

By Senator Gaetz

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1 A bill to be entitled
2 An act relating to patient observation status
3 notification; amending s. 395.301, F.S.; requiring
4 licensed facilities to notify patients if they place
5 them in observation status rather than admitted
6 status; requiring facilities to provide certain
7 notice; providing an effective date.

8
9 Be It Enacted by the Legislature of the State of Florida:

10
11 Section 1. Section 395.301, Florida Statutes, is amended,
12 to read:

13 395.301 Itemized patient bill; form and content prescribed
14 by the agency; patient observation status notification.—

15 (1) A licensed facility not operated by the state shall
16 notify each patient during admission and at discharge of his or
17 her right to receive an itemized bill upon request. Within 7
18 days following the patient's discharge or release from a
19 licensed facility not operated by the state, the licensed
20 facility providing the service shall, upon request, submit to
21 the patient, or to the patient's survivor or legal guardian as
22 may be appropriate, an itemized statement detailing in language
23 comprehensible to an ordinary layperson the specific nature of
24 charges or expenses incurred by the patient, which in the
25 initial billing shall contain a statement of specific services
26 received and expenses incurred for such items of service,
27 enumerating in detail the constituent components of the services
28 received within each department of the licensed facility and
29 including unit price data on rates charged by the licensed

1-00728-15

2015768__

30 facility, as prescribed by the agency.

31 (2) (a) Each such statement submitted pursuant to this
32 section:

33 1. May not include charges of hospital-based physicians if
34 billed separately.

35 2. May not include any generalized category of expenses
36 such as "other" or "miscellaneous" or similar categories.

37 3. Shall list drugs by brand or generic name and not refer
38 to drug code numbers when referring to drugs of any sort.

39 4. Shall specifically identify therapy treatment as to the
40 date, type, and length of treatment when therapy treatment is a
41 part of the statement.

42 (b) Any person receiving a statement pursuant to this
43 section shall be fully and accurately informed as to each charge
44 and service provided by the institution preparing the statement.

45 (3) On each itemized statement submitted pursuant to
46 subsection (1) there shall appear the words "A FOR-PROFIT (or
47 NOT-FOR-PROFIT or PUBLIC) HOSPITAL (or AMBULATORY SURGICAL
48 CENTER) LICENSED BY THE STATE OF FLORIDA" or substantially
49 similar words sufficient to identify clearly and plainly the
50 ownership status of the licensed facility. Each itemized
51 statement must prominently display the phone number of the
52 medical facility's patient liaison who is responsible for
53 expediting the resolution of any billing dispute between the
54 patient, or his or her representative, and the billing
55 department.

56 (4) An itemized bill shall be provided once to the
57 patient's physician at the physician's request, at no charge.

58 (5) In any billing for services subsequent to the initial

1-00728-15

2015768__

59 billing for such services, the patient, or the patient's
60 survivor or legal guardian, may elect, at his or her option, to
61 receive a copy of the detailed statement of specific services
62 received and expenses incurred for each such item of service as
63 provided in subsection (1).

64 (6) No physician, dentist, podiatric physician, or licensed
65 facility may add to the price charged by any third party except
66 for a service or handling charge representing a cost actually
67 incurred as an item of expense; however, the physician, dentist,
68 podiatric physician, or licensed facility is entitled to fair
69 compensation for all professional services rendered. The amount
70 of the service or handling charge, if any, shall be set forth
71 clearly in the bill to the patient.

72 (7) Each licensed facility not operated by the state shall
73 provide, prior to provision of any nonemergency medical
74 services, a written good faith estimate of reasonably
75 anticipated charges for the facility to treat the patient's
76 condition upon written request of a prospective patient. The
77 estimate shall be provided to the prospective patient within 7
78 business days after the receipt of the request. The estimate may
79 be the average charges for that diagnosis related group or the
80 average charges for that procedure. Upon request, the facility
81 shall notify the patient of any revision to the good faith
82 estimate. Such estimate shall not preclude the actual charges
83 from exceeding the estimate. The facility shall place a notice
84 in the reception area that such information is available.
85 Failure to provide the estimate within the provisions
86 established pursuant to this section shall result in a fine of
87 \$500 for each instance of the facility's failure to provide the

1-00728-15

2015768__

88 requested information.

89 (8) Each licensed facility that is not operated by the
90 state shall provide any uninsured person seeking planned
91 nonemergency elective admission a written good faith estimate of
92 reasonably anticipated charges for the facility to treat such
93 person. The estimate must be provided to the uninsured person
94 within 7 business days after the person notifies the facility
95 and the facility confirms that the person is uninsured. The
96 estimate may be the average charges for that diagnosis-related
97 group or the average charges for that procedure. Upon request,
98 the facility shall notify the person of any revision to the good
99 faith estimate. Such estimate does not preclude the actual
100 charges from exceeding the estimate. The facility shall also
101 provide to the uninsured person a copy of any facility discount
102 and charity care discount policies for which the uninsured
103 person may be eligible. The facility shall place a notice in the
104 reception area where such information is available. Failure to
105 provide the estimate as required by this subsection shall result
106 in a fine of \$500 for each instance of the facility's failure to
107 provide the requested information.

108 (9) (a) A licensed facility, upon placing a patient in an
109 observation status rather than an admission status, shall
110 immediately notify the patient orally and in writing of his or
111 her observation status and include the written notice of such
112 status in the patient's record. Such oral and written notice
113 shall include:

114 1. A statement that the patient has not been or is no
115 longer admitted to the facility but has been placed in an
116 observation status;

1-00728-15

2015768__

117 2. A statement that placement in an observation status may
118 affect the patient's Medicare, Medicaid, or private insurance
119 coverage for:

120 a. Hospital services, including medications and
121 pharmaceutical supplies; and

122 b. Home or community-based care or care at a skilled
123 nursing facility, including rehabilitative services, upon the
124 patient's discharge.

125 3. A statement recommending that the patient contact his or
126 her health insurance provider to determine the implications of
127 his or her placement in an observation status and his or her
128 right to appeal the placement by the facility.

129 (b) The patient or the patient's legal guardian,
130 conservator, or other authorized representative must sign and
131 date the written notice to be placed in the patient's record at
132 the time of oral notification.

133 (10)-(9) A licensed facility shall make available to a
134 patient all records necessary for verification of the accuracy
135 of the patient's bill within 30 business days after the request
136 for such records. The verification information must be made
137 available in the facility's offices. Such records shall be
138 available to the patient prior to and after payment of the bill
139 or claim. The facility may not charge the patient for making
140 such verification records available; however, the facility may
141 charge its usual fee for providing copies of records as
142 specified in s. 395.3025.

143 (11)-(10) Each facility shall establish a method for
144 reviewing and responding to questions from patients concerning
145 the patient's itemized bill. Such response shall be provided

1-00728-15

2015768__

146 within 30 days after the date a question is received. If the
147 patient is not satisfied with the response, the facility must
148 provide the patient with the address of the agency to which the
149 issue may be sent for review.

150 (12)~~(11)~~ Each licensed facility shall make available on its
151 Internet website a link to the performance outcome and financial
152 data that is published by the Agency for Health Care
153 Administration pursuant to s. 408.05(3)(k). The facility shall
154 place a notice in the reception area that the information is
155 available electronically and the facility's Internet website
156 address.

157 Section 2. This act shall take effect July 1, 2015.