the subscriber's maximum lifetime benefit. Such  
534 estimate shall not preclude the actual copay, coinsurance  
535 percentage, or deductible, whichever is applicable, from  
536 exceeding the estimate.

537 (7) Each health maintenance organization shall make  
538 available on its Internet website a link to the performance  
539 outcome and financial data that is published by the Agency for  
540 Health Care Administration pursuant to s. 408.05, and shall  
541 include in every policy delivered or issued for delivery to any  
542 person in the state or any materials provided as required by s.  
543 627.64725, notice that such information is available  
544 electronically and the Internet address.

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

548 Section 11. This act shall take effect upon becoming a  
549 law.