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CHAMBER ACTION

<u>Senate</u>	.	<u>House</u>
Comm: RCS	.	
3/26/2008	.	
	.	
	.	

1 The Committee on Health Regulation (Fasano) recommended the
 2 following **amendment**:

3
 4 **Senate Amendment (with title amendment)**

5 Delete everything after the enacting clause
 6 and insert:

7
 8 Section 1. This act may be cited as the "Health Care
 9 Consumer's Right to Information Act."

10 Section 2. The purpose of this act is to provide health
 11 care consumers with reliable and understandable information about
 12 facility charges to assist consumers in making informed decisions
 13 about health care.

14 Section 3. Paragraph (c) of subsection (4) of section
 15 381.026, Florida Statutes, is amended to read:

16 381.026 Florida Patient's Bill of Rights and
 17 Responsibilities.--



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

20 (c) Financial information and disclosure.--

21 1. A patient has the right to be given, upon request, by
22 the responsible provider, his or her designee, or a
23 representative of the health care facility full information and
24 necessary counseling on the availability of known financial
25 resources for the patient's health care.

26 2. A health care provider or a health care facility shall,
27 ~~upon request,~~ disclose to each patient who is eligible for
28 Medicare, in advance of treatment, whether the health care
29 provider or the health care facility in which the patient is
30 receiving medical services accepts assignment under Medicare
31 reimbursement as payment in full for medical services and
32 treatment rendered in the health care provider's office or health
33 care facility.

34 3. A health care provider or a health care facility shall,
35 upon request, furnish an insured a person, prior to provision of
36 medical services, a reasonable, itemized estimate of charges for
37 such services, electronically or in writing, as preferred by the
38 patient, and in language that is comprehensible to an ordinary
39 layperson. Such estimate shall be based on the contractual price,
40 if one exists, between the health care provider or health care
41 facility and the person's health insurance company. A patient who
42 is uninsured shall automatically receive an itemized estimate of
43 charges before the provision of any scheduled medical service.
44 Such estimate shall reflect the price, undiscounted or otherwise,
45 which the health care provider or health care facility normally
46 charges uninsured patients for the services. Such reasonable,
47 itemized estimate does ~~shall~~ not preclude the health care



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48 provider or health care facility from exceeding the estimate or
49 making additional charges based on changes in the patient's
50 condition or treatment needs.

51 4. Each licensed facility not operated by the state shall
52 make available to the public on its Internet website or by other
53 electronic means a description of and a link to the performance
54 outcome and financial data that is published by the agency
55 pursuant to s. 408.05(3)(k) and to the charity care discount
56 policy of the facility if the facility has such a policy. The
57 facility shall place a notice in the reception area that such
58 information is available electronically and the website address.
59 ~~The licensed facility may indicate that the pricing information~~
60 ~~is based on a compilation of charges for the average patient and~~
61 ~~that each patient's bill may vary from the average depending upon~~
62 ~~the severity of illness and individual resources consumed.~~ The
63 licensed facility may also indicate that the price of service is
64 negotiable for eligible patients based upon the patient's ability
65 to pay.

66 5. A patient shall ~~has the right to~~ receive a copy of an
67 itemized bill electronically or in writing, as preferred by the
68 patient upon request. A patient has a right to be given an
69 explanation of charges upon request.

70 Section 4. Subsections (1) and (7) of section 395.301,
71 Florida Statutes, are amended to read:

72 395.301 Itemized patient bill; form and content prescribed
73 by the agency.--

74 (1) A licensed facility not operated by the state shall
75 notify each patient during admission and at discharge of his or
76 her right to receive an itemized bill ~~upon request.~~ Within 7 days
77 following the patient's discharge or release from a licensed



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78 facility not operated by the state, the licensed facility
79 providing the service shall, ~~upon request,~~ submit to the patient,
80 or to the patient's survivor or legal guardian as may be
81 appropriate, an itemized statement detailing in language
82 comprehensible to an ordinary layperson the specific nature of
83 charges or expenses incurred by the patient, which in the initial
84 billing shall contain a statement of specific services received
85 and expenses incurred for such items of service, enumerating in
86 detail the constituent components of the services received within
87 each department of the licensed facility and including unit price
88 data on rates charged by the licensed facility, as prescribed by
89 the agency.

90 (7) Each licensed facility not operated by the state shall
91 provide electronically or in writing, as preferred by the
92 patient, prior to provision of any nonemergency medical services,
93 an itemized, a-written good faith estimate of reasonably
94 anticipated charges for the facility to treat the patient's
95 condition upon written request of a prospective patient. The
96 estimate shall be provided to the prospective patient within 7
97 business days after the receipt of the request. ~~The estimate may~~
98 ~~be the average charges for that diagnosis related group or the~~
99 ~~average charges for that procedure. Upon request,~~ The facility
100 shall notify the patient of any revision to the good faith
101 estimate. Such estimate does shall not preclude the licensed
102 facility actual charges from exceeding the estimate or making
103 additional charges based on changes in the patient's condition or
104 treatment needs if the charges are itemized on the patient
105 billing statement. The facility shall place a notice in the
106 reception area that such information is available. Failure to
107 provide the estimate within the provisions established pursuant

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108 | to this section shall result in a fine of \$500 for each instance
109 | of the facility's failure to provide the requested information.

110 | Section 5. Paragraph (k) of subsection (3) of section
111 | 408.05, Florida Statutes, is amended to read:

112 | 408.05 Florida Center for Health Information and Policy
113 | Analysis.--

114 | (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.--In order to
115 | produce comparable and uniform health information and statistics
116 | for the development of policy recommendations, the agency shall
117 | perform the following functions:

118 | (k) Develop, in conjunction with the State Consumer Health
119 | Information and Policy Advisory Council, and implement a long-
120 | range plan for making available health care quality measures and
121 | financial data that will allow consumers to compare health care
122 | services. The health care quality measures and financial data the
123 | agency must make available shall include, but is not limited to,
124 | pharmaceuticals, physicians, health care facilities, and health
125 | plans and managed care entities. The agency shall submit the
126 | initial plan to the Governor, the President of the Senate, and
127 | the Speaker of the House of Representatives by January 1, 2006,
128 | and shall update the plan and report on the status of its
129 | implementation annually thereafter. The agency shall also make
130 | the plan and status report available to the public on its
131 | Internet website. As part of the plan, the agency shall identify
132 | the process and timeframes for implementation, any barriers to
133 | implementation, and recommendations of changes in the law that
134 | may be enacted by the Legislature to eliminate the barriers. As
135 | preliminary elements of the plan, the agency shall:

136 | 1. Make available patient-safety indicators, inpatient
137 | quality indicators, and performance outcome and patient charge

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138 data collected from health care facilities pursuant to s.
139 408.061(1)(a) and (2). The terms "patient-safety indicators" and
140 "inpatient quality indicators" shall be as defined by the Centers
141 for Medicare and Medicaid Services, the National Quality Forum,
142 the Joint Commission on Accreditation of Healthcare
143 Organizations, the Agency for Healthcare Research and Quality,
144 the Centers for Disease Control and Prevention, or a similar
145 national entity that establishes standards to measure the
146 performance of health care providers, or by other states. The
147 agency shall determine which conditions, procedures, health care
148 quality measures, and patient charge data to disclose based upon
149 input from the council. When determining which conditions and
150 procedures are to be disclosed, the council and the agency shall
151 consider variation in costs, variation in outcomes, and magnitude
152 of variations and other relevant information. When determining
153 which health care quality measures to disclose, the agency:

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

158 b. May consider such additional measures that are adopted
159 by the Centers for Medicare and Medicaid Studies, National
160 Quality Forum, the Joint Commission on Accreditation of
161 Healthcare Organizations, the Agency for Healthcare Research and
162 Quality, Centers for Disease Control and Prevention, or a similar
163 national entity that establishes standards to measure the
164 performance of health care providers, or by other states.

165

166 When determining which patient charge data to disclose, the
167 agency shall include ~~consider~~ such measures as the average of



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168 undiscounted charges on frequently performed procedures and
169 preventive diagnostic procedures, the range of procedure charges
170 from highest to lowest average charge, average net revenue per
171 adjusted patient day, average cost per adjusted patient day, and
172 average cost per admission, among others.

173 2. Make available performance measures, benefit design, and
174 premium cost data from health plans licensed pursuant to chapter
175 627 or chapter 641. The agency shall determine which health care
176 quality measures and member and subscriber cost data to disclose,
177 based upon input from the council. When determining which data to
178 disclose, the agency shall consider information that may be
179 required by either individual or group purchasers to assess the
180 value of the product, which may include membership satisfaction,
181 quality of care, current enrollment or membership, coverage
182 areas, accreditation status, premium costs, plan costs, premium
183 increases, range of benefits, copayments and deductibles,
184 accuracy and speed of claims payment, credentials of physicians,
185 number of providers, names of network providers, and hospitals in
186 the network. Health plans shall make available to the agency any
187 such data or information that is not currently reported to the
188 agency or the office.

189 3. Determine the method and format for public disclosure of
190 data reported pursuant to this paragraph. The agency shall make
191 its determination based upon input from the State Consumer Health
192 Information and Policy Advisory Council. At a minimum, the data
193 shall be made available on the agency's Internet website in a
194 manner that allows consumers to conduct an interactive search
195 that allows them to view and compare the information for specific
196 providers. The website must include such additional information
197 as is determined necessary to ensure that the website enhances



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198 informed decisionmaking among consumers and health care
199 purchasers, which shall include, at a minimum, appropriate
200 guidance on how to use the data and an explanation of why the
201 data may vary from provider to provider. The data specified in
202 subparagraph 1. shall be released no later than January 1, 2006,
203 for the reporting of infection rates, and no later than October
204 1, 2005, for mortality rates and complication rates. The data
205 specified in subparagraph 2. shall be released no later than
206 October 1, 2006.

207 Section 6. Paragraph (a) of subsection (1) of section
208 408.061, Florida Statutes, is amended to read:

209 408.061 Data collection; uniform systems of financial
210 reporting; information relating to physician charges;
211 confidential information; immunity.--

212 (1) The agency shall require the submission by health care
213 facilities, health care providers, and health insurers of data
214 necessary to carry out the agency's duties. Specifications for
215 data to be collected under this section shall be developed by the
216 agency with the assistance of technical advisory panels including
217 representatives of affected entities, consumers, purchasers, and
218 such other interested parties as may be determined by the agency.

219 (a) Data submitted by health care facilities, including the
220 facilities as defined in chapter 395, shall include, but are not
221 limited to: case-mix data, patient admission and discharge data,
222 hospital emergency department data which shall include the number
223 of patients treated in the emergency department of a licensed
224 hospital reported by patient acuity level, data on hospital-
225 acquired infections as specified by rule, data on complications
226 as specified by rule, data on readmissions as specified by rule,
227 with patient and provider-specific identifiers included, actual



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228 | charge data by diagnostic groups; undiscounted charges for no
 229 | fewer than 150 of the most commonly performed adult and pediatric
 230 | procedures, including outpatient, inpatient, diagnostic, or
 231 | preventive procedures; financial data; accounting data; operating
 232 | expenses; expenses incurred for rendering services to
 233 | patients who cannot or do not pay; interest charges; depreciation
 234 | expenses based on the expected useful life of the
 235 | property and equipment involved; and demographic data. The
 236 | agency shall adopt nationally recognized risk adjustment
 237 | methodologies or software consistent with the standards of the
 238 | Agency for Healthcare Research and Quality and as selected by the
 239 | agency for all data submitted as required by this section. Data
 240 | may be obtained from documents such as, but not limited to:
 241 | leases, contracts, debt instruments, itemized patient bills,
 242 | medical record abstracts, and related diagnostic information.
 243 | Reported data elements shall be reported electronically in
 244 | accordance with rule 59E-7.012, Florida Administrative Code. Data
 245 | submitted shall be certified by the chief executive officer or an
 246 | appropriate and duly authorized representative or employee of the
 247 | licensed facility that the information submitted is true and
 248 | accurate.

249 | Section 7. This act shall take effect July 1, 2008.

251 | ===== T I T L E A M E N D M E N T =====

252 | And the title is amended as follows:

253 | Delete everything before the enacting clause
 254 | and insert:

255 | A bill to be entitled
 256 | An act relating to consumer information concerning health
 257 | care; providing a short title; providing a purpose;



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258 | amending s. 381.026, F.S.; revising requirements for
259 | health care providers and facilities in notifying insured
260 | persons of charges for health care services; requiring an
261 | itemized, comprehensible estimate of charges; requiring
262 | the estimate to be based on a certain price; requiring
263 | uninsured patients to automatically receive an estimate of
264 | charges; requiring a licensed facility not operated by the
265 | state to make available to the public on its Internet
266 | website a description of and a link to the performance
267 | outcome and financial data that is published by the agency
268 | pursuant to the charity care discount policy of the
269 | facility; deleting the provision that authorizes a
270 | licensed facility to indicate that pricing information is
271 | based on a compilation of charges for the average patient;
272 | amending s. 395.301, F.S.; revising requirements for
273 | billing and written estimates provided to patients by
274 | health care facilities; providing that an estimate does
275 | not preclude additional charges if the charges are
276 | itemized; amending s. 408.05, F.S.; revising the list of
277 | patient charge data that may be disclosed by the agency;
278 | amending s. 408.061, F.S.; requiring that the health care
279 | data submitted by health care facilities to the agency
280 | include information concerning prices for the most
281 | commonly performed adult and pediatric procedures;
282 | providing an effective date.