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LEGISLATIVE ACTION

Senate

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House

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Floor: 1/AD/2R

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05/02/2011 10:21 AM

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Senator Negron moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsection (2) and paragraph (c) of subsection
(4) of section 381.026, Florida Statutes, are amended to read:
381.026 Florida Patient's Bill of Rights and
Responsibilities.-

(2) DEFINITIONS.-As used in this section and s. 381.0261,
the term:

(a) "Department" means the Department of Health.

(b) "Health care facility" means a facility licensed under
chapter 395.



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14 (c) "Health care provider" means a physician licensed under
15 chapter 458, an osteopathic physician licensed under chapter
16 459, or a podiatric physician licensed under chapter 461.

17 (d) "Primary care provider" means a health care provider
18 licensed under chapter 458, chapter 459, or chapter 464 who
19 provides medical services to patients which are commonly
20 provided without referral from another health care provider,
21 including family and general practice, general pediatrics, and
22 general internal medicine.

23 (e)~~(d)~~ "Responsible provider" means a health care provider
24 who is primarily responsible for patient care in a health care
25 facility or provider's office.

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

28 (c) *Financial information and disclosure.*—

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

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

42 3. A primary care provider may publish a schedule of



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43 charges for the medical services that the provider offers to
44 patients. The schedule must include the prices charged to an
45 uninsured person paying for such services by cash, check, credit
46 card, or debit card. The schedule must be posted in a
47 conspicuous place in the reception area of the provider's office
48 and must include, but is not limited to, the 50 services most
49 frequently provided by the primary care provider. The schedule
50 may group services by three price levels, listing services in
51 each price level. The posting must be at least 15 square feet in
52 size. A primary care provider who publishes and maintains a
53 schedule of charges for medical services is exempt from the
54 license fee requirements for a single period of renewal of a
55 professional license under chapter 456 for that licensure term
56 and is exempt from the continuing education requirements of
57 chapter 456 and the rules implementing those requirements for a
58 single 2-year period.

59 4. If a primary care provider publishes a schedule of
60 charges pursuant to subparagraph 3., he or she must continually
61 post it at all times for the duration of active licensure in
62 this state when primary care services are provided to patients.
63 If a primary care provider fails to post the schedule of charges
64 in accordance with this subparagraph, the provider shall be
65 required to pay any license fee and comply with any continuing
66 education requirements for which an exemption was received.

67 5.3. A health care provider or a health care facility
68 shall, upon request, furnish a person, before the ~~prior to~~
69 provision of medical services, a reasonable estimate of charges
70 for such services. The health care provider or the health care
71 facility shall provide an uninsured person, before ~~prior to~~ the



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72 provision of a planned nonemergency medical service, a
73 reasonable estimate of charges for such service and information
74 regarding the provider's or facility's discount or charity
75 policies for which the uninsured person may be eligible. Such
76 estimates by a primary care provider must be consistent with the
77 schedule posted under subparagraph 3. Estimates shall, to the
78 extent possible, be written in a language comprehensible to an
79 ordinary layperson. Such reasonable estimate does ~~shall~~ not
80 preclude the health care provider or health care facility from
81 exceeding the estimate or making additional charges based on
82 changes in the patient's condition or treatment needs.

83 ~~6.4.~~ Each licensed facility not operated by the state shall
84 make available to the public on its Internet website or by other
85 electronic means a description of and a link to the performance
86 outcome and financial data that is published by the agency
87 pursuant to s. 408.05(3)(k). The facility shall place a notice
88 in the reception area that such information is available
89 electronically and the website address. The licensed facility
90 may indicate that the pricing information is based on a
91 compilation of charges for the average patient and that each
92 patient's bill may vary from the average depending upon the
93 severity of illness and individual resources consumed. The
94 licensed facility may also indicate that the price of service is
95 negotiable for eligible patients based upon the patient's
96 ability to pay.

97 ~~7.5.~~ A patient has the right to receive a copy of an
98 itemized bill upon request. A patient has a right to be given an
99 explanation of charges upon request.

100 Section 2. Subsections (30) through (32) of section



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101 395.002, Florida Statutes, are renumbered as subsections (31)
102 through (33), respectively, and a new subsection (30) is added
103 to that section to read:

104 395.002 Definitions.—As used in this chapter:

105 (30) "Urgent care center" means a facility or clinic that
106 provides immediate but not emergent ambulatory medical care to
107 patients with or without an appointment. It does not include the
108 emergency department of a hospital.

109 Section 3. Section 395.107, Florida Statutes, is created to
110 read:

111 395.107 Urgent care centers; publishing and posting
112 schedule of charges.—An urgent care center must publish a
113 schedule of charges for the medical services offered to
114 patients. The schedule must include the prices charged to an
115 uninsured person paying for such services by cash, check, credit
116 card, or debit card. The schedule must be posted in a
117 conspicuous place in the reception area of the urgent care
118 center and must include, but is not limited to, the 50 services
119 most frequently provided by the urgent care center. The schedule
120 may group services by three price levels, listing services in
121 each price level. The posting must be at least 15 square feet in
122 size. The failure of an urgent care center to publish and post a
123 schedule of charges as required by this section shall result in
124 a fine of not more than \$1,000, per day, until the schedule is
125 published and posted.

126 Section 4. Subsections (1) and (6) of section 400.9935,
127 Florida Statutes, are amended to read:

128 400.9935 Clinic responsibilities.—

129 (1) Each clinic shall appoint a medical director or clinic



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130 director who shall agree in writing to accept legal
131 responsibility for the following activities on behalf of the
132 clinic. The medical director or the clinic director shall:

133 (a) Have signs identifying the medical director or clinic
134 director posted in a conspicuous location within the clinic
135 readily visible to all patients.

136 (b) Ensure that all practitioners providing health care
137 services or supplies to patients maintain a current active and
138 unencumbered Florida license.

139 (c) Review any patient referral contracts or agreements
140 executed by the clinic.

141 (d) Ensure that all health care practitioners at the clinic
142 have active appropriate certification or licensure for the level
143 of care being provided.

144 (e) Serve as the clinic records owner as defined in s.
145 456.057.

146 (f) Ensure compliance with the recordkeeping, office
147 surgery, and adverse incident reporting requirements of chapter
148 456, the respective practice acts, and rules adopted under this
149 part and part II of chapter 408.

150 (g) Conduct systematic reviews of clinic billings to ensure
151 that the billings are not fraudulent or unlawful. Upon discovery
152 of an unlawful charge, the medical director or clinic director
153 shall take immediate corrective action. If the clinic performs
154 only the technical component of magnetic resonance imaging,
155 static radiographs, computed tomography, or positron emission
156 tomography, and provides the professional interpretation of such
157 services, in a fixed facility that is accredited by the Joint
158 Commission on Accreditation of Healthcare Organizations or the



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159 Accreditation Association for Ambulatory Health Care, and the
160 American College of Radiology; and if, in the preceding quarter,
161 the percentage of scans performed by that clinic which was
162 billed to all personal injury protection insurance carriers was
163 less than 15 percent, the chief financial officer of the clinic
164 may, in a written acknowledgment provided to the agency, assume
165 the responsibility for the conduct of the systematic reviews of
166 clinic billings to ensure that the billings are not fraudulent
167 or unlawful.

168 (h) Not refer a patient to the clinic if the clinic
169 performs magnetic resonance imaging, static radiographs,
170 computed tomography, or positron emission tomography. The term
171 "refer a patient" means the referral of one or more patients of
172 the medical or clinical director or a member of the medical or
173 clinical director's group practice to the clinic for magnetic
174 resonance imaging, static radiographs, computed tomography, or
175 positron emission tomography. A medical director who is found to
176 violate this paragraph commits a felony of the third degree,
177 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

178 (i) Ensure that the clinic publishes a schedule of charges
179 for the medical services offered to patients. The schedule must
180 include the prices charged to an uninsured person paying for
181 such services by cash, check, credit card, or debit card. The
182 schedule must be posted in a conspicuous place in the reception
183 area of the urgent care center and must include, but is not
184 limited to, the 50 services most frequently provided by the
185 clinic. The schedule may group services by three price levels,
186 listing services in each price level. The posting must be at
187 least 15 square feet in size. The failure of a clinic to publish



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188 and post a schedule of charges as required by this section shall
189 result in a fine of not more than \$1,000, per day, until the
190 schedule is published and posted.

191 (6) Any person or entity providing health care services
192 which is not a clinic, as defined under s. 400.9905, may
193 voluntarily apply for a certificate of exemption from licensure
194 under its exempt status with the agency on a form that sets
195 forth its name or names and addresses, a statement of the
196 reasons why it cannot be defined as a clinic, and other
197 information deemed necessary by the agency. An exemption is not
198 transferable. The agency may charge an applicant for a
199 certificate of exemption in an amount equal to \$100 or the
200 actual cost of processing the certificate, whichever is less. An
201 entity seeking a certificate of exemption must publish and
202 maintain a schedule of charges for the medical services offered
203 to patients. The schedule must include the prices charged to an
204 uninsured person paying for such services by cash, check, credit
205 card, or debit card. The schedule must be posted in a
206 conspicuous place in the reception area of the entity and must
207 include, but is not limited to, the 50 services most frequently
208 provided by the entity. The schedule may group services by three
209 price levels, listing services in each price level. The posting
210 must be at least 15 square feet in size. As a condition
211 precedent to receiving a certificate of exemption, an applicant
212 must provide to the agency documentation of compliance with
213 these requirements.

214 Section 5. This act shall take effect July 1, 2011.

215
216 ===== T I T L E A M E N D M E N T =====



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217 And the title is amended as follows:

218 Delete everything before the enacting clause
219 and insert:

220 A bill to be entitled

221 An act relating to health care price transparency;
222 amending s. 381.026, F.S.; providing a definition;
223 authorizing a primary care provider to publish and
224 post a schedule of certain charges for medical
225 services offered to patients; providing a minimum size
226 for the posting; requiring a schedule of charges to
227 include certain information regarding medical services
228 offered; providing that the schedule may group the
229 provider's services by price levels and list the
230 services in each price level; providing an exemption
231 from license fee and continuing education requirements
232 for a provider who publishes and maintains a schedule
233 of charges; requiring a primary care provider's
234 estimates of charges for medical services to be
235 consistent with the posted schedule; requiring a
236 provider to post the schedule of charges for a certain
237 time period; providing for repayment of license fees
238 and compliance with continuing education requirements
239 previously waived if the schedule of charges was not
240 posted for a certain time period; amending s. 395.002,
241 F.S.; providing a definition; creating s. 395.107,
242 F.S.; requiring urgent care centers to publish and
243 post a schedule of certain charges for medical
244 services offered to patients; providing a minimum size
245 for the posting; requiring a schedule of charges to



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246 include certain information regarding medical services
247 offered; providing that the schedule may group the
248 urgent care center's services by price levels and list
249 the services in each price level; providing a fine for
250 failure to publish and post a schedule of medical
251 services; amending s. 400.9935, F.S.; requiring
252 medical directors or clinic directors of health care
253 clinics and entities with a certificate of exemption
254 under the Health Care Clinic Act to publish and post a
255 schedule of certain charges for medical services
256 offered to patients; providing a minimum size for the
257 posting; requiring a schedule of charges to include
258 certain information regarding medical services
259 offered; providing that the schedule may group the
260 urgent care center's services by price levels and list
261 the services in each price level; providing a fine for
262 clinic failure to publish and post a schedule of
263 medical services; providing an effective date.