

**By** the Committees on Appropriations; and Governmental Oversight and Accountability; and Senators Brandes and Sobel

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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 the agency's website; prescribing  
13      minimum requirements for a privacy policy; requiring  
14      an agency to provide notice of the installation of  
15      cookies on an individual's computer; requiring that an  
16      individual who would otherwise be granted access to an  
17      agency's website be granted access even if he or she  
18      declines to have the cookie installed; providing an  
19      exception; requiring that privacy policy requirements  
20      be specified in a contract between a public agency and  
21      a contractor; providing exceptions; specifying that a  
22      violation does not create a civil cause of action;  
23      requiring the Office of Program Policy Analysis and  
24      Government Accountability to submit a report to the  
25      Legislature by a specified date; providing report  
26      requirements; creating s. 429.55, F.S.; requiring the  
27      Agency for Health Care Administration to provide  
28      specified data on assisted living facilities by a  
29      certain date; providing minimum requirements for such

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30 data; authorizing the agency to create a comment  
31 webpage regarding assisted living facilities;  
32 providing minimum requirements; authorizing the agency  
33 to provide links to certain third-party websites;  
34 authorizing the agency to adopt rules; amending s.  
35 408.05, F.S.; dissolving the Center for Health  
36 Information and Policy Analysis within the Agency for  
37 Health Care Administration; requiring the agency to  
38 coordinate a system to promote access to certain data  
39 and information; requiring that certain health-related  
40 data be included within the system; assigning duties  
41 to the agency relating to the collection and  
42 dissemination of data; establishing conditions for the  
43 funding of the system; requiring the Office of Program  
44 Policy Analysis and Government Accountability to  
45 monitor the agency's implementation of the health  
46 information system; requiring the Office of Program  
47 Policy Analysis and Government Accountability to  
48 submit a report to the Legislature after completion of  
49 the implementation; providing report requirements;  
50 reenacting s. 120.54(8), F.S., relating to rulemaking,  
51 to incorporate the amendment made to s. 257.36, F.S.,  
52 in a reference thereto; amending ss. 20.42, 381.026,  
53 395.301, 395.602, 395.6025, 408.07, 408.18, 465.0244,  
54 627.6499, and 641.54, F.S.; conforming provisions to  
55 changes made by the act; providing appropriations;  
56 providing an effective date.

57  
58 Be It Enacted by the Legislature of the State of Florida:

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

257.36 Records and information management.—

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

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

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

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

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

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

PART IV

GOVERNMENT DATA COLLECTION PRACTICES

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88       282.801 Government data practices.-

89       (1) For purposes of this part, the term:

90       (a) "Agency" has the same meaning as in s. 119.011.

91       (b) "Cookie" means data sent from a website which is  
92 electronically installed on a computer or electronic device of  
93 an individual who has accessed the website and transmits certain  
94 information to the server of that website.

95       (c) "Individual" means a human being and does not include a  
96 corporation, a partnership, or any other business entity.

97       (d) "Personal identification information" means an item,  
98 collection, or grouping of information that may be used, alone  
99 or in conjunction with other information, to identify a unique  
100 individual, including, but not limited to, his or her:

101       1. Name;

102       2. Postal or e-mail address;

103       3. Telephone number;

104       4. Social security number;

105       5. Date of birth;

106       6. Mother's maiden name;

107       7. Official state-issued or United States-issued driver  
108 license or identification number, alien registration number,  
109 government passport number, employer or taxpayer identification  
110 number, or Medicaid or food assistance account number;

111       8. Bank account number, credit or debit card number, or  
112 other number or information that can be used to access an  
113 individual's financial resources;

114       9. Educational records;

115       10. Medical records;

116       11. License plate number of a registered motor vehicle;

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117 12. Images, including facial images;

118 13. Biometric identification information;

119 14. Criminal history; or

120 15. Employment history.

121 (2) An agency that collects personal identification  
122 information through a website and retains such information shall  
123 maintain and conspicuously post a privacy policy on such  
124 website. At a minimum, the privacy policy must provide:

125 (a) A description of the services the website provides.

126 (b) A description of the personal identification  
127 information that the agency collects and maintains from an  
128 individual accessing or using the website.

129 (c) An explanation of whether the agency's data collecting  
130 and sharing practices are mandatory or allow a user to opt out  
131 of those practices.

132 (d) Any available alternatives to using the website.

133 (e) A statement as to how the agency uses the personal  
134 identification information, including, but not limited to,  
135 whether and under what circumstances the agency discloses such  
136 information.

137 (f) Whether any other person, as defined in s. 671.201,  
138 collects personal identification information through the  
139 website.

140 (g) A general description of the security measures in place  
141 to protect personal identification information; however, such  
142 description must not compromise the integrity of the security  
143 measures.

144 (h) An explanation of public records requirements relating  
145 to the personal identification information of an individual

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146 using the website and if such information may be disclosed in  
147 response to a public records request.

148 (3) (a) An agency that uses a website to install a cookie on  
149 an individual's computer or electronic device shall inform an  
150 individual accessing the website of the use of cookies and  
151 request permission to install a cookie on the individual's  
152 computer.

153 (b) If an individual accessing the website of an agency  
154 declines to have cookies installed, such individual shall still  
155 be allowed to access and use the website.

156 (c) This subsection does not apply to a cookie temporarily  
157 installed on an individual's computer or electronic device by an  
158 agency if the cookie is installed only in the computer's or  
159 electronic device's memory and is deleted from such memory when  
160 the website browser or website application is closed.

161 (4) Any contract between a public agency and a contractor,  
162 as those terms are defined in s. 119.0701, must specify that the  
163 contractor must comply with the requirements in subsections (2)  
164 and (3) for applicable services the contractor performs for the  
165 public agency, except that subsections (2) and (3) do not apply  
166 to a contractor that provides a service to a public agency which  
167 is limited to administering, facilitating, processing, or  
168 enforcing a financial transaction initiated by an individual  
169 with no direct relationship with the contractor.

170 (5) The failure of an agency to comply with this section  
171 does not create a civil cause of action.

172 Section 3. The Office of Program Policy Analysis and  
173 Government Accountability shall submit a report to the President  
174 of the Senate and the Speaker of the House of Representatives by

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175 July 1, 2015, which:

176 (1) Identifies personal identification information, as  
177 defined in s. 282.801, Florida Statutes, and the records in  
178 which such information is contained, held by a state agency. For  
179 purposes of this section, the term "state agency" has the same  
180 meaning as in s. 216.011(1)(qq), but does not include state  
181 attorneys, public defenders, criminal conflict and civil  
182 regional counsel, capital collateral regional counsel, the  
183 Justice Administrative Commission, the Florida Housing Finance  
184 Corporation, the Florida Public Service Commission, and the  
185 judicial branch.

186 (2) Describes the processes by which an individual may  
187 currently view and verify his or her personal identification  
188 information held by an agency, including how an individual may  
189 request the correction of incorrect personal identification  
190 information.

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

193 Section 4. Section 429.55, Florida Statutes, is created to  
194 read:

195 429.55 Public access to data; comment page.-

196 (1) By November 1, 2014, the agency shall provide,  
197 maintain, and update at least quarterly, electronically  
198 accessible data on assisted living facilities. Such data must be  
199 searchable, downloadable, and available in generally accepted  
200 formats. At a minimum, such data must include:

201 (a) Information on each assisted living facility licensed  
202 under this part, including:

203 1. The name and address of the facility.

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204 2. The number and type of licensed beds in the facility.

205 3. The types of licenses held by the facility.

206 4. The facility's license expiration date and status.

207 5. Other relevant information that the agency currently  
208 collects.

209 (b) A list of the facility's violations, including, for  
210 each violation:

211 1. A summary of the violation presented in a manner  
212 understandable by the general public;

213 2. Any sanctions imposed by final order; and

214 3. The date the corrective action was confirmed by the  
215 agency.

216 (c) Links to inspection reports on file with the agency.

217 (2) (a) The agency may provide a monitored comment webpage  
218 that allows members of the public to comment on specific  
219 assisted living facilities licensed to operate in this state. At  
220 a minimum, the comment webpage must allow members of the public  
221 to identify themselves, provide comments on their experiences  
222 with, or observations of, an assisted living facility, and view  
223 others' comments.

224 (b) The agency shall review comments for profanities and  
225 redact any profanities before posting the comments to the  
226 webpage. After redacting any profanities, the agency shall post  
227 all comments, and shall retain all comments as they were  
228 originally submitted, which are subject to the requirements of  
229 chapter 119, Florida Statutes, and which shall be retained by  
230 the agency for inspection by the public without further  
231 redaction pursuant to retention schedules and disposal processes  
232 for such records.



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233 (c) A controlling interest, as defined in s. 408.803,  
234 Florida Statutes, in an assisted living facility, or an employee  
235 or owner of an assisted living facility, is prohibited from  
236 posting comments on the page. A controlling interest, employee,  
237 or owner may respond to comments on the page, and the agency  
238 shall ensure that such responses are identified as being from a  
239 representative of the facility.

240 (3) The agency may provide links to third-party websites  
241 that use the data published pursuant to this section to assist  
242 consumers in evaluating the quality of care and service in  
243 assisted living facilities.

244 (4) The agency may adopt rules to administer this section.  
245 Section 5. Section 408.05, Florida Statutes, is amended to  
246 read:

247 408.05 Florida Health Information Transparency Initiative  
248 Center for Health Information and Policy Analysis.—

249 (1) CREATION AND PURPOSE ESTABLISHMENT.—The agency shall  
250 create a comprehensive health information system to promote  
251 accessibility, transparency, and utility of state-collected data  
252 and information about health providers, facilities, services,  
253 and payment sources. The agency is responsible for making state-  
254 collected health data available in a manner that allows for and  
255 encourages multiple and innovative uses of data sets. Subject to  
256 funding by the General Appropriations Act, the agency shall  
257 develop and deploy, through a contract award with one or more  
258 vendors or internal development, new methods of dissemination  
259 and ways to convert data into easily usable electronic formats  
260 establish a Florida Center for Health Information and Policy  
261 Analysis. The center shall establish a comprehensive health

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262 ~~information system to provide for the collection, compilation,~~  
263 ~~coordination, analysis, indexing, dissemination, and utilization~~  
264 ~~of both purposefully collected and extant health-related data~~  
265 ~~and statistics. The center shall be staffed with public health~~  
266 ~~experts, biostatisticians, information system analysts, health~~  
267 ~~policy experts, economists, and other staff necessary to carry~~  
268 ~~out its functions.~~

269 (2) HEALTH-RELATED DATA.—The comprehensive health  
270 information system must include the following data and  
271 information ~~operated by the Florida Center for Health~~  
272 ~~Information and Policy Analysis shall identify the best~~  
273 ~~available data sources and coordinate the compilation of extant~~  
274 ~~health-related data and statistics and purposefully collect data~~  
275 ~~on:~~

276 (a) ~~The extent and nature of illness and disability of the~~  
277 ~~state population, including life expectancy, the incidence of~~  
278 ~~various acute and chronic illnesses, and infant and maternal~~  
279 ~~morbidity and mortality.~~

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

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

284 (d) ~~Health knowledge and practices of the people in this~~  
285 ~~state and determinants of health and nutritional practices and~~  
286 ~~status.~~

287 (a) ~~(e)~~ Health resources, including licensed health  
288 professionals, licensed health care facilities, managed care  
289 organizations, and other health services regulated or funded by  
290 the state ~~physicians, dentists, nurses, and other health~~

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291 ~~professionals, by specialty and type of practice and acute,~~  
292 ~~long term care and other institutional care facility supplies~~  
293 ~~and specific services provided by hospitals, nursing homes, home~~  
294 ~~health agencies, and other health care facilities.~~

295 ~~(b)-(f)~~ Utilization of health resources ~~care by type of~~  
296 ~~provider.~~

297 ~~(c)-(g)~~ Health care costs and financing, including Medicaid  
298 claims and encounter data and data from other public and private  
299 payors ~~trends in health care prices and costs, the sources of~~  
300 ~~payment for health care services, and federal, state, and local~~  
301 ~~expenditures for health care.~~

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

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

305 ~~(e)-(j)~~ The data necessary for measuring value and quality  
306 of care provided by various health care providers, including  
307 applicable credentials, accreditation status, use, revenues and  
308 expenses, outcomes, site visits, and other regulatory reports,  
309 and the results of administrative and civil litigation related  
310 to health care.

311 (3) COORDINATION ~~COMPREHENSIVE HEALTH INFORMATION SYSTEM.-~~  
312 In order to collect comprehensive ~~produce comparable and uniform~~  
313 health information and statistics and to disseminate such  
314 information to for the public, as well as for the development of  
315 policy recommendations, the agency shall perform the following  
316 functions:

317 (a) Collect and compile data from all agencies and programs  
318 that provide, regulate, and pay for health services ~~Coordinate~~  
319 ~~the activities of state agencies involved in the design and~~

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320 ~~implementation of the comprehensive health information system.~~

321 (b) Promote data sharing through the ~~Undertake research,~~  
322 development, dissemination, and evaluation of state-collected  
323 health data and by making such data available, transferable, and  
324 readily usable ~~respecting the comprehensive health information~~  
325 ~~system.~~

326 ~~(c) Review the statistical activities of state agencies to~~  
327 ~~ensure that they are consistent with the comprehensive health~~  
328 ~~information system.~~

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

338 ~~(d)-(e)~~ Enable and facilitate the sharing and use of all  
339 state-collected health data to the maximum extent allowed by law  
340 ~~Establish by rule the types of data collected, compiled,~~  
341 ~~processed, used, or shared. Decisions regarding center data sets~~  
342 ~~should be made based on consultation with the State Consumer~~  
343 ~~Health Information and Policy Advisory Council and other public~~  
344 ~~and private users regarding the types of data which should be~~  
345 ~~collected and their uses. The center shall establish~~  
346 ~~standardized means for collecting health information and~~  
347 ~~statistics under laws and rules administered by the agency.~~

348 ~~(f) Establish minimum health care related data sets which~~

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349 ~~are necessary on a continuing basis to fulfill the collection~~  
350 ~~requirements of the center and which shall be used by state~~  
351 ~~agencies in collecting and compiling health-care-related data.~~  
352 ~~The agency shall periodically review ongoing health care data~~  
353 ~~collections of the Department of Health and other state agencies~~  
354 ~~to determine if the collections are being conducted in~~  
355 ~~accordance with the established minimum sets of data.~~

356 ~~(g) Establish advisory standards to ensure the quality of~~  
357 ~~health statistical and epidemiological data collection,~~  
358 ~~processing, and analysis by local, state, and private~~  
359 ~~organizations.~~

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

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

376 ~~(j) Ensure that strict quality control measures are~~  
377 ~~maintained for the dissemination of data through publications,~~

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378 ~~studies, or user requests.~~

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

395 ~~1. Make available patient safety indicators, inpatient~~  
396 ~~quality indicators, and performance outcome and patient charge~~  
397 ~~data collected from health care facilities pursuant to s.~~  
398 ~~408.061(1) (a) and (2). The terms "patient safety indicators" and~~  
399 ~~"inpatient quality indicators" have the same meaning as that~~  
400 ~~ascribed by the Centers for Medicare and Medicaid Services, an~~  
401 ~~accrediting organization whose standards incorporate comparable~~  
402 ~~regulations required by this state, or a national entity that~~  
403 ~~establishes standards to measure the performance of health care~~  
404 ~~providers, or by other states. The agency shall determine which~~  
405 ~~conditions, procedures, health care quality measures, and~~  
406 ~~patient charge data to disclose based upon input from the~~

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407 ~~council. When determining which conditions and procedures are to~~  
408 ~~be disclosed, the council and the agency shall consider~~  
409 ~~variation in costs, variation in outcomes, and magnitude of~~  
410 ~~variations and other relevant information. When determining~~  
411 ~~which health care quality measures to disclose, the agency:~~

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

416 ~~b. May consider such additional measures that are adopted~~  
417 ~~by the Centers for Medicare and Medicaid Studies, an accrediting~~  
418 ~~organization whose standards incorporate comparable regulations~~  
419 ~~required by this state, the National Quality Forum, the Joint~~  
420 ~~Commission on Accreditation of Healthcare Organizations, the~~  
421 ~~Agency for Healthcare Research and Quality, the Centers for~~  
422 ~~Disease Control and Prevention, or a similar national entity~~  
423 ~~that establishes standards to measure the performance of health~~  
424 ~~care providers, or by other states.~~

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

433 ~~2. Make available performance measures, benefit design, and~~  
434 ~~premium cost data from health plans licensed pursuant to chapter~~  
435 ~~627 or chapter 641. The agency shall determine which health care~~

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436 ~~quality measures and member and subscriber cost data to~~  
437 ~~disclose, based upon input from the council. When determining~~  
438 ~~which data to disclose, the agency shall consider information~~  
439 ~~that may be required by either individual or group purchasers to~~  
440 ~~assess the value of the product, which may include membership~~  
441 ~~satisfaction, quality of care, current enrollment or membership,~~  
442 ~~coverage areas, accreditation status, premium costs, plan costs,~~  
443 ~~premium increases, range of benefits, copayments and~~  
444 ~~deductibles, accuracy and speed of claims payment, credentials~~  
445 ~~of physicians, number of providers, names of network providers,~~  
446 ~~and hospitals in the network. Health plans shall make available~~  
447 ~~to the agency such data or information that is not currently~~  
448 ~~reported to the agency or the office.~~

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

462 ~~4. Publish on its website undiscounted charges for no fewer~~  
463 ~~than 150 of the most commonly performed adult and pediatric~~  
464 ~~procedures, including outpatient, inpatient, diagnostic, and~~



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465 ~~preventative procedures.~~

466 ~~(4) TECHNICAL ASSISTANCE.—~~

467 ~~(a) The center shall provide technical assistance to~~  
468 ~~persons or organizations engaged in health planning activities~~  
469 ~~in the effective use of statistics collected and compiled by the~~  
470 ~~center. The center shall also provide the following additional~~  
471 ~~technical assistance services:~~

472 ~~1. Establish procedures identifying the circumstances under~~  
473 ~~which, the places at which, the persons from whom, and the~~  
474 ~~methods by which a person may secure data from the center,~~  
475 ~~including procedures governing requests, the ordering of~~  
476 ~~requests, timeframes for handling requests, and other procedures~~  
477 ~~necessary to facilitate the use of the center's data. To the~~  
478 ~~extent possible, the center should provide current data timely~~  
479 ~~in response to requests from public or private agencies.~~

480 ~~2. Provide assistance to data sources and users in the~~  
481 ~~areas of database design, survey design, sampling procedures,~~  
482 ~~statistical interpretation, and data access to promote improved~~  
483 ~~health-care-related data sets.~~

484 ~~3. Identify health care data gaps and provide technical~~  
485 ~~assistance to other public or private organizations for meeting~~  
486 ~~documented health care data needs.~~

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

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

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

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

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

501 ~~9. Monitor innovations in health information technology,~~  
502 ~~informatics, and the exchange of health information and maintain~~  
503 ~~a repository of technical resources to support the development~~  
504 ~~of a health information network.~~

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

512 ~~(c) The agency shall initiate, oversee, manage, and~~  
513 ~~evaluate the integration of health care data from each state~~  
514 ~~agency that collects, stores, and reports on health care issues~~  
515 ~~and make that data available to any health care practitioner~~  
516 ~~through a state health information network.~~

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

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

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523 ~~publications of general interest, including health plan consumer~~  
524 ~~reports and health maintenance organization member satisfaction~~  
525 ~~surveys; publications providing health statistics on topical~~  
526 ~~health policy issues; publications that provide health status~~  
527 ~~profiles of the people in this state; and other topical health~~  
528 ~~statistics publications.~~

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

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

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

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

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552 ~~importance; the unique potential for definitive research on the~~  
553 ~~problem; and opportunities for application of the study~~  
554 ~~findings.~~

555 (4)~~(6)~~ PROVIDER DATA REPORTING.—This section does not  
556 confer on the agency the power to demand or require that a  
557 health care provider or professional furnish information,  
558 records of interviews, written reports, statements, notes,  
559 memoranda, or data other than as expressly required by law.

560 (5)~~(7)~~ HEALTH INFORMATION ENTERPRISE BUDGET; FEES.—

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

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

576 (c) The agency shall ensure that a vendor who enters into a  
577 contract with the state under this section does not inhibit or  
578 impede public access to state-collected health data and  
579 information ~~center may charge such reasonable fees for services~~  
580 ~~as the agency prescribes by rule. The established fees may not~~

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581 ~~exceed the reasonable cost for such services. Fees collected may~~  
582 ~~not be used to offset annual appropriations from the General~~  
583 ~~Revenue Fund.~~

584 ~~(8) STATE CONSUMER HEALTH INFORMATION AND POLICY ADVISORY~~  
585 ~~COUNCIL.~~

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

596 ~~1. An employee of the Executive Office of the Governor, to~~  
597 ~~be appointed by the Governor.~~

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

600 ~~3. An employee of the Department of Education, to be~~  
601 ~~appointed by the Commissioner of Education.~~

602 ~~4. Ten persons, to be appointed by the Secretary of Health~~  
603 ~~Care Administration, representing other state and local~~  
604 ~~agencies, state universities, business and health coalitions,~~  
605 ~~local health councils, professional health-care-related~~  
606 ~~associations, consumers, and purchasers.~~

607 ~~(b) Each member of the council shall be appointed to serve~~  
608 ~~for a term of 2 years following the date of appointment, except~~  
609 ~~the term of appointment shall end 3 years following the date of~~

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610 ~~appointment for members appointed in 2003, 2004, and 2005. A~~  
611 ~~vacancy shall be filled by appointment for the remainder of the~~  
612 ~~term, and each appointing authority retains the right to~~  
613 ~~reappoint members whose terms of appointment have expired.~~

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

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

618 ~~(e) A majority of the members constitutes a quorum, and the~~  
619 ~~affirmative vote of a majority of a quorum is necessary to take~~  
620 ~~action.~~

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

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

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

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

632 ~~2. To develop a review process to ensure cooperative~~  
633 ~~planning among agencies that collect or maintain health-related~~  
634 ~~data.~~

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

637 ~~(9) APPLICATION TO OTHER AGENCIES. Nothing in this section~~  
638 ~~shall limit, restrict, affect, or control the collection,~~

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639 ~~analysis, release, or publication of data by any state agency~~  
640 ~~pursuant to its statutory authority, duties, or~~  
641 ~~responsibilities.~~

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

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

655 120.54 Rulemaking.—

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

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

660 (b) Any statement of estimated regulatory costs for the  
661 rule.

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

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

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

666 (f) All materials filed by the agency with the committee  
667 under subsection (3).

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668 (g) All materials filed with the Department of State under  
669 subsection (3).

670 (h) All written inquiries from standing committees of the  
671 Legislature concerning the rule.

672

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

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

679 20.42 Agency for Health Care Administration.—

680 (3) The department is ~~shall be~~ the chief health policy and  
681 planning entity for the state. The department is responsible for  
682 health facility licensure, inspection, and regulatory  
683 enforcement; investigation of consumer complaints related to  
684 health care facilities and managed care plans; the  
685 implementation of the certificate of need program; ~~the operation~~  
686 ~~of the Florida Center for Health Information and Policy~~  
687 ~~Analysis~~; the administration of the Medicaid program; the  
688 administration of the contracts with the Florida Healthy Kids  
689 Corporation; the certification of health maintenance  
690 organizations and prepaid health clinics as set forth in part  
691 III of chapter 641; and any other duties prescribed by statute  
692 or agreement.

693 Section 9. Paragraph (c) of subsection (4) of section  
694 381.026, Florida Statutes, is amended to read:

695 381.026 Florida Patient's Bill of Rights and  
696 Responsibilities.—



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

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

700 1. A patient has the right to be given, upon request, by  
701 the responsible provider, his or her designee, or a  
702 representative of the health care facility full information and  
703 necessary counseling on the availability of known financial  
704 resources for the patient's health care.

705 2. A health care provider or a health care facility shall,  
706 upon request, disclose to each patient who is eligible for  
707 Medicare, before treatment, whether the health care provider or  
708 the health care facility in which the patient is receiving  
709 medical services accepts assignment under Medicare reimbursement  
710 as payment in full for medical services and treatment rendered  
711 in the health care provider's office or health care facility.

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

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726 and is exempt from the continuing education requirements of  
727 chapter 456 and the rules implementing those requirements for a  
728 single 2-year period.

729 4. If a primary care provider publishes a schedule of  
730 charges pursuant to subparagraph 3., he or she shall ~~must~~  
731 continually post it at all times for the duration of active  
732 licensure in this state when primary care services are provided  
733 to patients. If a primary care provider fails to post the  
734 schedule of charges in accordance with this subparagraph, the  
735 provider shall ~~be required to~~ pay any license fee and comply  
736 with ~~any~~ continuing education requirements for which an  
737 exemption was received.

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

754 6. Each licensed facility not operated by the state shall

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755 make available to the public on its ~~Internet~~ website or by other  
756 electronic means a description of and a link to the performance  
757 outcome and financial data that is published by the agency  
758 ~~pursuant to s. 408.05(3)(k)~~. The facility shall place in its  
759 reception area a notice stating that the ~~in the reception area~~  
760 ~~that such~~ information is available electronically and providing  
761 the facility's website address. The licensed facility may  
762 indicate that the pricing information is based on a compilation  
763 of charges for the average patient and that each patient's bill  
764 may vary from the average depending upon the severity of illness  
765 and individual resources consumed. The licensed facility may  
766 also indicate that the price of service is negotiable for  
767 eligible patients based upon the patient's ability to pay.

768 7. A patient has the right to receive a copy of an itemized  
769 bill and upon request. ~~A patient has a right to be given an~~  
770 explanation of charges upon request.

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

773 395.301 Itemized patient bill; form and content prescribed  
774 by the agency.—

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

782 Section 11. Paragraph (e) of subsection (2) of section  
783 395.602, Florida Statutes, is amended to read:

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784 395.602 Rural hospitals.—

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

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

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

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

796 3. A hospital supported by a tax district or subdistrict  
797 whose boundaries encompass a population of 100 persons or fewer  
798 per square mile;

799 4. A hospital in a constitutional charter county with a  
800 population of more than ~~over~~ 1 million persons that has imposed  
801 a local option health service tax pursuant to law and in an area  
802 that was directly impacted by a catastrophic event on August 24,  
803 1992, for which the Governor of Florida declared a state of  
804 emergency pursuant to chapter 125, and has 120 beds or less that  
805 serves an agricultural community with an emergency room  
806 utilization of no less than 20,000 visits and a Medicaid  
807 inpatient utilization rate greater than 15 percent;

808 5. A hospital with a service area that has a population of  
809 100 persons or fewer per square mile. As used in this  
810 subparagraph, the term "service area" means the fewest number of  
811 zip codes that account for 75 percent of the hospital's  
812 discharges for the most recent 5-year period, based on

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813 information available from the agency's hospital inpatient  
814 discharge database ~~in the Florida Center for Health Information~~  
815 ~~and Policy Analysis at the agency;~~ or

816 6. A hospital designated as a critical access hospital, as  
817 defined in s. 408.07.

818  
819 Population densities used in this paragraph must be based upon  
820 the most recently completed United States census. A hospital  
821 that received funds under s. 409.9116 for a quarter beginning no  
822 later than July 1, 2002, is deemed to have been and shall  
823 continue to be a rural hospital from that date through June 30,  
824 2015, if the hospital continues to have 100 or fewer licensed  
825 beds and an emergency room, or meets the criteria of  
826 subparagraph 4. An acute care hospital that has not previously  
827 been designated as a rural hospital and that meets the criteria  
828 of this paragraph shall be granted such designation upon  
829 application, including supporting documentation, to the agency.  
830 A hospital that was licensed as a rural hospital during the  
831 2010-2011 or 2011-2012 fiscal year shall continue to be a rural  
832 hospital from the date of designation through June 30, 2015, if  
833 the hospital continues to have 100 or fewer licensed beds and an  
834 emergency room.

835 Section 12. Section 395.6025, Florida Statutes, is amended  
836 to read:

837 395.6025 Rural hospital replacement facilities.-  
838 Notwithstanding ~~the provisions of~~ s. 408.036, a hospital defined  
839 as a statutory rural hospital in accordance with s. 395.602, or  
840 a not-for-profit operator of rural hospitals, is not required to  
841 obtain a certificate of need for the construction of a new

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842 hospital located in a county with a population of at least  
843 15,000 but no more than 18,000 and a density of less than 30  
844 persons per square mile, or a replacement facility, if provided  
845 ~~that~~ the replacement, or new, facility is located within 10  
846 miles of the site of the currently licensed rural hospital and  
847 within the current primary service area. As used in this  
848 section, the term "service area" means the fewest number of zip  
849 codes that account for 75 percent of the hospital's discharges  
850 for the most recent 5-year period, based on information  
851 available from the Agency for Health Care Administration's  
852 hospital inpatient discharge database ~~in the Florida Center for~~  
853 ~~Health Information and Policy Analysis at the Agency for Health~~  
854 ~~Care Administration.~~

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

857 408.07 Definitions.—As used in this chapter, with the  
858 exception of ss. 408.031-408.045, the term:

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

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

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

869 (c) A hospital supported by a tax district or subdistrict  
870 whose boundaries encompass a population of 100 persons or fewer

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871 per square mile;

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

881 (e) A critical access hospital.

882

883 Population densities used in this subsection must be based upon  
884 the most recently completed United States census. A hospital  
885 that received funds under s. 409.9116 for a quarter beginning no  
886 later than July 1, 2002, is deemed to have been and shall  
887 continue to be a rural hospital from that date through June 30,  
888 2015, if the hospital continues to have 100 or fewer licensed  
889 beds and an emergency room, or meets the criteria of s.  
890 395.602(2)(e)4. An acute care hospital that has not previously  
891 been designated as a rural hospital and that meets the criteria  
892 of this subsection shall be granted such designation upon  
893 application, including supporting documentation, to the Agency  
894 for Health Care Administration.

895 Section 14. Paragraph (a) of subsection (4) of section  
896 408.18, Florida Statutes, is amended to read:

897 408.18 Health Care Community Antitrust Guidance Act;  
898 antitrust no-action letter; market-information collection and  
899 education.-

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

909 Section 15. Section 465.0244, Florida Statutes, is amended  
910 to read:

911 465.0244 Information disclosure.—Every pharmacy shall make  
912 available on its ~~Internet~~ website a link to the performance  
913 outcome and financial data that is published by the Agency for  
914 Health Care Administration ~~pursuant to s. 408.05(3)(k)~~ and shall  
915 place in the area where customers receive filled prescriptions  
916 notice that such information is available electronically and the  
917 address of its ~~Internet~~ website.

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

920 627.6499 Reporting by insurers and third-party  
921 administrators.—

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



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929 address of its ~~Internet~~ website.

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

932 641.54 Information disclosure.—

933 (7) Each health maintenance organization shall make  
934 available on its ~~Internet~~ website a link to the performance  
935 outcome and financial data that is published by the Agency for  
936 Health Care Administration ~~pursuant to s. 408.05(3)(k)~~ and shall  
937 include in every policy delivered or issued for delivery to any  
938 person in the state or ~~any~~ materials provided as required by s.  
939 627.64725 notice that such information is available  
940 electronically and the address of its ~~Internet~~ website.

941 Section 18. (1) For the 2014-2015 fiscal year, for the  
942 purpose of implementing and maintaining the public information  
943 website enhancements provided under section 4 of this act:

944 (a) The sums of \$72,435 in recurring funds and \$3,773 in  
945 nonrecurring funds from the Health Care Trust Fund and one full-  
946 time equivalent health services and facilities consultant  
947 position with associated salary rate of 46,560 are appropriated  
948 to the Agency for Health Care Administration;

949 (b) The sums of \$30,000 in recurring funds and \$15,000 in  
950 nonrecurring funds from the Health Care Trust Fund are  
951 appropriated to the Agency for Health Care Administration for  
952 software purchase, installation, and maintenance services; and

953 (c) The sums of \$2,474 in recurring funds and \$82,806 in  
954 nonrecurring funds from the Health Care Trust Fund are  
955 appropriated to the Agency for Health Care Administration for  
956 contracted services.

957 (2) If CS/CS/SB 248 or similar legislation, 2014 Regular

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958 Session, and this bill are both enacted into law during the 2014  
959 Regular Session, or any extension thereof, and both bills  
960 contain provisions authorizing the Agency for Health Care  
961 Administration to create a monitored comment webpage allowing  
962 members of the public to comment on specific assisted living  
963 facilities licensed in this state and if both bills appropriate  
964 funds to the Agency for Health Care Administration, this section  
965 may not take effect.

966 Section 19. This act shall take effect July 1, 2014.