

1                   A bill to be entitled  
2     An act relating to health care price transparency;  
3     amending s. 381.026, F.S.; providing a definition;  
4     authorizing a primary care provider to publish and post a  
5     schedule of certain charges for medical services offered  
6     to patients; providing a minimum size for the posting;  
7     requiring a schedule of charges to include certain  
8     information regarding medical services offered; providing  
9     that the schedule may group the provider's services by  
10    price levels and list the services in each price level;  
11    providing an exemption from license fee and continuing  
12    education requirements for a provider who publishes and  
13    maintains a schedule of charges; requiring a primary care  
14    provider's estimates of charges for medical services to be  
15    consistent with the posted schedule; requiring a provider  
16    to post the schedule of charges for a certain time period;  
17    providing for repayment of license fees and compliance  
18    with continuing education requirements previously waived  
19    if the schedule of charges was not posted for a certain  
20    time period; amending s. 395.002, F.S.; providing a  
21    definition; creating s. 395.107, F.S.; requiring urgent  
22    care centers to publish and post a schedule of certain  
23    charges for medical services offered to patients;  
24    providing a minimum size for the posting; requiring a  
25    schedule of charges to include certain information  
26    regarding medical services offered; providing that the  
27    schedule may group the urgent care center's services by  
28    price levels and list the services in each price level;

29 providing a fine for failure to publish and post a  
30 schedule of medical services; amending s. 400.9935, F.S.;  
31 requiring medical directors or clinic directors of health  
32 care clinics and entities with a certificate of exemption  
33 under the Health Care Clinic Act to publish and post a  
34 schedule of certain charges for medical services offered  
35 to patients; providing a minimum size for the posting;  
36 requiring a schedule of charges to include certain  
37 information regarding medical services offered; providing  
38 that the schedule may group the urgent care center's  
39 services by price levels and list the services in each  
40 price level; providing a fine for clinic failure to  
41 publish and post a schedule of medical services; providing  
42 an effective date.

43  
44 Be It Enacted by the Legislature of the State of Florida:

45  
46 Section 1. Subsection (2) and paragraph (c) of subsection  
47 (4) of section 381.026, Florida Statutes, are amended to read:  
48 381.026 Florida Patient's Bill of Rights and  
49 Responsibilities.—

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

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

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

55 (c) "Health care provider" means a physician licensed  
56 under chapter 458, an osteopathic physician licensed under

57 | chapter 459, or a podiatric physician licensed under chapter  
58 | 461.

59 | (d) "Primary care provider" means a health care provider  
60 | licensed under chapter 458, chapter 459, or chapter 464 who  
61 | provides medical services to patients which are commonly  
62 | provided without referral from another health care provider,  
63 | including family and general practice, general pediatrics, and  
64 | general internal medicine.

65 | (e)~~(d)~~ "Responsible provider" means a health care provider  
66 | who is primarily responsible for patient care in a health care  
67 | facility or provider's office.

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

70 | (c) *Financial information and disclosure.*—

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

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

84 | 3. A primary care provider may publish a schedule of

85 charges for the medical services that the provider offers to  
86 patients. The schedule must include the prices charged to an  
87 uninsured person paying for such services by cash, check, credit  
88 card, or debit card. The schedule must be posted in a  
89 conspicuous place in the reception area of the provider's office  
90 and must include, but is not limited to, the 50 services most  
91 frequently provided by the primary care provider. The schedule  
92 may group services by three price levels, listing services in  
93 each price level. The posting must be at least 15 square feet in  
94 size. A primary care provider who publishes and maintains a  
95 schedule of charges for medical services is exempt from the  
96 license fee requirements for a single period of renewal of a  
97 professional license under chapter 456 for that licensure term  
98 and is exempt from the continuing education requirements of  
99 chapter 456 and the rules implementing those requirements for a  
100 single 2-year period.

101 4. If a primary care provider publishes a schedule of  
102 charges pursuant to subparagraph 3., he or she must continually  
103 post it at all times for the duration of active licensure in  
104 this state when primary care services are provided to patients.  
105 If a primary care provider fails to post the schedule of charges  
106 in accordance with this subparagraph, the provider shall be  
107 required to pay any license fee and comply with any continuing  
108 education requirements for which an exemption was received.

109 ~~5.3.~~ A health care provider or a health care facility  
110 shall, upon request, furnish a person, before the ~~prior to~~  
111 provision of medical services, a reasonable estimate of charges  
112 for such services. The health care provider or the health care

113 facility shall provide an uninsured person, before ~~prior to~~ the  
114 provision of a planned nonemergency medical service, a  
115 reasonable estimate of charges for such service and information  
116 regarding the provider's or facility's discount or charity  
117 policies for which the uninsured person may be eligible. Such  
118 estimates by a primary care provider must be consistent with the  
119 schedule posted under subparagraph 3. Estimates shall, to the  
120 extent possible, be written in a language comprehensible to an  
121 ordinary layperson. Such reasonable estimate does ~~shall~~ not  
122 preclude the health care provider or health care facility from  
123 exceeding the estimate or making additional charges based on  
124 changes in the patient's condition or treatment needs.

125 6.4. Each licensed facility not operated by the state  
126 shall make available to the public on its Internet website or by  
127 other electronic means a description of and a link to the  
128 performance outcome and financial data that is published by the  
129 agency pursuant to s. 408.05(3)(k). The facility shall place a  
130 notice in the reception area that such information is available  
131 electronically and the website address. The licensed facility  
132 may indicate that the pricing information is based on a  
133 compilation of charges for the average patient and that each  
134 patient's bill may vary from the average depending upon the  
135 severity of illness and individual resources consumed. The  
136 licensed facility may also indicate that the price of service is  
137 negotiable for eligible patients based upon the patient's  
138 ability to pay.

139 7.5. A patient has the right to receive a copy of an  
140 itemized bill upon request. A patient has a right to be given an

141 explanation of charges upon request.

142 Section 2. Subsections (30) through (32) of section  
143 395.002, Florida Statutes, are renumbered as subsections (31)  
144 through (33), respectively, and a new subsection (30) is added  
145 to that section to read:

146 395.002 Definitions.—As used in this chapter:

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

151 Section 3. Section 395.107, Florida Statutes, is created  
152 to read:

153 395.107 Urgent care centers; publishing and posting  
154 schedule of charges.—An urgent care center must publish a  
155 schedule of charges for the medical services offered to  
156 patients. The schedule must include the prices charged to an  
157 uninsured person paying for such services by cash, check, credit  
158 card, or debit card. The schedule must be posted in a  
159 conspicuous place in the reception area of the urgent care  
160 center and must include, but is not limited to, the 50 services  
161 most frequently provided by the urgent care center. The schedule  
162 may group services by three price levels, listing services in  
163 each price level. The posting must be at least 15 square feet in  
164 size. The failure of an urgent care center to publish and post a  
165 schedule of charges as required by this section shall result in  
166 a fine of not more than \$1,000, per day, until the schedule is  
167 published and posted.

168 Section 4. Subsections (1) and (6) of section 400.9935,

169 Florida Statutes, are amended to read:

170 400.9935 Clinic responsibilities.—

171 (1) Each clinic shall appoint a medical director or clinic  
 172 director who shall agree in writing to accept legal  
 173 responsibility for the following activities on behalf of the  
 174 clinic. The medical director or the clinic director shall:

175 (a) Have signs identifying the medical director or clinic  
 176 director posted in a conspicuous location within the clinic  
 177 readily visible to all patients.

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

181 (c) Review any patient referral contracts or agreements  
 182 executed by the clinic.

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

186 (e) Serve as the clinic records owner as defined in s.  
 187 456.057.

188 (f) Ensure compliance with the recordkeeping, office  
 189 surgery, and adverse incident reporting requirements of chapter  
 190 456, the respective practice acts, and rules adopted under this  
 191 part and part II of chapter 408.

192 (g) Conduct systematic reviews of clinic billings to  
 193 ensure that the billings are not fraudulent or unlawful. Upon  
 194 discovery of an unlawful charge, the medical director or clinic  
 195 director shall take immediate corrective action. If the clinic  
 196 performs only the technical component of magnetic resonance

197 imaging, static radiographs, computed tomography, or positron  
 198 emission tomography, and provides the professional  
 199 interpretation of such services, in a fixed facility that is  
 200 accredited by the Joint Commission on Accreditation of  
 201 Healthcare Organizations or the Accreditation Association for  
 202 Ambulatory Health Care, and the American College of Radiology;  
 203 and if, in the preceding quarter, the percentage of scans  
 204 performed by that clinic which was billed to all personal injury  
 205 protection insurance carriers was less than 15 percent, the  
 206 chief financial officer of the clinic may, in a written  
 207 acknowledgment provided to the agency, assume the responsibility  
 208 for the conduct of the systematic reviews of clinic billings to  
 209 ensure that the billings are not fraudulent or unlawful.

210 (h) Not refer a patient to the clinic if the clinic  
 211 performs magnetic resonance imaging, static radiographs,  
 212 computed tomography, or positron emission tomography. The term  
 213 "refer a patient" means the referral of one or more patients of  
 214 the medical or clinical director or a member of the medical or  
 215 clinical director's group practice to the clinic for magnetic  
 216 resonance imaging, static radiographs, computed tomography, or  
 217 positron emission tomography. A medical director who is found to  
 218 violate this paragraph commits a felony of the third degree,  
 219 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

220 (i) Ensure that the clinic publishes a schedule of charges  
 221 for the medical services offered to patients. The schedule must  
 222 include the prices charged to an uninsured person paying for  
 223 such services by cash, check, credit card, or debit card. The  
 224 schedule must be posted in a conspicuous place in the reception

225 area of the urgent care center and must include, but is not  
 226 limited to, the 50 services most frequently provided by the  
 227 clinic. The schedule may group services by three price levels,  
 228 listing services in each price level. The posting must be at  
 229 least 15 square feet in size. The failure of a clinic to publish  
 230 and post a schedule of charges as required by this section shall  
 231 result in a fine of not more than \$1,000, per day, until the  
 232 schedule is published and posted.

233 (6) Any person or entity providing health care services  
 234 which is not a clinic, as defined under s. 400.9905, may  
 235 voluntarily apply for a certificate of exemption from licensure  
 236 under its exempt status with the agency on a form that sets  
 237 forth its name or names and addresses, a statement of the  
 238 reasons why it cannot be defined as a clinic, and other  
 239 information deemed necessary by the agency. An exemption is not  
 240 transferable. The agency may charge an applicant for a  
 241 certificate of exemption in an amount equal to \$100 or the  
 242 actual cost of processing the certificate, whichever is less. An  
 243 entity seeking a certificate of exemption must publish and  
 244 maintain a schedule of charges for the medical services offered  
 245 to patients. The schedule must include the prices charged to an  
 246 uninsured person paying for such services by cash, check, credit  
 247 card, or debit card. The schedule must be posted in a  
 248 conspicuous place in the reception area of the entity and must  
 249 include, but is not limited to, the 50 services most frequently  
 250 provided by the entity. The schedule may group services by three  
 251 price levels, listing services in each price level. The posting  
 252 must be at least 15 square feet in size. As a condition

CS/CS/HB 935, Engrossed 1

2011

253 precedent to receiving a certificate of exemption, an applicant  
254 must provide to the agency documentation of compliance with  
255 these requirements.

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