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LEGISLATIVE ACTION

Senate	.	House
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Floor: 1/AD/2R	.	Floor: C
05/02/2011 05:03 PM	.	05/04/2011 04:40 PM
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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.



322804

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



322804

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



322804

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



322804

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



322804

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



322804

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



322804

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.  
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322804

217 ===== T I T L E A M E N D M E N T =====

218 And the title is amended as follows:

219 Delete everything before the enacting clause

220 and insert:

221 A bill to be entitled

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



322804

246 for the posting; requiring a schedule of charges to  
247 include certain information regarding medical services  
248 offered; providing that the schedule may group the  
249 urgent care center's services by price levels and list  
250 the services in each price level; providing a fine for  
251 failure to publish and post a schedule of medical  
252 services; amending s. 400.9935, F.S.; requiring  
253 medical directors or clinic directors of health care  
254 clinics and entities with a certificate of exemption  
255 under the Health Care Clinic Act to publish and post a  
256 schedule of certain charges for medical services  
257 offered to patients; providing a minimum size for the  
258 posting; requiring a schedule of charges to include  
259 certain information regarding medical services  
260 offered; providing that the schedule may group the  
261 urgent care center's services by price levels and list  
262 the services in each price level; providing a fine for  
263 clinic failure to publish and post a schedule of  
264 medical services; providing an effective date.  
265