

By the Committees on Banking and Insurance; 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.; 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          providing an effective date.

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

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

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

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

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

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

(c) Financial information and disclosure.--

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

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

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

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

86           5. A patient has the right to receive a copy of an itemized  
87 bill upon request. A patient has a right to be given an

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88 explanation of charges upon request.

89 Section 4. Present subsections (8), (9), and (10) of  
90 section 395.301, Florida Statutes, are redesignated as  
91 subsections (9), (10), and (11), respectively, and a new  
92 subsection (8) is added to that section, to read:

93 395.301 Itemized patient bill; form and content prescribed  
94 by the agency.--

95 (8) Each licensed facility that is not operated by the  
96 state shall provide any uninsured person seeking planned  
97 nonemergency elective admission a written good faith estimate of  
98 reasonably anticipated charges for the facility to treat such  
99 person. The estimate must be provided to the uninsured person  
100 within 7 business days after the person notifies the facility and  
101 the facility confirms that the person is uninsured. The estimate  
102 may be the average charges for that diagnosis-related group or  
103 the average charges for that procedure. Upon request, the  
104 facility shall notify the person of any revision to the good  
105 faith estimate. Such estimate does not preclude the actual  
106 charges from exceeding the estimate. The facility shall also  
107 provide to the uninsured person a copy of any facility discount  
108 and charity care discount policies for which the uninsured person  
109 may be eligible. The facility shall place a notice in the  
110 reception area where such information is available. Failure to  
111 provide the estimate as required by this subsection shall result  
112 in a fine of \$500 for each instance of the facility's failure to  
113 provide the requested information.

114 Section 5. Paragraph (k) of subsection (3) of section  
115 408.05, Florida Statutes, is amended to read:

116 408.05 Florida Center for Health Information and Policy

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117 Analysis.--

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

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

140 1. Make available patient-safety indicators, inpatient  
141 quality indicators, and performance outcome and patient charge  
142 data collected from health care facilities pursuant to s.  
143 408.061(1)(a) and (2). The terms "patient-safety indicators" and  
144 "inpatient quality indicators" shall be as defined by the Centers  
145 for Medicare and Medicaid Services, the National Quality Forum,

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146 | the Joint Commission on Accreditation of Healthcare  
147 | Organizations, the Agency for Healthcare Research and Quality,  
148 | the Centers for Disease Control and Prevention, or a similar  
149 | national entity that establishes standards to measure the  
150 | performance of health care providers, or by other states. The  
151 | agency shall determine which conditions, procedures, health care  
152 | quality measures, and patient charge data to disclose based upon  
153 | input from the council. When determining which conditions and  
154 | procedures are to be disclosed, the council and the agency shall  
155 | consider variation in costs, variation in outcomes, and magnitude  
156 | of variations and other relevant information. When determining  
157 | which health care quality measures to disclose, the agency:

158 |       a. Shall consider such factors as volume of cases; average  
159 | patient charges; average length of stay; complication rates;  
160 | mortality rates; and infection rates, among others, which shall  
161 | be adjusted for case mix and severity, if applicable.

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

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170 | When determining which patient charge data to disclose, the  
171 | agency shall include ~~consider~~ such measures as the average of  
172 | undiscounted charges on frequently performed procedures and  
173 | preventive diagnostic procedures, the range of procedure charges  
174 | from highest to lowest ~~average charge~~, average net revenue per

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175 adjusted patient day, average cost per adjusted patient day, and  
176 average cost per admission, among others.

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

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

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204 guidance on how to use the data and an explanation of why the  
205 data may vary from provider to provider. The data specified in  
206 subparagraph 1. shall be released no later than January 1, 2006,  
207 for the reporting of infection rates, and no later than October  
208 1, 2005, for mortality rates and complication rates. The data  
209 specified in subparagraph 2. shall be released no later than  
210 October 1, 2006.

211 4. Publish on its website undiscounted charges for no fewer  
212 than 150 of the most commonly performed adult and pediatric  
213 procedures, including outpatient, inpatient, diagnostic, and  
214 preventative procedures.

215 Section 6. This act shall take effect January 1, 2009.