

By Senator Dean

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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.; revising requirements for
5 health care providers and facilities in notifying patients
6 of charges for health care services; requiring an
7 itemized, comprehensible estimate of charges; requiring
8 that a facility publish certain prices for current
9 procedure terminology codes for the most commonly
10 performed procedures, pharmaceuticals, and medical
11 supplies; requiring the Agency for Health Care
12 Administration to determine the codes; requiring that a
13 patient receive a copy of an itemized bill; amending s.
14 395.301, F.S.; revising requirements for billing and
15 written estimates provided to patients by health care
16 facilities; providing that an estimate does not preclude
17 additional charges if the charges are itemized; amending
18 s. 408.05, F.S.; revising the list of patient charge data
19 that may be disclosed by the agency; amending s. 408.061,
20 F.S.; requiring that the health care data submitted by
21 health care facilities to the agency include information
22 concerning prices for common procedures, pharmaceuticals,
23 and supplies; providing an effective date.

24
25 Be It Enacted by the Legislature of the State of Florida:

26
27 Section 1. This act may be cited as the "Health Care
28 Consumer's Right to Information Act."

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29 Section 2. The purpose of this act is to provide health
30 care consumers with reliable and understandable information about
31 facility charges to assist consumers in making informed decisions
32 about health care.

33 Section 3. Paragraph (c) of subsection (4) of section
34 381.026, Florida Statutes, is amended to read:

35 381.026 Florida Patient's Bill of Rights and
36 Responsibilities.--

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

39 (c) Financial information and disclosure.--

40 1. A patient has the right to be given, upon request, by
41 the responsible provider, his or her designee, or a
42 representative of the health care facility full information and
43 necessary counseling on the availability of known financial
44 resources for the patient's health care.

45 2. A health care provider or a health care facility shall,
46 ~~upon request,~~ disclose to each patient who is eligible for
47 Medicare, in advance of treatment, whether the health care
48 provider or the health care facility in which the patient is
49 receiving medical services accepts assignment under Medicare
50 reimbursement as payment in full for medical services and
51 treatment rendered in the health care provider's office or health
52 care facility.

53 3. A health care provider or a health care facility shall,
54 upon request, furnish a person, ~~prior to provision of medical~~
55 ~~services,~~ a reasonable, itemized estimate of charges for the
56 provision of any medical ~~such~~ services in language that is
57 comprehensible to an ordinary layperson. A health care provider

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58 | or health care facility shall automatically furnish a reasonable,
59 | itemized estimate of charges in language that is comprehensible
60 | to an ordinary layperson to each patient who is uninsured or
61 | underinsured before providing any scheduled medical service. Such
62 | reasonable, itemized estimate ~~does shall~~ not preclude the health
63 | care provider or health care facility from exceeding the estimate
64 | or making additional charges based on changes in the patient's
65 | condition or treatment needs.

66 | 4. Each licensed facility not operated by the state shall
67 | make available to the public on its Internet website or by other
68 | electronic means a description of and a link to the performance
69 | outcome and financial data that is published by the agency
70 | pursuant to s. 408.05(3)(k). The facility shall place a notice in
71 | the reception area that such information is available
72 | electronically and the website address. The licensed facility
73 | shall publish the undiscounted prices for the current procedure
74 | terminology codes for the 100 most commonly performed procedures,
75 | the 100 most commonly prescribed pharmaceuticals, and the 100
76 | most commonly provided medical supplies, and this information
77 | shall be provided to the Agency for Health Care Administration.
78 | The Agency for Health Care Administration shall determine the
79 | codes for the most commonly performed procedures,
80 | pharmaceuticals, and supplies. If a facility has a charity care
81 | discount policy, the policy shall be published and provided to
82 | the agency. The facility may indicate ~~that the pricing~~
83 | ~~information is based on a compilation of charges for the average~~
84 | ~~patient and that each patient's bill may vary from the average~~
85 | depending upon the severity of illness and individual resources
86 | consumed. The licensed facility may also indicate that the price

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87 of service is negotiable for eligible patients based upon the
88 patient's ability to pay.

89 5. A patient shall ~~has the right to~~ receive a copy of an
90 itemized bill ~~upon request~~. A patient has a right to be given an
91 explanation of charges upon request.

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

94 395.301 Itemized patient bill; form and content prescribed
95 by the agency.--

96 (1) A licensed facility not operated by the state shall
97 notify each patient during admission and at discharge of his or
98 her right to receive an itemized bill ~~upon request~~. Within 7 days
99 following the patient's discharge or release from a licensed
100 facility not operated by the state, the licensed facility
101 providing the service shall, ~~upon request~~, submit to the patient,
102 or to the patient's survivor or legal guardian as may be
103 appropriate, an itemized statement detailing in language
104 comprehensible to an ordinary layperson the specific nature of
105 charges or expenses incurred by the patient, which in the initial
106 billing shall contain a statement of specific services received
107 and expenses incurred for such items of service, enumerating in
108 detail the constituent components of the services received within
109 each department of the licensed facility and including unit price
110 data on rates charged by the licensed facility, as prescribed by
111 the agency.

112 (7) Each licensed facility not operated by the state shall
113 provide in writing, prior to provision of any nonemergency
114 medical services, an itemized, ~~a written~~ good faith estimate of
115 reasonably anticipated charges for the facility to treat the

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116 patient's condition upon written request of a prospective
117 patient. The estimate shall be provided to the prospective
118 patient within 7 business days after the receipt of the request.
119 ~~The estimate may be the average charges for that diagnosis~~
120 ~~related group or the average charges for that procedure. Upon~~
121 ~~request,~~ The facility shall notify the patient of any revision to
122 the good faith estimate. Such estimate does ~~shall~~ not preclude
123 the licensed facility actual charges from exceeding the estimate
124 or making additional charges based on changes in the patient's
125 condition or treatment needs if the charges are itemized on the
126 patient billing statement. The facility shall place a notice in
127 the reception area that such information is available. Failure to
128 provide the estimate within the provisions established pursuant
129 to this section shall result in a fine of \$500 for each instance
130 of the facility's failure to provide the requested information.

131 Section 5. Paragraph (k) of subsection (3) of section
132 408.05, Florida Statutes, is amended to read:

133 408.05 Florida Center for Health Information and Policy
134 Analysis.--

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

139 (k) Develop, in conjunction with the State Consumer Health
140 Information and Policy Advisory Council, and implement a long-
141 range plan for making available health care quality measures and
142 financial data that will allow consumers to compare health care
143 services. The health care quality measures and financial data the
144 agency must make available shall include, but is not limited to,

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145 pharmaceuticals, physicians, health care facilities, and health
146 plans and managed care entities. The agency shall submit the
147 initial plan to the Governor, the President of the Senate, and
148 the Speaker of the House of Representatives by January 1, 2006,
149 and shall update the plan and report on the status of its
150 implementation annually thereafter. The agency shall also make
151 the plan and status report available to the public on its
152 Internet website. As part of the plan, the agency shall identify
153 the process and timeframes for implementation, any barriers to
154 implementation, and recommendations of changes in the law that
155 may be enacted by the Legislature to eliminate the barriers. As
156 preliminary elements of the plan, the agency shall:

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

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173 of variations and other relevant information. When determining
174 which health care quality measures to disclose, the agency:

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

179 b. May consider such additional measures that are adopted
180 by the Centers for Medicare and Medicaid Studies, National
181 Quality Forum, the Joint Commission on Accreditation of
182 Healthcare Organizations, the Agency for Healthcare Research and
183 Quality, Centers for Disease Control and Prevention, or a similar
184 national entity that establishes standards to measure the
185 performance of health care providers, or by other states.

186
187 When determining which patient charge data to disclose, the
188 agency shall include ~~consider~~ such measures as the undiscounted
189 price list of procedures, pharmaceuticals, and supplies, the
190 average charge, Medicare reimbursement payment, average net
191 revenue per adjusted patient day, average cost per adjusted
192 patient day, and average cost per admission, among others.

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

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

209 3. Determine the method and format for public disclosure of
210 data reported pursuant to this paragraph. The agency shall make
211 its determination based upon input from the State Consumer Health
212 Information and Policy Advisory Council. At a minimum, the data
213 shall be made available on the agency's Internet website in a
214 manner that allows consumers to conduct an interactive search
215 that allows them to view and compare the information for specific
216 providers. The website must include such additional information
217 as is determined necessary to ensure that the website enhances
218 informed decisionmaking among consumers and health care
219 purchasers, which shall include, at a minimum, appropriate
220 guidance on how to use the data and an explanation of why the
221 data may vary from provider to provider. The data specified in
222 subparagraph 1. shall be released no later than January 1, 2006,
223 for the reporting of infection rates, and no later than October
224 1, 2005, for mortality rates and complication rates. The data
225 specified in subparagraph 2. shall be released no later than
226 October 1, 2006.

227 Section 6. Paragraph (a) of subsection (1) of section
228 408.061, Florida Statutes, is amended to read:

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229 408.061 Data collection; uniform systems of financial
230 reporting; information relating to physician charges;
231 confidential information; immunity.--

232 (1) The agency shall require the submission by health care
233 facilities, health care providers, and health insurers of data
234 necessary to carry out the agency's duties. Specifications for
235 data to be collected under this section shall be developed by the
236 agency with the assistance of technical advisory panels including
237 representatives of affected entities, consumers, purchasers, and
238 such other interested parties as may be determined by the agency.

239 (a) Data submitted by health care facilities, including the
240 facilities as defined in chapter 395, shall include, but are not
241 limited to: case-mix data, patient admission and discharge data,
242 hospital emergency department data which shall include the number
243 of patients treated in the emergency department of a licensed
244 hospital reported by patient acuity level, data on hospital-
245 acquired infections as specified by rule, data on complications
246 as specified by rule, data on readmissions as specified by rule,
247 with patient and provider-specific identifiers included, actual
248 charge data by diagnostic groups, an undiscounted price list for
249 no fewer than the 100 most commonly performed procedures, the 100
250 most commonly prescribed pharmaceuticals, and the 100 most
251 commonly provided medical supplies based on a statewide average
252 as determined by the agency, financial data, accounting data,
253 operating expenses, expenses incurred for rendering services to
254 patients who cannot or do not pay, interest charges, depreciation
255 expenses based on the expected useful life of the property and
256 equipment involved, and demographic data. The agency shall adopt
257 nationally recognized risk adjustment methodologies or software

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258 consistent with the standards of the Agency for Healthcare
259 Research and Quality and as selected by the agency for all data
260 submitted as required by this section. Data may be obtained from
261 documents such as, but not limited to: leases, contracts, debt
262 instruments, itemized patient bills, medical record abstracts,
263 and related diagnostic information. Reported data elements shall
264 be reported electronically in accordance with rule 59E-7.012,
265 Florida Administrative Code. Data submitted shall be certified by
266 the chief executive officer or an appropriate and duly authorized
267 representative or employee of the licensed facility that the
268 information submitted is true and accurate.

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