

CHAMBER ACTION

1 The Committee on Health Care 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 self-pay patients; providing  
7 legislative findings; amending s. 395.301, F.S.; requiring  
8 hospitals to develop and make available two payment  
9 allowance programs for qualified self-pay patients;  
10 providing program guidelines and requirements; providing  
11 exclusions; providing a definition of patients qualified  
12 for such programs; providing exceptions; prohibiting  
13 hospitals from pursuing certain civil remedies against  
14 such patients; providing an effective date.

15  
16 Be It Enacted by the Legislature of the State of Florida:

17  
18 Section 1. Legislative findings.--

19 (1) The Legislature recognizes that 2.8 million Floridians  
20 are uninsured, which represents one of every five Florida  
21 residents aged 65 years or younger.

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22       (2) The Legislature finds that the cost of providing care  
23 to the uninsured population in Florida hospitals is in excess of  
24 \$1.5 billion.

25       (3) The Legislature intends to make health care more  
26 affordable and accessible to its uninsured residents.

27       (4) The Legislature intends to extend discounts for  
28 hospital services to low-income uninsured individuals who have  
29 established a domicile in this state as evidence by residing in  
30 and maintaining a place of abode in a Florida county which he or  
31 she recognizes and intends to maintain as his or her permanent  
32 home.

33       Section 2. Subsection (7) is added to section 395.301,  
34 Florida Statutes, to read:

35       395.301 Itemized patient bill; form and content prescribed  
36 by the agency.--

37       (7) Each hospital shall develop two programs of payment  
38 allowances for qualified self-pay patients. Each program shall  
39 consist of one of the following:

40       (a) A program of payment allowances for qualified self-pay  
41 patients who are treated in the emergency room, admitted through  
42 the emergency room, or present for labor and delivery. All  
43 patients shall continue to be charged the same rate, but  
44 qualified self-pay patients shall be eligible for discounts  
45 based on family income. The discount shall be determined by each  
46 facility. The discount program shall not apply to patients who  
47 are eligible for, or enrolled in, private or public insurance  
48 plans providing hospital coverage, including indemnity plans,  
49 except high deductible plans.

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50        (b) A program for payment allowances for patients with  
51 household incomes up to 300 percent of the federal poverty  
52 guidelines, who are qualified self-pay patients who are treated  
53 in the emergency room, admitted through the emergency room, or  
54 present for labor and delivery. All patients shall continue to  
55 be charged the same rate, but qualified self-pay patients shall  
56 be eligible for discounts based on family income. The discount  
57 program shall not apply to patients who are eligible for or  
58 enrolled in private or public insurance plans providing hospital  
59 coverage, including indemnity plans. The policy must include a  
60 minimum discount of 200 percent of Medicare rates and a  
61 description of the methodologies developed by the hospital for  
62 the following:

63        1. Identifying patients who may be eligible for a payment  
64 allowance, notifying them of the availability of the program,  
65 and providing appropriate information, including application  
66 forms, for a payment allowance.

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

69        3. Determining the payment allowance or credit.

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

72        5. Developing payment plans and procedures preceding  
73 assignment of a patient's account to a third party or reporting  
74 nonpayment to a patient's consumer credit agency. For purposes  
75 of this program, these patients are considered as qualified  
76 self-pay patients.

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77        (c) The term "qualified self-pay patient" means any  
78 resident who has established a domicile in Florida, as evidenced  
79 by residing in a Florida county which he or she intends to  
80 maintain as his or her permanent home, with no public or private  
81 source of payment for medical services who would otherwise be  
82 expected to pay the hospital's billed charges. The term does not  
83 include:

84        1. Patients presenting for services that are not covered  
85 by Medicare, Medicaid, or workers' compensation in this state or  
86 elective, nonmedically necessary services.

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

90        3. Patients with discretionary assets in excess of 50  
91 percent of the billed charges, with discretionary assets defined  
92 as the fair market value of personal savings, personal  
93 investments, and personal nonhomestead property. Discretionary  
94 assets shall not include personal automobiles or business  
95 assets.

96        (d) No hospital shall foreclose on homestead property that  
97 is owned by a qualified self-pay patient. No hospital shall seek  
98 a court order to issue a writ of bodily attachment to enforce  
99 payment of hospital bills for medical services provided to  
100 qualified self-pay patients.

101        Section 3. This act shall take effect upon becoming a law.