

By the Committee on Health Regulation; and 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 insured
6 persons of charges for health care services; requiring an
7 itemized, comprehensible estimate of charges; requiring
8 the estimate to be based on a certain price; requiring
9 uninsured patients to automatically receive an estimate of
10 charges; requiring a licensed facility not operated by the
11 state to make available to the public on its Internet
12 website a description of and a link to the performance
13 outcome and financial data that is published by the Agency
14 for Health Care Administration and to the charity care
15 discount policy of the facility; deleting the provision
16 that authorizes a licensed facility to indicate that
17 pricing information is based on a compilation of charges
18 for the average patient; amending s. 395.301, F.S.;
19 revising requirements for billing and written estimates
20 provided to patients by health care facilities; providing
21 that an estimate does not preclude additional charges if
22 the charges are itemized; amending s. 408.05, F.S.;
23 revising the list of patient charge data that may be
24 disclosed by the Agency for Health Care Administration;
25 requiring the agency to publish on its website information
26 concerning prices for the most commonly performed adult
27 and pediatric procedures; providing an effective date.

28
29 Be It Enacted by the Legislature of the State of Florida:

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

33 Section 2. The purpose of this act is to provide health
34 care consumers with reliable and understandable information about
35 facility charges to assist consumers in making informed decisions
36 about health care.

37 Section 3. Paragraph (c) of subsection (4) of section
38 381.026, Florida Statutes, is amended to read:

39 381.026 Florida Patient's Bill of Rights and
40 Responsibilities.--

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

43 (c) Financial information and disclosure.--

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

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

57 3. A health care provider or a health care facility shall,
58 upon request, furnish an insured a person, prior to provision of

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59 | medical services, a reasonable, itemized estimate of charges for
60 | such services, electronically or in writing, as preferred by the
61 | patient, and in language that is comprehensible to an ordinary
62 | layperson. Such estimate shall be based on the contractual price,
63 | if one exists, between the health care provider or health care
64 | facility and the person's health insurance company. A patient who
65 | is uninsured shall automatically receive an itemized estimate of
66 | charges before the provision of any scheduled medical service.
67 | Such estimate shall reflect the price, undiscounted or otherwise,
68 | which the health care provider or health care facility normally
69 | charges uninsured patients for the services. Such reasonable,
70 | itemized estimate does ~~shall~~ not preclude the health care
71 | provider or health care facility from exceeding the estimate or
72 | making additional charges based on changes in the patient's
73 | condition or treatment needs.

74 | 4. Each licensed facility not operated by the state shall
75 | make available to the public on its Internet website or by other
76 | electronic means a description of and a link to the performance
77 | outcome and financial data that is published by the agency
78 | pursuant to s. 408.05(3)(k) and to the charity care discount
79 | policy of the facility if the facility has such a policy. The
80 | facility shall place a notice in the reception area that such
81 | information is available electronically and the website address.
82 | ~~The licensed facility may indicate that the pricing information~~
83 | ~~is based on a compilation of charges for the average patient and~~
84 | ~~that each patient's bill may vary from the average depending upon~~
85 | ~~the severity of illness and individual resources consumed.~~ The
86 | licensed facility may also indicate that the price of service is
87 | negotiable for eligible patients based upon the patient's ability

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88 | to pay.

89 | 5. A patient shall ~~has the right to~~ receive a copy of an
90 | itemized bill electronically or in writing, as preferred by the
91 | patient upon request. A patient has a right to be given an
92 | explanation of charges upon request.

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

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

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

113 | (7) Each licensed facility not operated by the state shall
114 | provide electronically or in writing, as preferred by the
115 | patient, prior to provision of any nonemergency medical services,
116 | an itemized, a written good faith estimate of reasonably

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

133 Section 5. Paragraph (k) of subsection (3) of section
134 408.05, Florida Statutes, is amended to read:

135 408.05 Florida Center for Health Information and Policy
136 Analysis.--

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

141 (k) Develop, in conjunction with the State Consumer Health
142 Information and Policy Advisory Council, and implement a long-
143 range plan for making available health care quality measures and
144 financial data that will allow consumers to compare health care
145 services. The health care quality measures and financial data the

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146 agency must make available shall include, but is not limited to,
147 pharmaceuticals, physicians, health care facilities, and health
148 plans and managed care entities. The agency shall submit the
149 initial plan to the Governor, the President of the Senate, and
150 the Speaker of the House of Representatives by January 1, 2006,
151 and shall update the plan and report on the status of its
152 implementation annually thereafter. The agency shall also make
153 the plan and status report available to the public on its
154 Internet website. As part of the plan, the agency shall identify
155 the process and timeframes for implementation, any barriers to
156 implementation, and recommendations of changes in the law that
157 may be enacted by the Legislature to eliminate the barriers. As
158 preliminary elements of the plan, the agency shall:

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

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

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

181 b. May consider such additional measures that are adopted
182 by the Centers for Medicare and Medicaid Studies, National
183 Quality Forum, the Joint Commission on Accreditation of
184 Healthcare Organizations, the Agency for Healthcare Research and
185 Quality, Centers for Disease Control and Prevention, or a similar
186 national entity that establishes standards to measure the
187 performance of health care providers, or by other states.
188

189 When determining which patient charge data to disclose, the
190 agency shall include ~~consider~~ such measures as the average of
191 undiscounted charges on frequently performed procedures and
192 preventive diagnostic procedures, the range of procedure charges
193 from highest to lowest average charge, average net revenue per
194 adjusted patient day, average cost per adjusted patient day, and
195 average cost per admission, among others.

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

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

212 | 3. Determine the method and format for public disclosure of
213 | data reported pursuant to this paragraph. The agency shall make
214 | its determination based upon input from the State Consumer Health
215 | Information and Policy Advisory Council. At a minimum, the data
216 | shall be made available on the agency's Internet website in a
217 | manner that allows consumers to conduct an interactive search
218 | that allows them to view and compare the information for specific
219 | providers. The website must include such additional information
220 | as is determined necessary to ensure that the website enhances
221 | informed decisionmaking among consumers and health care
222 | purchasers, which shall include, at a minimum, appropriate
223 | guidance on how to use the data and an explanation of why the
224 | data may vary from provider to provider. The data specified in
225 | subparagraph 1. shall be released no later than January 1, 2006,
226 | for the reporting of infection rates, and no later than October
227 | 1, 2005, for mortality rates and complication rates. The data
228 | specified in subparagraph 2. shall be released no later than
229 | October 1, 2006.

230 | 4. Publish on its website undiscounted charges for no fewer
231 | than 150 of the most commonly performed adult and pediatric
232 | procedures, including outpatient, inpatient, diagnostic, and

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233 preventative procedures.

234 Section 6. This act shall take effect July 1, 2008.