

1                   A bill to be entitled  
2           An act relating to consumer information concerning health  
3           care; providing a short title; providing a purpose;  
4           amending s. 381.026, F.S.; requiring a health care  
5           provider or a health care facility to provide an uninsured  
6           person with a reasonable estimate of charges for planned  
7           nonemergency medical services before such services are  
8           provided; requiring that the provider or the facility  
9           provide the uninsured person with information regarding  
10          such provider's or facility's discount or charity  
11          policies; requiring that the estimate be in writing and in  
12          a language comprehensible to an ordinary layperson;  
13          amending s. 395.301, F.S.; requiring certain licensed  
14          facilities to provide a written estimate within a certain  
15          period of time to an uninsured person seeking planned  
16          nonemergency elective admission; requiring the facility to  
17          notify the person if the estimate is revised; requiring  
18          the facility to provide the person with a copy of any  
19          discount or charity care discount policies for which such  
20          person may be eligible; requiring the facility to place a  
21          notice in the reception area where such information is  
22          available; imposing a monetary penalty if the facility  
23          fails to provide the requested information; amending s.  
24          408.05, F.S.; revising the list of patient charge data  
25          that may be disclosed by the Agency for Health Care  
26          Administration; requiring the agency to publish on its  
27          website information concerning prices for the most  
28          commonly performed adult and pediatric procedures;

29 requiring the Agency for Health Care Administration to  
 30 conduct a study of community benefits programs in other  
 31 states; requiring the agency to submit a report to the  
 32 relevant committees of the Senate and the House of  
 33 Representatives by January 1, 2009; requiring the Office  
 34 of Program Policy Analysis and Government Accountability  
 35 to conduct a study of certain charitable hospitals;  
 36 requiring the office to submit a report to the relevant  
 37 committees of the Senate and the House of Representatives  
 38 by January 1, 2009; providing an effective date.

39

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

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42 Section 1. This act may be cited as the "Health Care  
 43 Consumer's Right to Information Act."

44 Section 2. The purpose of this act is to provide health  
 45 care consumers with reliable and understandable information  
 46 about facility charges to assist consumers in making informed  
 47 decisions about health care.

48 Section 3. Paragraph (c) of subsection (4) of section  
 49 381.026, Florida Statutes, is amended to read:

50 381.026 Florida Patient's Bill of Rights and  
 51 Responsibilities.--

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

54 (c) Financial information and disclosure.--

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

57 representative of the health care facility full information and  
 58 necessary counseling on the availability of known financial  
 59 resources for the patient's health care.

60 2. A health care provider or a health care facility shall,  
 61 upon request, disclose to each patient who is eligible for  
 62 Medicare, in advance of treatment, whether the health care  
 63 provider or the health care facility in which the patient is  
 64 receiving medical services accepts assignment under Medicare  
 65 reimbursement as payment in full for medical services and  
 66 treatment rendered in the health care provider's office or  
 67 health care facility.

68 3. A health care provider or a health care facility shall,  
 69 upon request, furnish a person, prior to provision of medical  
 70 services, a reasonable estimate of charges for such services.  
 71 The health care provider or the health care facility shall  
 72 provide an uninsured person, prior to the provision of a planned  
 73 nonemergency medical service, a reasonable estimate of charges  
 74 for such service and information regarding the provider's or  
 75 facility's discount or charity policies for which the uninsured  
 76 person may be eligible. Estimates shall, to the extent possible,  
 77 be written in a language comprehensible to an ordinary  
 78 layperson. Such reasonable estimate shall not preclude the  
 79 health care provider or health care facility from exceeding the  
 80 estimate or making additional charges based on changes in the  
 81 patient's condition or treatment needs.

82 4. Each licensed facility not operated by the state shall  
 83 make available to the public on its Internet website or by other  
 84 electronic means a description of and a link to the performance

85 outcome and financial data that is published by the agency  
 86 pursuant to s. 408.05(3)(k). The facility shall place a notice  
 87 in the reception area that such information is available  
 88 electronically and the website address. The licensed facility  
 89 may indicate that the pricing information is based on a  
 90 compilation of charges for the average patient and that each  
 91 patient's bill may vary from the average depending upon the  
 92 severity of illness and individual resources consumed. The  
 93 licensed facility may also indicate that the price of service is  
 94 negotiable for eligible patients based upon the patient's  
 95 ability to pay.

96 5. A patient has the right to receive a copy of an  
 97 itemized bill upon request. A patient has a right to be given an  
 98 explanation of charges upon request.

99 Section 4. Present subsections (8), (9), and (10) of  
 100 section 395.301, Florida Statutes, are redesignated as  
 101 subsections (9), (10), and (11), respectively, and a new  
 102 subsection (8) is added to that section to read:

103 395.301 Itemized patient bill; form and content prescribed  
 104 by the agency.--

105 (8) Each licensed facility that is not operated by the  
 106 state shall provide any uninsured person seeking planned  
 107 nonemergency elective admission a written good faith estimate of  
 108 reasonably anticipated charges for the facility to treat such  
 109 person. The estimate must be provided to the uninsured person  
 110 within 7 business days after the person notifies the facility  
 111 and the facility confirms that the person is uninsured. The  
 112 estimate may be the average charges for that diagnosis-related

113 group or the average charges for that procedure. Upon request,  
 114 the facility shall notify the person of any revision to the good  
 115 faith estimate. Such estimate does not preclude the actual  
 116 charges from exceeding the estimate. The facility shall also  
 117 provide to the uninsured person a copy of any facility discount  
 118 and charity care discount policies for which the uninsured  
 119 person may be eligible. The facility shall place a notice in the  
 120 reception area where such information is available. Failure to  
 121 provide the estimate as required by this subsection shall result  
 122 in a fine of \$500 for each instance of the facility's failure to  
 123 provide the requested information.

124 Section 5. Paragraph (k) of subsection (3) of section  
 125 408.05, Florida Statutes, is amended to read:

126 408.05 Florida Center for Health Information and Policy  
 127 Analysis.--

128 (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.--In order to  
 129 produce comparable and uniform health information and statistics  
 130 for the development of policy recommendations, the agency shall  
 131 perform the following functions:

132 (k) Develop, in conjunction with the State Consumer Health  
 133 Information and Policy Advisory Council, and implement a long-  
 134 range plan for making available health care quality measures and  
 135 financial data that will allow consumers to compare health care  
 136 services. The health care quality measures and financial data  
 137 the agency must make available shall include, but is not limited  
 138 to, pharmaceuticals, physicians, health care facilities, and  
 139 health plans and managed care entities. The agency shall submit  
 140 the initial plan to the Governor, the President of the Senate,

141 and the Speaker of the House of Representatives by January 1,  
142 2006, and shall update the plan and report on the status of its  
143 implementation annually thereafter. The agency shall also make  
144 the plan and status report available to the public on its  
145 Internet website. As part of the plan, the agency shall identify  
146 the process and timeframes for implementation, any barriers to  
147 implementation, and recommendations of changes in the law that  
148 may be enacted by the Legislature to eliminate the barriers. As  
149 preliminary elements of the plan, the agency shall:

150       1. Make available patient-safety indicators, inpatient  
151 quality indicators, and performance outcome and patient charge  
152 data collected from health care facilities pursuant to s.  
153 408.061(1)(a) and (2). The terms "patient-safety indicators" and  
154 "inpatient quality indicators" shall be as defined by the  
155 Centers for Medicare and Medicaid Services, the National Quality  
156 Forum, the Joint Commission on Accreditation of Healthcare  
157 Organizations, the Agency for Healthcare Research and Quality,  
158 the Centers for Disease Control and Prevention, or a similar  
159 national entity that establishes standards to measure the  
160 performance of health care providers, or by other states. The  
161 agency shall determine which conditions, procedures, health care  
162 quality measures, and patient charge data to disclose based upon  
163 input from the council. When determining which conditions and  
164 procedures are to be disclosed, the council and the agency shall  
165 consider variation in costs, variation in outcomes, and  
166 magnitude of variations and other relevant information. When  
167 determining which health care quality measures to disclose, the  
168 agency:

169           a. Shall consider such factors as volume of cases; average  
 170 patient charges; average length of stay; complication rates;  
 171 mortality rates; and infection rates, among others, which shall  
 172 be adjusted for case mix and severity, if applicable.

173           b. May consider such additional measures that are adopted  
 174 by the Centers for Medicare and Medicaid Studies, National  
 175 Quality Forum, the Joint Commission on Accreditation of  
 176 Healthcare Organizations, the Agency for Healthcare Research and  
 177 Quality, Centers for Disease Control and Prevention, or a  
 178 similar national entity that establishes standards to measure  
 179 the performance of health care providers, or by other states.  
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181 When determining which patient charge data to disclose, the  
 182 agency shall include ~~consider~~ such measures as the average of  
 183 undiscounted charges on frequently performed procedures and  
 184 preventive diagnostic procedures, the range of procedure charges  
 185 from highest to lowest average charge, average net revenue per  
 186 adjusted patient day, average cost per adjusted patient day, and  
 187 average cost per admission, among others.

188           2. Make available performance measures, benefit design,  
 189 and premium cost data from health plans licensed pursuant to  
 190 chapter 627 or chapter 641. The agency shall determine which  
 191 health care quality measures and member and subscriber cost data  
 192 to disclose, based upon input from the council. When determining  
 193 which data to disclose, the agency shall consider information  
 194 that may be required by either individual or group purchasers to  
 195 assess the value of the product, which may include membership  
 196 satisfaction, quality of care, current enrollment or membership,

197 coverage areas, accreditation status, premium costs, plan costs,  
 198 premium increases, range of benefits, copayments and  
 199 deductibles, accuracy and speed of claims payment, credentials  
 200 of physicians, number of providers, names of network providers,  
 201 and hospitals in the network. Health plans shall make available  
 202 to the agency any such data or information that is not currently  
 203 reported to the agency or the office.

204 3. Determine the method and format for public disclosure  
 205 of data reported pursuant to this paragraph. The agency shall  
 206 make its determination based upon input from the State Consumer  
 207 Health Information and Policy Advisory Council. At a minimum,  
 208 the data shall be made available on the agency's Internet  
 209 website in a manner that allows consumers to conduct an  
 210 interactive search that allows them to view and compare the  
 211 information for specific providers. The website must include  
 212 such additional information as is determined necessary to ensure  
 213 that the website enhances informed decisionmaking among  
 214 consumers and health care purchasers, which shall include, at a  
 215 minimum, appropriate guidance on how to use the data and an  
 216 explanation of why the data may vary from provider to provider.  
 217 The data specified in subparagraph 1. shall be released no later  
 218 than January 1, 2006, for the reporting of infection rates, and  
 219 no later than October 1, 2005, for mortality rates and  
 220 complication rates. The data specified in subparagraph 2. shall  
 221 be released no later than October 1, 2006.

222 4. Publish on its website undiscounted charges for no  
 223 fewer than 150 of the most commonly performed adult and  
 224 pediatric procedures, including outpatient, inpatient,



225 diagnostic, and preventative procedures.

226 Section 6. The Agency for Health Care Administration shall  
227 conduct a study of the use of community benefits programs in  
228 other states. The agency shall submit a report of its study to  
229 the relevant committees of the Senate and the House of  
230 Representatives by January 1, 2009. The report shall include  
231 recommendations for community benefits requirements in the  
232 state, including standards and guidelines for not-for-profit  
233 charitable hospitals that are exempt from taxation under s.  
234 501(c)(3) of the Internal Revenue Code. The Office of Program  
235 Policy Analysis and Government Accountability shall conduct a  
236 study of not-for-profit charitable hospitals that are exempt  
237 from taxation under s. 501(c)(3) of the Internal Revenue Code  
238 and the benefits received by not-for-profit hospitals from sales  
239 and lease tax exemption certificates obtained pursuant to s.  
240 212.08(7)(p), Florida Statutes, and from property tax and  
241 federal income tax exemptions. The study shall determine the  
242 dollar value of those exemptions for each hospital for the last  
243 3 fiscal years and shall assess the actual cost of charity care  
244 provided by each hospital for the last 3 fiscal years. The study  
245 shall include an evaluation of the profitability of not-for-  
246 profit hospitals and the allocation of hospital resources to  
247 provide community benefits and executive compensation and shall  
248 provide a comparison of those results with comparable data from  
249 other states. The study shall analyze and recommend a state  
250 standard that would provide accurate and measurable figures  
251 relating to the reporting of expenditures for charity care and  
252 uncompensated care. The office shall submit a report to the

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253 relevant committees of the Senate and the House of  
254 Representatives by January 1, 2009. For the purposes of the  
255 studies and reports required under this section, "community  
256 benefits" means the unreimbursed cost to a hospital of providing  
257 charity care, uncompensated government-sponsored indigent health  
258 care, donations, uncompensated government-sponsored program  
259 services, free screening, testing services, and subsidized  
260 health services provided by the hospital.

261 Section 7. This act shall take effect January 1, 2009.