

HB 0715

2004

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

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

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

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

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

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30 include a minimum discount of 30 percent and a description of
 31 the methodologies developed by the hospital for the following:

32 1. Identifying patients who may be eligible for a payment
 33 allowance, notifying them of the availability of the program,
 34 and providing appropriate information, including application
 35 forms, for a payment allowance.

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

38 3. Determining the payment allowance or credit.

39 4. Notifying patients of their qualification either for a
 40 public source of payment or a discount pursuant to this program.

41 5. Developing payment plans and procedures preceding
 42 assignment of a patient's account to a third party or reporting
 43 nonpayment to a patient's consumer credit agency. For purposes
 44 of this program, these patients are considered as "qualified
 45 self-pays."

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

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

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

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

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58 4. Patients with discretionary assets in excess of 50
59 percent of the billed charges, with discretionary assets defined
60 as the fair market value of savings, investment, and
61 nonhomestead property.

62 (c) No hospital shall foreclose on homestead property that
63 is owned by a qualified self-pay patient. No hospital shall seek
64 a court order to issue a writ of bodily attachment to enforce
65 payment of hospital bills for medical services provided to
66 qualified self-pay patients.

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