

1 A bill to be entitled
2 An act relating to a comprehensive health information
3 system; amending s. 408.05, F.S.; renaming the Florida
4 Center for Health Information and Policy Analysis as
5 the Florida Health Information Transparency
6 Initiative; providing a statement of purpose for the
7 initiative; providing the duties of the Agency for
8 Health Care Administration; revising the data and
9 information required to be included in the health
10 information system; revising the functions that the
11 agency must perform in order to collect and
12 disseminate health information and statistics;
13 deleting provisions that require the center to provide
14 technical assistance to persons and organizations
15 engaged in health planning activities; deleting
16 provisions that require the center to provide
17 widespread dissemination of data; requiring the agency
18 to implement the transparency initiative in a manner
19 that recognizes state-collected data as an asset and
20 rewards taxpayer investment in information collection
21 and management; authorizing the agency to apply for,
22 receive, and accept grants, gifts, and other payments,
23 including property and services, from a governmental
24 or other public or private entity or person; requiring
25 the agency to ensure that certain vendors do not
26 inhibit or impede consumer access to state-collected
27 health data and information; abolishing the State
28 Consumer Health Information and Policy Advisory

29 Council; amending ss. 381.026, 395.301, 465.0244,
 30 627.6499, and 641.54, F.S.; conforming provisions to
 31 changes made by the act; providing an effective date.

32

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

34

35 Section 1. Section 408.05, Florida Statutes, is amended to
 36 read:

37 408.05 Florida ~~Center for~~ Health Information Transparency
 38 Initiative and Policy Analysis.—

39 (1) PURPOSE ESTABLISHMENT.—The agency shall coordinate
 40 ~~establish a Florida Center for Health Information and Policy~~
 41 ~~Analysis. The center shall establish a comprehensive health~~
 42 ~~information system to~~ promote accessibility, transparency, and
 43 utility of state-collected data and information about health
 44 providers, facilities, services, and payment sources ~~provide for~~
 45 ~~the collection, compilation, coordination, analysis, indexing,~~
 46 ~~dissemination, and utilization of both purposefully collected~~
 47 ~~and extant health-related data and statistics. The~~ agency center
 48 shall be responsible for making data available in a manner that
 49 allows for and encourages multiple and innovative uses of data
 50 sets collected under the auspices of the state. Subject to the
 51 General Appropriations Act, the agency shall contract with one
 52 or more vendors to develop new methods of dissemination and to
 53 convert data into easily usable electronic formats ~~staffed with~~
 54 ~~public health experts, biostatisticians, information system~~
 55 ~~analysts, health policy experts, economists, and other staff~~
 56 ~~necessary to carry out its functions.~~

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57 (2) HEALTH-RELATED DATA.—The comprehensive health
58 information system ~~operated by the Florida Center for Health~~
59 ~~Information and Policy Analysis~~ shall include the following data
60 and information ~~identify the best available data sources and~~
61 ~~coordinate the compilation of extant health-related data and~~
62 ~~statistics and purposefully collect data on:~~

63 ~~(a) The extent and nature of illness and disability of the~~
64 ~~state population, including life expectancy, the incidence of~~
65 ~~various acute and chronic illnesses, and infant and maternal~~
66 ~~morbidity and mortality.~~

67 ~~(b) The impact of illness and disability of the state~~
68 ~~population on the state economy and on other aspects of the~~
69 ~~well-being of the people in this state.~~

70 ~~(c) Environmental, social, and other health hazards.~~

71 ~~(d) Health knowledge and practices of the people in this~~
72 ~~state and determinants of health and nutritional practices and~~
73 ~~status.~~

74 ~~(a)(e)~~ Health resources, including licensed physicians,
75 ~~dentists, nurses, and other health professionals, licensed by~~
76 ~~specialty and type of practice and acute, long-term care and~~
77 ~~other institutional care facility supplies and specific services~~
78 ~~provided by hospitals, nursing homes, home health agencies, and~~
79 ~~other health care facilities, managed care organizations, and~~
80 other health services regulated or funded by the state.

81 ~~(b)(f)~~ Utilization of health resources ~~care by type of~~
82 ~~provider.~~

83 ~~(c)(g)~~ Health care costs and financing, including Medicaid
84 claims and encounter data and data from other public and private

85 ~~payors trends in health care prices and costs, the sources of~~
 86 ~~payment for health care services, and federal, state, and local~~
 87 ~~expenditures for health care.~~

88 ~~(h) Family formation, growth, and dissolution.~~

89 ~~(d)(i)~~ The extent, source, and type of public and private
 90 health insurance coverage in this state.

91 ~~(e)(j)~~ The data necessary for measuring value and quality
 92 of care provided by various health care providers, including
 93 applicable credentials, accreditation status, utilization,
 94 revenues and expenses, outcomes, site visits, and other
 95 regulatory reports, and the results of administrative and civil
 96 litigation.

97 (3) COORDINATION ~~COMPREHENSIVE HEALTH INFORMATION SYSTEM.~~

98 In order to collect and disseminate comprehensive ~~produce~~
 99 ~~comparable and uniform~~ health information and statistics for the
 100 public as well as for the development of policy recommendations,
 101 the agency shall perform the following functions:

102 (a) Collect and compile data from all state agencies and
 103 programs involved in providing, regulating, and paying for
 104 health services ~~Coordinate the activities of state agencies~~
 105 ~~involved in the design and implementation of the comprehensive~~
 106 ~~health information system.~~

107 (b) Promote data sharing through the ~~Undertake research,~~
 108 development, dissemination, and evaluation of state-collected
 109 health data and by making such data available, transferable, and
 110 readily usable ~~respecting the comprehensive health information~~
 111 ~~system.~~

112 ~~(c) Review the statistical activities of state agencies to~~

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113 ~~ensure that they are consistent with the comprehensive health~~
114 ~~information system.~~

115 (c)~~(d)~~ Develop written agreements with local, state, and
116 federal agencies for the sharing of health-care-related data or
117 using the facilities and services of such agencies. State
118 agencies, local health councils, and other agencies under state
119 contract shall assist the agency center in obtaining, compiling,
120 and transferring health-care-related data maintained by state
121 and local agencies. ~~Written agreements must specify the types,~~
122 ~~methods, and periodicity of data exchanges and specify the types~~
123 ~~of data that will be transferred to the center.~~

124 (d)~~(e)~~ Enable and facilitate the sharing and use of all
125 state-collected health data to the maximum extent allowed by law
126 ~~Establish by rule the types of data collected, compiled,~~
127 ~~processed, used, or shared. Decisions regarding center data sets~~
128 ~~should be made based on consultation with the State Consumer~~
129 ~~Health Information and Policy Advisory Council and other public~~
130 ~~and private users regarding the types of data which should be~~
131 ~~collected and their uses. The center shall establish~~
132 ~~standardized means for collecting health information and~~
133 ~~statistics under laws and rules administered by the agency.~~

134 ~~(f)~~ ~~Establish minimum health-care-related data sets which~~
135 ~~are necessary on a continuing basis to fulfill the collection~~
136 ~~requirements of the center and which shall be used by state~~
137 ~~agencies in collecting and compiling health-care-related data.~~
138 ~~The agency shall periodically review ongoing health care data~~
139 ~~collections of the Department of Health and other state agencies~~
140 ~~to determine if the collections are being conducted in~~

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141 ~~accordance with the established minimum sets of data.~~

142 ~~(g) Establish advisory standards to ensure the quality of~~
143 ~~health statistical and epidemiological data collection,~~
144 ~~processing, and analysis by local, state, and private~~
145 ~~organizations.~~

146 (e)(h) Monitor data collection procedures, test data
147 quality, and take such corrective actions as may be necessary to
148 ensure that data and information disseminated under the
149 initiative are accurate, valid, reliable, and complete ~~Prescribe~~
150 ~~standards for the publication of health care related data~~
151 ~~reported pursuant to this section which ensure the reporting of~~
152 ~~accurate, valid, reliable, complete, and comparable data. Such~~
153 ~~standards should include advisory warnings to users of the data~~
154 ~~regarding the status and quality of any data reported by or~~
155 ~~available from the center.~~

156 (f)(i) Initiate and maintain activities necessary to
157 collect, edit, verify, archive, and retrieve ~~Prescribe~~ ~~standards~~
158 ~~for the maintenance and preservation of the center's data. This~~
159 ~~should include methods for archiving data, retrieval of archived~~
160 ~~data, and data compiled pursuant to this section editing and~~
161 ~~verification.~~

162 ~~(j) Ensure that strict quality control measures are~~
163 ~~maintained for the dissemination of data through publications,~~
164 ~~studies, or user requests.~~

165 ~~(k) Develop, in conjunction with the State Consumer Health~~
166 ~~Information and Policy Advisory Council, and implement a long-~~
167 ~~range plan for making available health care quality measures and~~
168 ~~financial data that will allow consumers to compare health care~~

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169 ~~services. The health care quality measures and financial data~~
170 ~~the agency must make available shall include, but is not limited~~
171 ~~to, pharmaceuticals, physicians, health care facilities, and~~
172 ~~health plans and managed care entities. The agency shall update~~
173 ~~the plan and report on the status of its implementation~~
174 ~~annually. The agency shall also make the plan and status report~~
175 ~~available to the public on its Internet website. As part of the~~
176 ~~plan, the agency shall identify the process and timeframes for~~
177 ~~implementation, any barriers to implementation, and~~
178 ~~recommendations of changes in the law that may be enacted by the~~
179 ~~Legislature to eliminate the barriers. As preliminary elements~~
180 ~~of the plan, the agency shall:~~

181 ~~1. Make available patient safety indicators, inpatient~~
182 ~~quality indicators, and performance outcome and patient charge~~
183 ~~data collected from health care facilities pursuant to s.~~
184 ~~408.061(1)(a) and (2). The terms "patient safety indicators" and~~
185 ~~"inpatient quality indicators" shall be as defined by the~~
186 ~~Centers for Medicare and Medicaid Services, the National Quality~~
187 ~~Forum, the Joint Commission on Accreditation of Healthcare~~
188 ~~Organizations, the Agency for Healthcare Research and Quality,~~
189 ~~the Centers for Disease Control and Prevention, or a similar~~
190 ~~national entity that establishes standards to measure the~~
191 ~~performance of health care providers, or by other states. The~~
192 ~~agency shall determine which conditions, procedures, health care~~
193 ~~quality measures, and patient charge data to disclose based upon~~
194 ~~input from the council. When determining which conditions and~~
195 ~~procedures are to be disclosed, the council and the agency shall~~
196 ~~consider variation in costs, variation in outcomes, and~~

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197 ~~magnitude of variations and other relevant information. When~~
198 ~~determining which health care quality measures to disclose, the~~
199 ~~agency:~~

200 ~~a. Shall consider such factors as volume of cases; average~~
201 ~~patient charges; average length of stay; complication rates;~~
202 ~~mortality rates; and infection rates, among others, which shall~~
203 ~~be adjusted for case mix and severity, if applicable.~~

204 ~~b. May consider such additional measures that are adopted~~
205 ~~by the Centers for Medicare and Medicaid Studies, National~~
206 ~~Quality Forum, the Joint Commission on Accreditation of~~
207 ~~Healthcare Organizations, the Agency for Healthcare Research and~~
208 ~~Quality, Centers for Disease Control and Prevention, or a~~
209 ~~similar national entity that establishes standards to measure~~
210 ~~the performance of health care providers, or by other states.~~

211
212 ~~When determining which patient charge data to disclose, the~~
213 ~~agency shall include such measures as the average of~~
214 ~~undiscounted charges on frequently performed procedures and~~
215 ~~preventive diagnostic procedures, the range of procedure charges~~
216 ~~from highest to lowest, average net revenue per adjusted patient~~
217 ~~day, average cost per adjusted patient day, and average cost per~~
218 ~~admission, among others.~~

219 ~~2. Make available performance measures, benefit design,~~
220 ~~and premium cost data from health plans licensed pursuant to~~
221 ~~chapter 627 or chapter 641. The agency shall determine which~~
222 ~~health care quality measures and member and subscriber cost data~~
223 ~~to disclose, based upon input from the council. When determining~~
224 ~~which data to disclose, the agency shall consider information~~

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225 ~~that may be required by either individual or group purchasers to~~
226 ~~assess the value of the product, which may include membership~~
227 ~~satisfaction, quality of care, current enrollment or membership,~~
228 ~~coverage areas, accreditation status, premium costs, plan costs,~~
229 ~~premium increases, range of benefits, copayments and~~
230 ~~deductibles, accuracy and speed of claims payment, credentials~~
231 ~~of physicians, number of providers, names of network providers,~~
232 ~~and hospitals in the network. Health plans shall make available~~
233 ~~to the agency any such data or information that is not currently~~
234 ~~reported to the agency or the office.~~

235 ~~3. Determine the method and format for public disclosure~~
236 ~~of data reported pursuant to this paragraph. The agency shall~~
237 ~~make its determination based upon input from the State Consumer~~
238 ~~Health Information and Policy Advisory Council. At a minimum,~~
239 ~~the data shall be made available on the agency's Internet~~
240 ~~website in a manner that allows consumers to conduct an~~
241 ~~interactive search that allows them to view and compare the~~
242 ~~information for specific providers. The website must include~~
243 ~~such additional information as is determined necessary to ensure~~
244 ~~that the website enhances informed decisionmaking among~~
245 ~~consumers and health care purchasers, which shall include, at a~~
246 ~~minimum, appropriate guidance on how to use the data and an~~
247 ~~explanation of why the data may vary from provider to provider.~~

248 ~~4. Publish on its website undiscounted charges for no~~
249 ~~fewer than 150 of the most commonly performed adult and~~
250 ~~pediatric procedures, including outpatient, inpatient,~~
251 ~~diagnostic, and preventative procedures.~~

252 ~~(4) TECHNICAL ASSISTANCE.~~

253 ~~(a) The center shall provide technical assistance to~~
254 ~~persons or organizations engaged in health planning activities~~
255 ~~in the effective use of statistics collected and compiled by the~~
256 ~~center. The center shall also provide the following additional~~
257 ~~technical assistance services:~~

258 ~~1. Establish procedures identifying the circumstances~~
259 ~~under which, the places at which, the persons from whom, and the~~
260 ~~methods by which a person may secure data from the center,~~
261 ~~including procedures governing requests, the ordering of~~
262 ~~requests, timeframes for handling requests, and other procedures~~
263 ~~necessary to facilitate the use of the center's data. To the~~
264 ~~extent possible, the center should provide current data timely~~
265 ~~in response to requests from public or private agencies.~~

266 ~~2. Provide assistance to data sources and users in the~~
267 ~~areas of database design, survey design, sampling procedures,~~
268 ~~statistical interpretation, and data access to promote improved~~
269 ~~health-care-related data sets.~~

270 ~~3. Identify health care data gaps and provide technical~~
271 ~~assistance to other public or private organizations for meeting~~
272 ~~documented health care data needs.~~

273 ~~4. Assist other organizations in developing statistical~~
274 ~~abstracts of their data sets that could be used by the center.~~

275 ~~5. Provide statistical support to state agencies with~~
276 ~~regard to the use of databases maintained by the center.~~

277 ~~6. To the extent possible, respond to multiple requests~~
278 ~~for information not currently collected by the center or~~
279 ~~available from other sources by initiating data collection.~~

280 ~~7. Maintain detailed information on data maintained by~~

281 ~~other local, state, federal, and private agencies in order to~~
 282 ~~advise those who use the center of potential sources of data~~
 283 ~~which are requested but which are not available from the center.~~

284 ~~8. Respond to requests for data which are not available in~~
 285 ~~published form by initiating special computer runs on data sets~~
 286 ~~available to the center.~~

287 ~~9. Monitor innovations in health information technology,~~
 288 ~~informatics, and the exchange of health information and maintain~~
 289 ~~a repository of technical resources to support the development~~
 290 ~~of a health information network.~~

291 ~~(b) The agency shall administer, manage, and monitor~~
 292 ~~grants to not-for-profit organizations, regional health~~
 293 ~~information organizations, public health departments, or state~~
 294 ~~agencies that submit proposals for planning, implementation, or~~
 295 ~~training projects to advance the development of a health~~
 296 ~~information network. Any grant contract shall be evaluated to~~
 297 ~~ensure the effective outcome of the health information project.~~

298 ~~(c) The agency shall initiate, oversee, manage, and~~
 299 ~~evaluate the integration of health care data from each state~~
 300 ~~agency that collects, stores, and reports on health care issues~~
 301 ~~and make that data available to any health care practitioner~~
 302 ~~through a state health information network.~~

303 ~~(5) PUBLICATIONS; REPORTS; SPECIAL STUDIES. The center~~
 304 ~~shall provide for the widespread dissemination of data which it~~
 305 ~~collects and analyzes. The center shall have the following~~
 306 ~~publication, reporting, and special study functions:~~

307 ~~(a) The center shall publish and make available~~
 308 ~~periodically to agencies and individuals health statistics~~

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309 ~~publications of general interest, including health plan consumer~~
310 ~~reports and health maintenance organization member satisfaction~~
311 ~~surveys; publications providing health statistics on topical~~
312 ~~health policy issues; publications that provide health status~~
313 ~~profiles of the people in this state; and other topical health~~
314 ~~statistics publications.~~

315 ~~(b) The center shall publish, make available, and~~
316 ~~disseminate, promptly and as widely as practicable, the results~~
317 ~~of special health surveys, health care research, and health care~~
318 ~~evaluations conducted or supported under this section. Any~~
319 ~~publication by the center must include a statement of the~~
320 ~~limitations on the quality, accuracy, and completeness of the~~
321 ~~data.~~

322 ~~(c) The center shall provide indexing, abstracting,~~
323 ~~translation, publication, and other services leading to a more~~
324 ~~effective and timely dissemination of health care statistics.~~

325 ~~(d) The center shall be responsible for publishing and~~
326 ~~disseminating an annual report on the center's activities.~~

327 ~~(e) The center shall be responsible, to the extent~~
328 ~~resources are available, for conducting a variety of special~~
329 ~~studies and surveys to expand the health care information and~~
330 ~~statistics available for health policy analyses, particularly~~
331 ~~for the review of public policy issues. The center shall develop~~
332 ~~a process by which users of the center's data are periodically~~
333 ~~surveyed regarding critical data needs and the results of the~~
334 ~~survey considered in determining which special surveys or~~
335 ~~studies will be conducted. The center shall select problems in~~
336 ~~health care for research, policy analyses, or special data~~

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337 ~~collections on the basis of their local, regional, or state~~
338 ~~importance; the unique potential for definitive research on the~~
339 ~~problem; and opportunities for application of the study~~
340 ~~findings.~~

341 (4)~~(6)~~ PROVIDER DATA REPORTING.—This section does not
342 confer on the agency the power to demand or require that a
343 health care provider or professional furnish information,
344 records of interviews, written reports, statements, notes,
345 memoranda, or data other than as expressly required by law.

346 (5)~~(7)~~ HEALTH INFORMATION ENTERPRISE BUDGET; FEES.—

347 (a) The agency shall implement the transparency initiative
348 in a manner that recognizes state-collected data as an asset and
349 rewards taxpayer investment in information collection and
350 management ~~Legislature intends that funding for the Florida~~
351 ~~Center for Health Information and Policy Analysis be~~
352 ~~appropriated from the General Revenue Fund.~~

353 (b) The agency ~~Florida Center for Health Information and~~
354 ~~Policy Analysis~~ may apply for, and receive, and accept grants,
355 gifts, and other payments, including property and services, from
356 a any governmental or other public or private entity or person
357 and make arrangements for as to the use of such funds ~~same,~~
358 including the undertaking of special studies and other projects
359 relating to health-care-related topics. ~~Funds obtained pursuant~~
360 ~~to this paragraph may not be used to offset annual~~
361 ~~appropriations from the General Revenue Fund.~~

362 (c) The agency shall ensure that a vendor who enters into
363 a contract with the state under this section does not inhibit or
364 impede consumer access to state-collected health data and

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365 information center may charge such reasonable fees for services
366 as the agency prescribes by rule. The established fees may not
367 exceed the reasonable cost for such services. Fees collected may
368 not be used to offset annual appropriations from the General
369 Revenue Fund.

370 ~~(8) STATE CONSUMER HEALTH INFORMATION AND POLICY ADVISORY~~
371 ~~COUNCIL.—~~

372 ~~(a) There is established in the agency the State Consumer~~
373 ~~Health Information and Policy Advisory Council to assist the~~
374 ~~center in reviewing the comprehensive health information system,~~
375 ~~including the identification, collection, standardization,~~
376 ~~sharing, and coordination of health-related data, fraud and~~
377 ~~abuse data, and professional and facility licensing data among~~
378 ~~federal, state, local, and private entities and to recommend~~
379 ~~improvements for purposes of public health, policy analysis, and~~
380 ~~transparency of consumer health care information. The council~~
381 ~~shall consist of the following members:~~

382 ~~1. An employee of the Executive Office of the Governor, to~~
383 ~~be appointed by the Governor.~~

384 ~~2. An employee of the Office of Insurance Regulation, to~~
385 ~~be appointed by the director of the office.~~

386 ~~3. An employee of the Department of Education, to be~~
387 ~~appointed by the Commissioner of Education.~~

388 ~~4. Ten persons, to be appointed by the Secretary of Health~~
389 ~~Care Administration, representing other state and local~~
390 ~~agencies, state universities, business and health coalitions,~~
391 ~~local health councils, professional health-care-related~~
392 ~~associations, consumers, and purchasers.~~

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393 ~~(b) Each member of the council shall be appointed to serve~~
394 ~~for a term of 2 years following the date of appointment, except~~
395 ~~the term of appointment shall end 3 years following the date of~~
396 ~~appointment for members appointed in 2003, 2004, and 2005. A~~
397 ~~vacancy shall be filled by appointment for the remainder of the~~
398 ~~term, and each appointing authority retains the right to~~
399 ~~reappoint members whose terms of appointment have expired.~~

400 ~~(c) The council may meet at the call of its chair, at the~~
401 ~~request of the agency, or at the request of a majority of its~~
402 ~~membership, but the council must meet at least quarterly.~~

403 ~~(d) Members shall elect a chair and vice chair annually.~~

404 ~~(e) A majority of the members constitutes a quorum, and~~
405 ~~the affirmative vote of a majority of a quorum is necessary to~~
406 ~~take action.~~

407 ~~(f) The council shall maintain minutes of each meeting and~~
408 ~~shall make such minutes available to any person.~~

409 ~~(g) Members of the council shall serve without~~
410 ~~compensation but shall be entitled to receive reimbursement for~~
411 ~~per diem and travel expenses as provided in s. 112.061.~~

412 ~~(h) The council's duties and responsibilities include, but~~
413 ~~are not limited to, the following:~~

414 ~~1. To develop a mission statement, goals, and a plan of~~
415 ~~action for the identification, collection, standardization,~~
416 ~~sharing, and coordination of health-related data across federal,~~
417 ~~state, and local government and private sector entities.~~

418 ~~2. To develop a review process to ensure cooperative~~
419 ~~planning among agencies that collect or maintain health-related~~
420 ~~data.~~

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421 ~~3. To create ad hoc issue-oriented technical workgroups on~~
422 ~~an as-needed basis to make recommendations to the council.~~

423 ~~(9) APPLICATION TO OTHER AGENCIES. Nothing in this section~~
424 ~~shall limit, restrict, affect, or control the collection,~~
425 ~~analysis, release, or publication of data by any state agency~~
426 ~~pursuant to its statutory authority, duties, or~~
427 ~~responsibilities.~~

428 Section 2. Paragraph (c) of subsection (4) of section
429 381.026, Florida Statutes, is amended to read:

430 381.026 Florida Patient's Bill of Rights and
431 Responsibilities.—

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

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

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

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

447 3. A primary care provider may publish a schedule of
448 charges for the medical services that the provider offers to

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449 patients. The schedule must include the prices charged to an
450 uninsured person paying for such services by cash, check, credit
451 card, or debit card. The schedule must be posted in a
452 conspicuous place in the reception area of the provider's office
453 and must include, but is not limited to, the 50 services most
454 frequently provided by the primary care provider. The schedule
455 may group services by three price levels, listing services in
456 each price level. The posting must be at least 15 square feet in
457 size. A primary care provider who publishes and maintains a
458 schedule of charges for medical services is exempt from the
459 license fee requirements for a single period of renewal of a
460 professional license under chapter 456 for that licensure term
461 and is exempt from the continuing education requirements of
462 chapter 456 and the rules implementing those requirements for a
463 single 2-year period.

464 4. If a primary care provider publishes a schedule of
465 charges pursuant to subparagraph 3., he or she must continually
466 post it at all times for the duration of active licensure in
467 this state when primary care services are provided to patients.
468 If a primary care provider fails to post the schedule of charges
469 in accordance with this subparagraph, the provider must ~~shall be~~
470 ~~required to~~ pay any license fee and comply with ~~any~~ continuing
471 education requirements for which an exemption was received.

472 5. A health care provider or a health care facility shall,
473 upon request, furnish a person, before the provision of medical
474 services, a reasonable estimate of charges for such services.
475 The health care provider or the health care facility shall
476 provide an uninsured person, before the provision of a planned

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477 nonemergency medical service, a reasonable estimate of charges
478 for such service and information regarding the provider's or
479 facility's discount or charity policies for which the uninsured
480 person may be eligible. Such estimates by a primary care
481 provider must be consistent with the schedule posted under
482 subparagraph 3. To the extent possible, estimates shall, ~~to the~~
483 ~~extent possible,~~ be written in language comprehensible to an
484 ordinary layperson. Such reasonable estimate does not preclude
485 the health care provider or health care facility from exceeding
486 the estimate or making additional charges based on changes in
487 the patient's condition or treatment needs.

488 6. Each licensed facility not operated by the state shall
489 make available to the public on its Internet website or by other
490 electronic means a description of and a link to the performance
491 outcome and financial data that is published by the agency
492 ~~pursuant to s. 408.05(3)(k)~~. The facility shall place a notice
493 in the reception area that such information is available
494 electronically and the website address. The licensed facility
495 may indicate that the pricing information is based on a
496 compilation of charges for the average patient and that each
497 patient's bill may vary from the average depending upon the
498 severity of illness and individual resources consumed. The
499 licensed facility may also indicate that the price of service is
500 negotiable for eligible patients based upon the patient's
501 ability to pay.

502 7. A patient has the right to receive a copy of an
503 itemized bill upon request. A patient has a right to be given an
504 explanation of charges upon request.

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505 Section 3. Subsection (11) of section 395.301, Florida
 506 Statutes, is amended to read:

507 395.301 Itemized patient bill; form and content prescribed
 508 by the agency.—

509 (11) Each licensed facility shall make available on its
 510 Internet website a link to the performance outcome and financial
 511 data that is published by the Agency for Health Care
 512 Administration ~~pursuant to s. 408.05(3)(k)~~. The facility shall
 513 place a notice in the reception area that the information is
 514 available electronically and the facility's Internet website
 515 address.

516 Section 4. Section 465.0244, Florida Statutes, is amended
 517 to read:

518 465.0244 Information disclosure.—Every pharmacy shall make
 519 available on its Internet website a link to the performance
 520 outcome and financial data that is published by the Agency for
 521 Health Care Administration ~~pursuant to s. 408.05(3)(k)~~ and shall
 522 place in the area where customers receive filled prescriptions
 523 notice that such information is available electronically and the
 524 address of its Internet website.

525 Section 5. Subsection (2) of section 627.6499, Florida
 526 Statutes, is amended to read:

527 627.6499 Reporting by insurers and third-party
 528 administrators.—

529 (2) Each health insurance issuer shall make available on
 530 its Internet website a link to the performance outcome and
 531 financial data that is published by the Agency for Health Care
 532 Administration ~~pursuant to s. 408.05(3)(k)~~ and shall include in

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533 every policy delivered or issued for delivery to any person in
534 the state or ~~any~~ materials provided as required by s. 627.64725
535 notice that such information is available electronically and the
536 address of its Internet website.

537 Section 6. Subsection (7) of section 641.54, Florida
538 Statutes, is amended to read:

539 641.54 Information disclosure.—

540 (7) Each health maintenance organization shall make
541 available on its Internet website a link to the performance
542 outcome and financial data that is published by the Agency for
543 Health Care Administration ~~pursuant to s. 408.05(3)(k)~~ and shall
544 include in every policy delivered or issued for delivery to any
545 person in the state or ~~any~~ materials provided as required by s.
546 627.64725 notice that such information is available
547 electronically and the address of its Internet website.

548 Section 7. This act shall take effect July 1, 2013.