

1 A bill to be entitled

2 An act relating to government data practices; amending
3 s. 257.36, F.S.; requiring the Division of Library and
4 Information Services of the Department of State to
5 adopt rules providing procedures for an agency to
6 establish schedules for the physical destruction or
7 other disposal of records containing personal
8 identification information; creating part IV of ch.
9 282, F.S., consisting of s. 282.801, F.S.; providing
10 definitions; requiring an agency that collects and
11 maintains personal identification information to post
12 a privacy policy on its website; prescribing minimum
13 requirements for a privacy policy; providing
14 requirements and exceptions regarding an agency's use
15 of cookies on its website; requiring that privacy
16 policy requirements be specified in a contract between
17 a public agency and a contractor; specifying that a
18 violation does not create a civil cause of action;
19 requiring the Office of Program Policy Analysis and
20 Government Accountability to submit a report to the
21 Legislature by a specified date; providing report
22 requirements; requiring the Agency for Health Care
23 Administration to provide specified information on
24 assisted living facilities by a certain date;
25 providing minimum requirements for such information;
26 amending s. 408.05, F.S.; dissolving the Center for

27 Health Information and Policy Analysis within the
 28 Agency for Health Care Administration; requiring the
 29 agency to coordinate a system to promote access to
 30 certain data and information; requiring that certain
 31 health-related data be included within the system;
 32 assigning duties to the agency relating to the
 33 collection and dissemination of data; establishing
 34 conditions for the funding of the system; requiring
 35 the Office of Program Policy Analysis and Government
 36 Accountability to monitor the agency's implementation
 37 of the health information system; requiring the Office
 38 of Program Policy Analysis and Government
 39 Accountability to submit a report to the Legislature
 40 after completion of the implementation; providing
 41 report requirements; reenacting s. 120.54(8), F.S.,
 42 relating to rulemaking, to incorporate the amendment
 43 made to s. 257.36, F.S., in a reference thereto;
 44 amending ss. 20.42, 381.026, 395.301, 395.602,
 45 395.6025, 408.07, 408.18, 465.0244, 627.6499, and
 46 641.54, F.S.; conforming provisions to changes made by
 47 the act; providing an effective date.

48
 49 Be It Enacted by the Legislature of the State of Florida:

50
 51 Section 1. Subsection (6) of section 257.36, Florida
 52 Statutes, is amended to read:

53 257.36 Records and information management.—

54 (6) A public record may be destroyed or otherwise disposed
 55 of only in accordance with retention schedules established by
 56 the division. The division shall adopt ~~reasonable~~ rules
 57 consistent not inconsistent with this chapter which are ~~shall be~~
 58 binding on all agencies relating to the destruction and
 59 disposition of records. Such rules shall include ~~provide~~, but
 60 need not be limited to:

61 (a) Procedures for complying and submitting to the
 62 division records-retention schedules.

63 (b) Procedures for the physical destruction or other
 64 disposal of records.

65 (c) Procedures for establishing schedules for the physical
 66 destruction or other disposal of records held by an agency which
 67 contain personal identification information, as defined in s.
 68 282.801, after meeting retention requirements. Unless otherwise
 69 required by law, an agency may indefinitely retain records
 70 containing information that is not identifiable as related to a
 71 unique individual.

72 (d) ~~(e)~~ Standards for the reproduction of records for
 73 security or with a view to the disposal of the original record.

74 Section 2. Part IV of chapter 282, Florida Statutes,
 75 consisting of section 282.801, Florida Statutes, is created to
 76 read:

77 PART IV

78 GOVERNMENT DATA COLLECTION PRACTICES

79 282.801 Government data practices.-
 80 (1) For purposes of this part, the term:
 81 (a) "Agency" has the same meaning as in s. 119.011.
 82 (b) "Cookie" means data sent from a website which is
 83 electronically installed on a computer or electronic device of
 84 an individual who has accessed the website and transmits certain
 85 information to the server of that website.
 86 (c) "Individual" means a human being and does not include
 87 a corporation, partnership, or other business entity.
 88 (d) "Personal identification information" means an item,
 89 collection, or grouping of information that may be used, alone
 90 or in conjunction with other information, to identify a unique
 91 individual, including, but not limited to, the individual's:
 92 1. Name.
 93 2. Postal or e-mail address.
 94 3. Telephone number.
 95 4. Social security number.
 96 5. Date of birth.
 97 6. Mother's maiden name.
 98 7. Official state-issued or United States-issued driver
 99 license or identification number, alien registration number,
 100 government passport number, employer or taxpayer identification
 101 number, or Medicaid or food assistance account number.
 102 8. Bank account number, credit or debit card number, or
 103 other number or information that can be used to access an
 104 individual's financial resources.

- 105 9. Education records.
- 106 10. Medical records.
- 107 11. License plate number of a registered motor vehicle.
- 108 12. Images, including facial images.
- 109 13. Biometric identification information.
- 110 14. Criminal history.
- 111 15. Employment history.
- 112 (2) An agency that collects personal identification
 113 information through a website and retains such information shall
 114 maintain and conspicuously post a privacy policy on such
 115 website. At a minimum, the privacy policy must provide:
- 116 (a) A description of the services the website provides.
- 117 (b) A description of the personal identification
 118 information that the agency collects and maintains from an
 119 individual accessing or using the website.
- 120 (c) An explanation of whether the agency's data collecting
 121 and sharing practices are mandatory or allow a user to opt out
 122 of those practices.
- 123 (d) Available alternatives to using the website.
- 124 (e) A statement as to how the agency uses the personal
 125 identification information, including, but not limited to,
 126 whether and under what circumstances the agency discloses such
 127 information.
- 128 (f) Information stating whether any other person, as
 129 defined in s. 671.201, collects personal identification
 130 information through the website.

131 (g) A general description of the security measures in
132 place to protect personal identification information; however,
133 such description must not compromise the integrity of the
134 security measures.

135 (h) An explanation of public records requirements relating
136 to the personal identification information of an individual
137 using the website and whether such information may be disclosed
138 in response to a public records request.

139 (3) (a) An agency that uses a website to install a cookie
140 on an individual's computer or electronic device shall inform an
141 individual accessing the website of the use of cookies and
142 request permission to install the cookies on the individual's
143 computer.

144 (b) If an individual accessing the website of an agency
145 declines to have cookies installed, such individual shall still
146 have access to and use of the website.

147 (c) This subsection does not apply to a cookie temporarily
148 installed on an individual's computer or electronic device by an
149 agency if the cookie is installed only in the memory of the
150 computer or electronic device and is deleted from such memory
151 when the website browser or website application is closed.

152 (4) Any contract between a public agency, as defined in s.
153 119.0701(1) (b), and a contractor, as defined in s.
154 119.0701(1) (a), must specify that the contractor must comply
155 with the requirements of subsections (2) and (3).

156 (5) The failure of an agency to comply with this section

157 does not create a civil cause of action.

158 Section 3. The Office of Program Policy Analysis and
 159 Government Accountability shall submit a report to the President
 160 of the Senate and the Speaker of the House of Representatives by
 161 July 1, 2015, which:

162 (1) Identifies personal identification information, as
 163 defined in s. 282.801, Florida Statutes, and the records in
 164 which such information is contained, held by an agency of the
 165 executive or legislative branch of state government.

166 (2) Describes the processes by which an individual may
 167 currently view and verify his or her personal identification
 168 information held by an agency, including how an individual may
 169 request the correction of incorrect personal identification
 170 information.

171 (3) Identifies any obstacles that inhibit an individual's
 172 access to such records.

173 Section 4. The Legislature finds that consumers need
 174 additional information on the quality of care and service in
 175 assisted living facilities in order to select the best facility
 176 for themselves or their loved ones. Therefore, by November 1,
 177 2014, the Agency for Health Care Administration shall create
 178 content that is easily accessible through the front page of the
 179 agency's website either directly or indirectly through links to
 180 one or more other established websites of the agency's choosing.
 181 The website must be searchable by the facility name, the city in
 182 which the facility is located, or by the facility zip code. At a

183 minimum, the content provided on the agency's website must
 184 include:
 185 (1) Information on each licensed assisted living facility,
 186 including, but not limited to:
 187 (a) The name and address of the facility.
 188 (b) The number and type of licensed beds in the facility.
 189 (c) The types of licenses held by the facility.
 190 (d) The facility's license expiration date and status.
 191 (e) Proprietary or nonproprietary status of the licensee.
 192 (f) Identification of affiliation with a company or other
 193 organization owning or managing more than one assisted living
 194 facility in this state.
 195 (g) The total number of clients that the facility is
 196 licensed to serve and the most recently available occupancy
 197 levels.
 198 (h) The number of private and semiprivate rooms offered in
 199 the facility.
 200 (i) The bed-hold policy of the facility.
 201 (j) The religious affiliation, if any, of the facility.
 202 (k) The languages spoken by the staff.
 203 (l) Availability of nurses.
 204 (m) Forms of payment accepted, including, but not limited
 205 to, coverage by Medicaid, Medicaid long-term managed care,
 206 private insurance, a health maintenance organization, the United
 207 States Department of Veterans Affairs, the CHAMPUS program, or
 208 workers' compensation.

209 (n) Whether the licensee is operating under bankruptcy
 210 protection.

211 (o) Availability of recreational and other programs.

212 (p) Special care units or programs offered by the
 213 facility.

214 (q) Whether the facility provides mental health services,
 215 as defined in s. 394.67, Florida Statutes, for residents with
 216 mental illness, and the number of mental health residents.

217 (r) Whether the facility is a part of a retirement
 218 community that offers other services pursuant to part II or part
 219 III of chapter 400, Florida Statutes, part I or part III of
 220 chapter 429, Florida Statutes, or chapter 651, Florida Statutes.

221 (s) Links to the State Long-Term Care Ombudsman Program
 222 website and the program's statewide toll-free telephone number.

223 (t) Links to the websites of the providers or their
 224 affiliates.

225 (u) Other relevant information collected by the agency.

226 (2) Survey and violation information for the facility,
 227 including a list of the facility's violations committed during
 228 the previous 60 months, which on July 1, 2014, may include
 229 violations committed on or after July 1, 2009. The list shall be
 230 updated monthly and include for each violation:

231 (a) A summary of the violation, including all licensure,
 232 revisit, and complaint survey information, presented in a manner
 233 understandable by the general public.

234 (b) Sanctions imposed by final order.

235 (c) The date the corrective action was confirmed by the
 236 agency.

237 (3) Links to inspection reports that the agency has on
 238 file.

239 Section 5. Section 408.05, Florida Statutes, is amended to
 240 read:

241 408.05 Florida Health Information Transparency Initiative
 242 ~~Center for Health Information and Policy Analysis.~~

243 (1) CREATION AND PURPOSE ESTABLISHMENT.—The agency shall
 244 create a comprehensive health information system to promote
 245 accessibility, transparency, and utility of state-collected data
 246 and information about health providers, facilities, services,
 247 and payment sources. The agency is responsible for making state-
 248 collected health data available in a manner that allows for and
 249 encourages multiple and innovative uses of data sets. Subject to
 250 funding by the General Appropriations Act, the agency shall
 251 develop and deploy, through a contract award with one or more
 252 vendors or through internal development, new methods of
 253 dissemination and ways to convert data into easily usable
 254 electronic formats ~~establish a Florida Center for Health~~
 255 ~~Information and Policy Analysis. The center shall establish a~~
 256 ~~comprehensive health information system to provide for the~~
 257 ~~collection, compilation, coordination, analysis, indexing,~~
 258 ~~dissemination, and utilization of both purposefully collected~~
 259 ~~and extant health-related data and statistics. The center shall~~
 260 ~~be staffed with public health experts, biostatisticians,~~

261 ~~information system analysts, health policy experts, economists,~~
 262 ~~and other staff necessary to carry out its functions.~~

263 (2) HEALTH-RELATED DATA.—The comprehensive health
 264 information system must include the following data and
 265 information ~~operated by the Florida Center for Health~~
 266 ~~Information and Policy Analysis shall identify the best~~
 267 ~~available data sources and coordinate the compilation of extant~~
 268 ~~health-related data and statistics and purposefully collect data~~
 269 ~~on:~~

270 ~~(a) The extent and nature of illness and disability of the~~
 271 ~~state population, including life expectancy, the incidence of~~
 272 ~~various acute and chronic illnesses, and infant and maternal~~
 273 ~~morbidity and mortality.~~

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

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

278 ~~(d) Health knowledge and practices of the people in this~~
 279 ~~state and determinants of health and nutritional practices and~~
 280 ~~status.~~

281 (a)(e) Health resources, including licensed health
 282 professionals, licensed health care facilities, managed care
 283 organizations, and other health services regulated or funded by
 284 the state ~~physicians, dentists, nurses, and other health~~
 285 ~~professionals, by specialty and type of practice and acute,~~
 286 ~~long-term care and other institutional care facility supplies~~

287 ~~and specific services provided by hospitals, nursing homes, home~~
 288 ~~health agencies, and other health care facilities.~~

289 ~~(b)(f)~~ Utilization of health resources ~~care by type of~~
 290 ~~provider.~~

291 ~~(c)(g)~~ Health care costs and financing, including Medicaid
 292 claims and encounter data and data from other public and private
 293 payors ~~trends in health care prices and costs, the sources of~~
 294 ~~payment for health care services, and federal, state, and local~~
 295 ~~expenditures for health care.~~

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

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

299 ~~(e)(j)~~ The data necessary for measuring value and quality
 300 of care provided by various health care providers, including
 301 applicable credentials, accreditation status, use, revenues and
 302 expenses, outcomes, site visits, and other regulatory reports,
 303 and the results of administrative and civil litigation related
 304 to health care.

305 (3) COORDINATION ~~COMPREHENSIVE HEALTH INFORMATION SYSTEM.~~
 306 In order to collect comprehensive ~~produce comparable and uniform~~
 307 health information and statistics and to disseminate such
 308 information to ~~for~~ the public, as well as for the development of
 309 policy recommendations, the agency shall perform the following
 310 functions:

311 (a) Collect and compile data from all agencies and
 312 programs that provide, regulate, and pay for health services

313 ~~Coordinate the activities of state agencies involved in the~~
314 ~~design and implementation of the comprehensive health~~
315 ~~information system.~~

316 (b) Promote data sharing through the ~~Undertake research,~~
317 ~~development, dissemination, and evaluation of state-collected~~
318 ~~health data and by making such data available, transferable, and~~
319 ~~readily usable respecting the comprehensive health information~~
320 ~~system.~~

321 ~~(c) Review the statistical activities of state agencies to~~
322 ~~ensure that they are consistent with the comprehensive health~~
323 ~~information system.~~

324 ~~(c)-(d)~~ Develop written agreements with local, state, and
325 federal agencies for the sharing of health-care-related data or
326 using the facilities and services of such agencies. State
327 agencies, local health councils, and other agencies under state
328 contract shall assist the agency center in obtaining, compiling,
329 and transferring health-care-related data maintained by state
330 and local agencies. Written agreements must specify the types,
331 methods, and periodicity of data exchanges and specify the types
332 of data that will be transferred to the center.

333 ~~(d)-(e)~~ Enable and facilitate the sharing and use of all
334 state-collected health data to the maximum extent allowed by law
335 ~~Establish by rule the types of data collected, compiled,~~
336 ~~processed, used, or shared. Decisions regarding center data sets~~
337 ~~should be made based on consultation with the State Consumer~~
338 ~~Health Information and Policy Advisory Council and other public~~

339 ~~and private users regarding the types of data which should be~~
340 ~~collected and their uses. The center shall establish~~
341 ~~standardized means for collecting health information and~~
342 ~~statistics under laws and rules administered by the agency.~~

343 ~~(f) Establish minimum health care related data sets which~~
344 ~~are necessary on a continuing basis to fulfill the collection~~
345 ~~requirements of the center and which shall be used by state~~
346 ~~agencies in collecting and compiling health care related data.~~
347 ~~The agency shall periodically review ongoing health care data~~
348 ~~collections of the Department of Health and other state agencies~~
349 ~~to determine if the collections are being conducted in~~
350 ~~accordance with the established minimum sets of data.~~

351 ~~(g) Establish advisory standards to ensure the quality of~~
352 ~~health statistical and epidemiological data collection,~~
353 ~~processing, and analysis by local, state, and private~~
354 ~~organizations.~~

355 ~~(e)(h)~~ Monitor data collection procedures, test data
356 quality, and take such corrective actions as are necessary to
357 ensure that data and information disseminated under the
358 initiative are accurate, valid, reliable, and complete ~~Prescribe~~
359 ~~standards for the publication of health care related data~~
360 ~~reported pursuant to this section which ensure the reporting of~~
361 ~~accurate, valid, reliable, complete, and comparable data. Such~~
362 ~~standards should include advisory warnings to users of the data~~
363 ~~regarding the status and quality of any data reported by or~~
364 ~~available from the center.~~

365 (f)(i) Initiate and maintain activities necessary to
366 collect, edit, verify, archive, and retrieve data compiled
367 pursuant to this section ~~Prescribe standards for the maintenance~~
368 ~~and preservation of the center's data. This should include~~
369 ~~methods for archiving data, retrieval of archived data, and data~~
370 ~~editing and verification.~~

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

374 ~~(k) Develop, in conjunction with the State Consumer Health~~
375 ~~Information and Policy Advisory Council, and implement a long-~~
376 ~~range plan for making available health care quality measures and~~
377 ~~financial data that will allow consumers to compare health care~~
378 ~~services. The health care quality measures and financial data~~
379 ~~the agency must make available include, but are not limited to,~~
380 ~~pharmaceuticals, physicians, health care facilities, and health~~
381 ~~plans and managed care entities. The agency shall update the~~
382 ~~plan and report on the status of its implementation annually.~~
383 ~~The agency shall also make the plan and status report available~~
384 ~~to the public on its Internet website. As part of the plan, the~~
385 ~~agency shall identify the process and timeframes for~~
386 ~~implementation, barriers to implementation, and recommendations~~
387 ~~of changes in the law that may be enacted by the Legislature to~~
388 ~~eliminate the barriers. As preliminary elements of the plan, the~~
389 ~~agency shall:~~

390 ~~1. Make available patient safety indicators, inpatient~~

391 ~~quality indicators, and performance outcome and patient charge~~
392 ~~data collected from health care facilities pursuant to s.~~
393 ~~408.061(1)(a) and (2). The terms "patient safety indicators" and~~
394 ~~"inpatient quality indicators" have the same meaning as that~~
395 ~~ascribed by the Centers for Medicare and Medicaid Services, an~~
396 ~~accrediting organization whose standards incorporate comparable~~
397 ~~regulations required by this state, or a national entity that~~
398 ~~establishes standards to measure the performance of health care~~
399 ~~providers, or by other states. The agency shall determine which~~
400 ~~conditions, procedures, health care quality measures, and~~
401 ~~patient charge data to disclose based upon input from the~~
402 ~~council. When determining which conditions and procedures are to~~
403 ~~be disclosed, the council and the agency shall consider~~
404 ~~variation in costs, variation in outcomes, and magnitude of~~
405 ~~variations and other relevant information. When determining~~
406 ~~which health care quality measures to disclose, the agency:~~
407 ~~a. Shall consider such factors as volume of cases; average~~
408 ~~patient charges; average length of stay; complication rates;~~
409 ~~mortality rates; and infection rates, among others, which shall~~
410 ~~be adjusted for case mix and severity, if applicable.~~
411 ~~b. May consider such additional measures that are adopted~~
412 ~~by the Centers for Medicare and Medicaid Studies, an accrediting~~
413 ~~organization whose standards incorporate comparable regulations~~
414 ~~required by this state, the National Quality Forum, the Joint~~
415 ~~Commission on Accreditation of Healthcare Organizations, the~~
416 ~~Agency for Healthcare Research and Quality, the Centers for~~

417 ~~Disease Control and Prevention, or a similar national entity~~
418 ~~that establishes standards to measure the performance of health~~
419 ~~care providers, or by other states.~~

420
421 ~~When determining which patient charge data to disclose, the~~
422 ~~agency shall include such measures as the average of~~
423 ~~undiscounted charges on frequently performed procedures and~~
424 ~~preventive diagnostic procedures, the range of procedure charges~~
425 ~~from highest to lowest, average net revenue per adjusted patient~~
426 ~~day, average cost per adjusted patient day, and average cost per~~
427 ~~admission, among others.~~

428 ~~2. Make available performance measures, benefit design,~~
429 ~~and premium cost data from health plans licensed pursuant to~~
430 ~~chapter 627 or chapter 641. The agency shall determine which~~
431 ~~health care quality measures and member and subscriber cost data~~
432 ~~to disclose, based upon input from the council. When determining~~
433 ~~which data to disclose, the agency shall consider information~~
434 ~~that may be required by either individual or group purchasers to~~
435 ~~assess the value of the product, which may include membership~~
436 ~~satisfaction, quality of care, current enrollment or membership,~~
437 ~~coverage areas, accreditation status, premium costs, plan costs,~~
438 ~~premium increases, range of benefits, copayments and~~
439 ~~deductibles, accuracy and speed of claims payment, credentials~~
440 ~~of physicians, number of providers, names of network providers,~~
441 ~~and hospitals in the network. Health plans shall make available~~
442 ~~to the agency such data or information that is not currently~~

443 ~~reported to the agency or the office.~~

444 ~~3. Determine the method and format for public disclosure~~
445 ~~of data reported pursuant to this paragraph. The agency shall~~
446 ~~make its determination based upon input from the State Consumer~~
447 ~~Health Information and Policy Advisory Council. At a minimum,~~
448 ~~the data shall be made available on the agency's Internet~~
449 ~~website in a manner that allows consumers to conduct an~~
450 ~~interactive search that allows them to view and compare the~~
451 ~~information for specific providers. The website must include~~
452 ~~such additional information as is determined necessary to ensure~~
453 ~~that the website enhances informed decisionmaking among~~
454 ~~consumers and health care purchasers, which shall include, at a~~
455 ~~minimum, appropriate guidance on how to use the data and an~~
456 ~~explanation of why the data may vary from provider to provider.~~

457 ~~4. Publish on its website undiscounted charges for no~~
458 ~~fewer than 150 of the most commonly performed adult and~~
459 ~~pediatric procedures, including outpatient, inpatient,~~
460 ~~diagnostic, and preventative procedures.~~

461 ~~(4) TECHNICAL ASSISTANCE.—~~

462 ~~(a) The center shall provide technical assistance to~~
463 ~~persons or organizations engaged in health planning activities~~
464 ~~in the effective use of statistics collected and compiled by the~~
465 ~~center. The center shall also provide the following additional~~
466 ~~technical assistance services:~~

467 ~~1. Establish procedures identifying the circumstances~~
468 ~~under which, the places at which, the persons from whom, and the~~

469 ~~methods by which a person may secure data from the center,~~
470 ~~including procedures governing requests, the ordering of~~
471 ~~requests, timeframes for handling requests, and other procedures~~
472 ~~necessary to facilitate the use of the center's data. To the~~
473 ~~extent possible, the center should provide current data timely~~
474 ~~in response to requests from public or private agencies.~~

475 ~~2. Provide assistance to data sources and users in the~~
476 ~~areas of database design, survey design, sampling procedures,~~
477 ~~statistical interpretation, and data access to promote improved~~
478 ~~health care related data sets.~~

479 ~~3. Identify health care data gaps and provide technical~~
480 ~~assistance to other public or private organizations for meeting~~
481 ~~documented health care data needs.~~

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

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

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

489 ~~7. Maintain detailed information on data maintained by~~
490 ~~other local, state, federal, and private agencies in order to~~
491 ~~advise those who use the center of potential sources of data~~
492 ~~which are requested but which are not available from the center.~~

493 ~~8. Respond to requests for data which are not available in~~
494 ~~published form by initiating special computer runs on data sets~~

495 ~~available to the center.~~

496 ~~9. Monitor innovations in health information technology,~~
497 ~~informatics, and the exchange of health information and maintain~~
498 ~~a repository of technical resources to support the development~~
499 ~~of a health information network.~~

500 ~~(b) The agency shall administer, manage, and monitor~~
501 ~~grants to not-for-profit organizations, regional health~~
502 ~~information organizations, public health departments, or state~~
503 ~~agencies that submit proposals for planning, implementation, or~~
504 ~~training projects to advance the development of a health~~
505 ~~information network. Any grant contract shall be evaluated to~~
506 ~~ensure the effective outcome of the health information project.~~

507 ~~(c) The agency shall initiate, oversee, manage, and~~
508 ~~evaluate the integration of health care data from each state~~
509 ~~agency that collects, stores, and reports on health care issues~~
510 ~~and make that data available to any health care practitioner~~
511 ~~through a state health information network.~~

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

516 ~~(a) The center shall publish and make available~~
517 ~~periodically to agencies and individuals health statistics~~
518 ~~publications of general interest, including health plan consumer~~
519 ~~reports and health maintenance organization member satisfaction~~
520 ~~surveys; publications providing health statistics on topical~~

521 ~~health policy issues; publications that provide health status~~
522 ~~profiles of the people in this state; and other topical health~~
523 ~~statistics publications.~~

524 ~~(b) The center shall publish, make available, and~~
525 ~~disseminate, promptly and as widely as practicable, the results~~
526 ~~of special health surveys, health care research, and health care~~
527 ~~evaluations conducted or supported under this section. Any~~
528 ~~publication by the center must include a statement of the~~
529 ~~limitations on the quality, accuracy, and completeness of the~~
530 ~~data.~~

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

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

536 ~~(e) The center shall be responsible, to the extent~~
537 ~~resources are available, for conducting a variety of special~~
538 ~~studies and surveys to expand the health care information and~~
539 ~~statistics available for health policy analyses, particularly~~
540 ~~for the review of public policy issues. The center shall develop~~
541 ~~a process by which users of the center's data are periodically~~
542 ~~surveyed regarding critical data needs and the results of the~~
543 ~~survey considered in determining which special surveys or~~
544 ~~studies will be conducted. The center shall select problems in~~
545 ~~health care for research, policy analyses, or special data~~
546 ~~collections on the basis of their local, regional, or state~~

547 ~~importance; the unique potential for definitive research on the~~
 548 ~~problem; and opportunities for application of the study~~
 549 ~~findings.~~

550 (4) ~~(6)~~ PROVIDER DATA REPORTING.—This section does not
 551 confer on the agency the power to demand or require that a
 552 health care provider or professional furnish information,
 553 records of interviews, written reports, statements, notes,
 554 memoranda, or data other than as expressly required by law.

555 (5) ~~(7)~~ HEALTH INFORMATION ENTERPRISE BUDGET; FEES.—

556 (a) The agency shall implement the comprehensive health
 557 information system in a manner that recognizes state-collected
 558 data as an asset and rewards taxpayer investment in information
 559 collection and management ~~Legislature intends that funding for~~
 560 ~~the Florida Center for Health Information and Policy Analysis be~~
 561 ~~appropriated from the General Revenue Fund.~~

562 (b) The agency ~~Florida Center for Health Information and~~
 563 ~~Policy Analysis~~ may apply for, and receive, and accept grants,
 564 gifts, and other payments, including property and services, from
 565 a any governmental or other public or private entity or person
 566 and make arrangements for as to the use of such funds ~~same,~~
 567 including the undertaking of special studies and other projects
 568 relating to health-care-related topics. ~~Funds obtained pursuant~~
 569 ~~to this paragraph may not be used to offset annual~~
 570 ~~appropriations from the General Revenue Fund.~~

571 (c) The agency shall ensure that a vendor who enters into
 572 a contract with the state under this section does not inhibit or

573 impede public access to state-collected health data and
574 information center may charge such reasonable fees for services
575 as the agency prescribes by rule. The established fees may not
576 exceed the reasonable cost for such services. Fees collected may
577 not be used to offset annual appropriations from the General
578 Revenue Fund.

579 ~~(8) STATE CONSUMER HEALTH INFORMATION AND POLICY ADVISORY~~
580 ~~COUNCIL.—~~

581 ~~(a) There is established in the agency the State Consumer~~
582 ~~Health Information and Policy Advisory Council to assist the~~
583 ~~center in reviewing the comprehensive health information system,~~
584 ~~including the identification, collection, standardization,~~
585 ~~sharing, and coordination of health-related data, fraud and~~
586 ~~abuse data, and professional and facility licensing data among~~
587 ~~federal, state, local, and private entities and to recommend~~
588 ~~improvements for purposes of public health, policy analysis, and~~
589 ~~transparency of consumer health care information. The council~~
590 ~~shall consist of the following members:~~

591 ~~1. An employee of the Executive Office of the Governor, to~~
592 ~~be appointed by the Governor.~~

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

595 ~~3. An employee of the Department of Education, to be~~
596 ~~appointed by the Commissioner of Education.~~

597 ~~4. Ten persons, to be appointed by the Secretary of Health~~
598 ~~Care Administration, representing other state and local~~

599 ~~agencies, state universities, business and health coalitions,~~
600 ~~local health councils, professional health-care-related~~
601 ~~associations, consumers, and purchasers.~~

602 ~~(b) Each member of the council shall be appointed to serve~~
603 ~~for a term of 2 years following the date of appointment, except~~
604 ~~the term of appointment shall end 3 years following the date of~~
605 ~~appointment for members appointed in 2003, 2004, and 2005. A~~
606 ~~vacancy shall be filled by appointment for the remainder of the~~
607 ~~term, and each appointing authority retains the right to~~
608 ~~reappoint members whose terms of appointment have expired.~~

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

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

613 ~~(e) A majority of the members constitutes a quorum, and~~
614 ~~the affirmative vote of a majority of a quorum is necessary to~~
615 ~~take action.~~

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

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

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

623 ~~1. To develop a mission statement, goals, and a plan of~~
624 ~~action for the identification, collection, standardization,~~

625 ~~sharing, and coordination of health-related data across federal,~~
 626 ~~state, and local government and private sector entities.~~

627 ~~2. To develop a review process to ensure cooperative~~
 628 ~~planning among agencies that collect or maintain health-related~~
 629 ~~data.~~

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

632 ~~(9) APPLICATION TO OTHER AGENCIES. Nothing in this section~~
 633 ~~shall limit, restrict, affect, or control the collection,~~
 634 ~~analysis, release, or publication of data by any state agency~~
 635 ~~pursuant to its statutory authority, duties, or~~
 636 ~~responsibilities.~~

637 Section 6. The Office of Program Policy Analysis and
 638 Government Accountability (OPPAGA) shall monitor the Agency for
 639 Health Care Administration's implementation of s. 408.05,
 640 Florida Statutes, as amended by this act. No later than 1 year
 641 after the agency completes implementation, OPPAGA shall provide
 642 a report to the President of the Senate and the Speaker of the
 643 House of Representatives containing recommendations regarding
 644 the application of data practices made pursuant to s. 408.05,
 645 Florida Statutes, to other executive branch agencies.

646 Section 7. For the purpose of incorporating the amendment
 647 made by this act to section 257.36, Florida Statutes, in a
 648 reference thereto, subsection (8) of section 120.54, Florida
 649 Statutes, is reenacted to read:

650 120.54 Rulemaking.—

651 (8) RULEMAKING RECORD.—In all rulemaking proceedings the
 652 agency shall compile a rulemaking record. The record shall
 653 include, if applicable, copies of:

654 (a) All notices given for the proposed rule.

655 (b) Any statement of estimated regulatory costs for the
 656 rule.

657 (c) A written summary of hearings on the proposed rule.

658 (d) The written comments and responses to written comments
 659 as required by this section and s. 120.541.

660 (e) All notices and findings made under subsection (4).

661 (f) All materials filed by the agency with the committee
 662 under subsection (3).

663 (g) All materials filed with the Department of State under
 664 subsection (3).

665 (h) All written inquiries from standing committees of the
 666 Legislature concerning the rule.

667

668 Each state agency shall retain the record of rulemaking as long
 669 as the rule is in effect. When a rule is no longer in effect,
 670 the record may be destroyed pursuant to the records-retention
 671 schedule developed under s. 257.36(6).

672 Section 8. Subsection (3) of section 20.42, Florida
 673 Statutes, is amended to read:

674 20.42 Agency for Health Care Administration.—

675 (3) The department is ~~shall be~~ the chief health policy and
 676 planning entity for the state. The department is responsible for

677 health facility licensure, inspection, and regulatory
678 enforcement; investigation of consumer complaints related to
679 health care facilities and managed care plans; the
680 implementation of the certificate of need program; ~~the operation~~
681 ~~of the Florida Center for Health Information and Policy~~
682 ~~Analysis~~; the administration of the Medicaid program; the
683 administration of the contracts with the Florida Healthy Kids
684 Corporation; the certification of health maintenance
685 organizations and prepaid health clinics as set forth in part
686 III of chapter 641; and any other duties prescribed by statute
687 or agreement.

688 Section 9. Paragraph (c) of subsection (4) of section
689 381.026, Florida Statutes, is amended to read:

690 381.026 Florida Patient's Bill of Rights and
691 Responsibilities.—

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

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

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

700 2. A health care provider or a health care facility shall,
701 upon request, disclose to each patient who is eligible for
702 Medicare, before treatment, whether the health care provider or

703 the health care facility in which the patient is receiving
704 medical services accepts assignment under Medicare reimbursement
705 as payment in full for medical services and treatment rendered
706 in the health care provider's office or health care facility.

707 3. A primary care provider may publish a schedule of
708 charges for the medical services that the provider offers to
709 patients. The schedule must include the prices charged to an
710 uninsured person paying for such services by cash, check, credit
711 card, or debit card. The schedule must be posted in a
712 conspicuous place in the reception area of the provider's office
713 and must include, but is not limited to, the 50 services most
714 frequently provided by the primary care provider. The schedule
715 may group services by three price levels, listing services in
716 each price level. The posting must be at least 15 square feet in
717 size. A primary care provider who publishes and maintains a
718 schedule of charges for medical services is exempt from the
719 license fee requirements for a single period of renewal of a
720 professional license under chapter 456 for that licensure term
721 and is exempt from the continuing education requirements of
722 chapter 456 and the rules implementing those requirements for a
723 single 2-year period.

724 4. If a primary care provider publishes a schedule of
725 charges pursuant to subparagraph 3., the provider shall ~~he or~~
726 ~~she must~~ continually post it at all times for the duration of
727 active licensure in this state when primary care services are
728 provided to patients. If a primary care provider fails to post

729 the schedule of charges in accordance with this subparagraph,
730 the provider shall ~~be required to~~ pay any license fee and comply
731 with ~~any~~ continuing education requirements for which an
732 exemption was received.

733 5. A health care provider or a health care facility shall,
734 upon request, furnish a person, before the provision of medical
735 services, a reasonable estimate of charges for such services.
736 The health care provider or the health care facility shall
737 provide an uninsured person, before the provision of a planned
738 nonemergency medical service, a reasonable estimate of charges
739 for such service and information regarding the provider's or
740 facility's discount or charity policies for which the uninsured
741 person may be eligible. Such estimates by a primary care
742 provider must be consistent with the schedule posted under
743 subparagraph 3. To the extent possible, estimates shall, ~~to the~~
744 ~~extent possible,~~ be written in language comprehensible to an
745 ordinary layperson. Such reasonable estimate does not preclude
746 the health care provider or health care facility from exceeding
747 the estimate or making additional charges based on changes in
748 the patient's condition or treatment needs.

749 6. Each licensed facility not operated by the state shall
750 make available to the public on its ~~Internet~~ website or by other
751 electronic means a description of and a link to the performance
752 outcome and financial data that is published by the agency
753 ~~pursuant to s. 408.05(3)(k)~~. The facility shall place in its
754 reception area a notice stating that the ~~in the reception area~~

755 ~~that such~~ information is available electronically and providing
756 the facility's website address. The licensed facility may
757 indicate that the pricing information is based on a compilation
758 of charges for the average patient and that each patient's bill
759 may vary from the average depending upon the severity of illness
760 and individual resources consumed. The licensed facility may
761 also indicate that the price of service is negotiable for
762 eligible patients based upon the patient's ability to pay.

763 7. A patient has the right to receive a copy of an
764 itemized bill and upon request. ~~A patient has a right to be~~
765 ~~given~~ an explanation of charges upon request.

766 Section 10. Subsection (11) of section 395.301, Florida
767 Statutes, is amended to read:

768 395.301 Itemized patient bill; form and content prescribed
769 by the agency.—

770 (11) Each licensed facility shall make available on its
771 ~~Internet~~ website a link to the performance outcome and financial
772 data that is published by the Agency for Health Care
773 Administration ~~pursuant to s. 408.05(3)(k)~~. The facility shall
774 place in its reception area a notice stating ~~in the reception~~
775 ~~area~~ that the information is available electronically and
776 providing the facility's ~~Internet~~ website address.

777 Section 11. Paragraph (e) of subsection (2) of section
778 395.602, Florida Statutes, is amended to read:

779 395.602 Rural hospitals.—

780 (2) DEFINITIONS.—As used in this part:

781 (e) "Rural hospital" means an acute care hospital licensed
782 under this chapter, having 100 or fewer licensed beds and an
783 emergency room, which is:

784 1. The sole provider within a county with a population
785 density of no greater than 100 persons per square mile;

786 2. An acute care hospital, in a county with a population
787 density of no greater than 100 persons per square mile, which is
788 at least 30 minutes of travel time, on normally traveled roads
789 under normal traffic conditions, from any other acute care
790 hospital within the same county;

791 3. A hospital supported by a tax district or subdistrict
792 whose boundaries encompass a population of 100 persons or fewer
793 per square mile;

794 4. A hospital in a constitutional charter county with a
795 population of more than ~~over~~ 1 million persons that has imposed
796 a local option health service tax pursuant to law and in an area
797 that was directly impacted by a catastrophic event on August 24,
798 1992, for which the Governor of Florida declared a state of
799 emergency pursuant to chapter 125, and has 120 beds or less that
800 serves an agricultural community with an emergency room
801 utilization of no less than 20,000 visits and a Medicaid
802 inpatient utilization rate greater than 15 percent;

803 5. A hospital with a service area that has a population of
804 100 persons or fewer per square mile. As used in this
805 subparagraph, the term "service area" means the fewest number of
806 zip codes that account for 75 percent of the hospital's

807 discharges for the most recent 5-year period, based on
 808 information available from the agency's hospital inpatient
 809 discharge database ~~in the Florida Center for Health Information~~
 810 ~~and Policy Analysis at the agency;~~ or

811 6. A hospital designated as a critical access hospital, as
 812 defined in s. 408.07.

813
 814 Population densities used in this paragraph must be based upon
 815 the most recently completed United States census. A hospital
 816 that received funds under s. 409.9116 for a quarter beginning no
 817 later than July 1, 2002, is deemed to have been and shall
 818 continue to be a rural hospital from that date through June 30,
 819 2015, if the hospital continues to have 100 or fewer licensed
 820 beds and an emergency room, or meets the criteria of
 821 subparagraph 4. An acute care hospital that has not previously
 822 been designated as a rural hospital and that meets the criteria
 823 of this paragraph shall be granted such designation upon
 824 application, including supporting documentation, to the agency.
 825 A hospital that was licensed as a rural hospital during the
 826 2010-2011 or 2011-2012 fiscal year shall continue to be a rural
 827 hospital from the date of designation through June 30, 2015, if
 828 the hospital continues to have 100 or fewer licensed beds and an
 829 emergency room.

830 Section 12. Section 395.6025, Florida Statutes, is amended
 831 to read:

832 395.6025 Rural hospital replacement facilities.—

833 Notwithstanding ~~the provisions of~~ s. 408.036, a hospital defined
834 as a statutory rural hospital in accordance with s. 395.602, or
835 a not-for-profit operator of rural hospitals, is not required to
836 obtain a certificate of need for the construction of a new
837 hospital located in a county with a population of at least
838 15,000 but no more than 18,000 and a density of less than 30
839 persons per square mile, or a replacement facility, if provided
840 ~~that~~ the replacement, or new, facility is located within 10
841 miles of the site of the currently licensed rural hospital and
842 within the current primary service area. As used in this
843 section, the term "service area" means the fewest number of zip
844 codes that account for 75 percent of the hospital's discharges
845 for the most recent 5-year period, based on information
846 available from the Agency for Health Care Administration's
847 hospital inpatient discharge database ~~in the Florida Center for~~
848 ~~Health Information and Policy Analysis at the Agency for Health~~
849 ~~Care Administration.~~

850 Section 13. Subsection (43) of section 408.07, Florida
851 Statutes, is amended to read:

852 408.07 Definitions.—As used in this chapter, with the
853 exception of ss. 408.031-408.045, the term:

854 (43) "Rural hospital" means an acute care hospital
855 licensed under chapter 395, having 100 or fewer licensed beds
856 and an emergency room, and which is:

857 (a) The sole provider within a county with a population
858 density of no greater than 100 persons per square mile;

859 (b) An acute care hospital, in a county with a population
 860 density of no greater than 100 persons per square mile, which is
 861 at least 30 minutes of travel time, on normally traveled roads
 862 under normal traffic conditions, from another acute care
 863 hospital within the same county;

864 (c) A hospital supported by a tax district or subdistrict
 865 whose boundaries encompass a population of 100 persons or fewer
 866 per square mile;

867 (d) A hospital with a service area that has a population
 868 of 100 persons or fewer per square mile. As used in this
 869 paragraph, the term "service area" means the fewest number of
 870 zip codes that account for 75 percent of the hospital's
 871 discharges for the most recent 5-year period, based on
 872 information available from the Agency for Health Care
 873 Administration's hospital inpatient discharge database ~~in the~~
 874 ~~Florida Center for Health Information and Policy Analysis at the~~
 875 ~~Agency for Health Care Administration;~~ or

876 (e) A critical access hospital.

877
 878 Population densities used in this subsection must be based upon
 879 the most recently completed United States census. A hospital
 880 that received funds under s. 409.9116 for a quarter beginning no
 881 later than July 1, 2002, is deemed to have been and shall
 882 continue to be a rural hospital from that date through June 30,
 883 2015, if the hospital continues to have 100 or fewer licensed
 884 beds and an emergency room, or meets the criteria of s.

885 395.602(2)(e)4. An acute care hospital that has not previously
 886 been designated as a rural hospital and that meets the criteria
 887 of this subsection shall be granted such designation upon
 888 application, including supporting documentation, to the Agency
 889 for Health Care Administration.

890 Section 14. Paragraph (a) of subsection (4) of section
 891 408.18, Florida Statutes, is amended to read:

892 408.18 Health Care Community Antitrust Guidance Act;
 893 antitrust no-action letter; market-information collection and
 894 education.—

895 (4)(a) Members of the health care community who seek
 896 antitrust guidance may request a review of their proposed
 897 business activity by the Attorney General's office. In
 898 conducting its review, the Attorney General's office may seek
 899 whatever documentation, data, or other material it deems
 900 necessary from the Agency for Health Care Administration, ~~the~~
 901 ~~Florida Center for Health Information and Policy Analysis,~~ and
 902 the Office of Insurance Regulation of the Financial Services
 903 Commission.

904 Section 15. Section 465.0244, Florida Statutes, is amended
 905 to read:

906 465.0244 Information disclosure.—Every pharmacy shall make
 907 available on its ~~Internet~~ website a link to the performance
 908 outcome and financial data that is published by the Agency for
 909 Health Care Administration ~~pursuant to s. 408.05(3)(k)~~ and shall
 910 place in the area where customers receive filled prescriptions

911 notice that such information is available electronically and the
 912 address of its ~~Internet~~ website.

913 Section 16. Subsection (2) of section 627.6499, Florida
 914 Statutes, is amended to read:

915 627.6499 Reporting by insurers and third-party
 916 administrators.—

917 (2) Each health insurance issuer shall make available on
 918 its ~~Internet~~ website a link to the performance outcome and
 919 financial data that is published by the Agency for Health Care
 920 Administration ~~pursuant to s. 408.05(3)(k)~~ and shall include in
 921 every policy delivered or issued for delivery to any person in
 922 the state or any materials provided as required by s. 627.64725
 923 notice that such information is available electronically and the
 924 address of its ~~Internet~~ website.

925 Section 17. Subsection (7) of section 641.54, Florida
 926 Statutes, is amended to read:

927 641.54 Information disclosure.—

928 (7) Each health maintenance organization shall make
 929 available on its ~~Internet~~ website a link to the performance
 930 outcome and financial data that is published by the Agency for
 931 Health Care Administration ~~pursuant to s. 408.05(3)(k)~~ and shall
 932 include in every policy delivered or issued for delivery to any
 933 person in the state or ~~any~~ materials provided as required by s.
 934 627.64725 notice that such information is available
 935 electronically and the address of its ~~Internet~~ website.

936 Section 18. This act shall take effect July 1, 2014.