

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee

3 Representative Sprowls offered the following:

4
 5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:
 7 Section 1. Section 395.301, Florida Statutes, is amended to
 8 read:

9 395.301 Price transparency; itemized patient statement or
 10 bill; form and content prescribed by the agency; patient
 11 admission status notification.-

12 (1) A facility licensed under this chapter shall provide
 13 timely and accurate financial information and quality of service
 14 measures to prospective and actual patients of the facility, or
 15 to patients' survivors or legal guardians, as appropriate. Such
 16 information shall be provided in accordance with this section
 17 and rules adopted by the agency pursuant to this chapter and s.

Amendment No.

18 408.05. Licensed facilities operating exclusively as state
19 facilities are exempt from this subsection.

20 (a) Each licensed facility shall make available to the
21 public on its website information on payments made to that
22 facility for defined bundles of services and procedures. The
23 payment data must be presented and searchable in accordance
24 with, and through a hyperlink to, the system established by the
25 agency and its vendor using the descriptive service bundles
26 developed under s. 408.05(3)(c). At a minimum, the facility
27 shall provide the estimated average payment received from all
28 payors, excluding Medicaid and Medicare, for the descriptive
29 service bundles available at that facility and the estimated
30 payment range for such bundles. Using plain language
31 comprehensible to an ordinary layperson, the facility must
32 disclose that the information on average payments and the
33 payment ranges is an estimate of costs that may be incurred by
34 the patient or prospective patient and that actual costs will be
35 based on the services actually provided to the patient. The
36 facility shall also assist the consumer in accessing his or her
37 health insurer's or health maintenance organization's website
38 for information on estimated copayments, deductibles, and other
39 cost-sharing responsibilities. The facility's website must:

40 1. Identify and post the names and hyperlinks for direct
41 access to the websites of all health insurers and health
42 maintenance organizations for which the facility is a network
43 provider or preferred provider.

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

44 2. Provide information to uninsured patients and insured
45 patients whose health insurer or health maintenance organization
46 does not include the facility as a network provider or preferred
47 provider on the facility's financial assistance policy,
48 including the application process, payment plans, and discounts
49 and the facility's charity care policy and collection
50 procedures.

51 3. Notify patients and prospective patients that services
52 may be provided in the health care facility by the facility as
53 well as by other health care providers who may separately bill
54 the patient and that such health care providers may or may not
55 participate with the same health insurers or health maintenance
56 organizations as the facility.

57 4. Inform patients and prospective patients that they may
58 request from the facility and other health care practitioners a
59 more personalized estimate of charges and other information, and
60 inform patients that they should contact each health care
61 practitioner who will provide services in the hospital to
62 determine which health insurers and health maintenance
63 organizations he or she participates as a network provider or
64 preferred provider.

65 5. Provide the names, mailing addresses, and telephone
66 numbers of the health care practitioners and medical practice
67 groups with which it contracts to provide services in the
68 facility and instructions on how to contact the practitioners
69 and groups to determine the health insurers and health

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

70 maintenance organizations with which they participate as a
71 network provider or preferred provider.

72 (b)1. Upon request, and before providing any nonemergency
73 medical services, each licensed facility shall provide a
74 written, good faith estimate of reasonably anticipated charges
75 by the facility for the treatment of the patient's or
76 prospective patient's specific condition. The facility must
77 provide the estimate in writing to the patient or prospective
78 patient within 7 business days after receipt of the request and
79 is not required to adjust the estimate for any potential
80 insurance coverage. The estimate may be based on the descriptive
81 service bundles developed by the agency under s. 408.05(3)(c)
82 unless the patient or prospective patient requests a more
83 personalized and specific estimate that accounts for the
84 specific condition and characteristics of the patient or
85 prospective patient. The facility shall inform the patient or
86 prospective patient that he or she may contact his or her health
87 insurer or health maintenance organization for additional
88 information concerning cost-sharing responsibilities.

89 2. In the estimate, the facility shall provide to the
90 patient or prospective patient information on the facility's
91 financial assistance policy, including the application process,
92 payment plans, and discounts and the facility's charity care
93 policy and collection procedures.

94 3. The estimate shall clearly identify any facility fees
95 and, if applicable, include a statement notifying the patient or

Amendment No.

96 prospective patient that a facility fee is included in the
97 estimate, the purpose of the fee, and that the patient may pay
98 less for the procedure or service at another facility or in
99 another health care setting.

100 4. Upon request, the facility shall notify the patient or
101 prospective patient of any revision to the estimate.

102 5. In the estimate, the facility must notify the patient
103 or prospective patient that services may be provided in the
104 health care facility by the facility as well as by other health
105 care practitioners who may separately bill the patient.

106 6. The facility shall take action to educate the public
107 that such estimates are available upon request.

108 7. Failure to timely provide the estimate pursuant to this
109 paragraph shall result in a daily fine of \$1,000 until the
110 estimate is provided to the patient or prospective patient. The
111 total fine shall not exceed \$10,000.

112
113 The provision of an estimate does not preclude the actual
114 charges from exceeding the estimate.

115 (c) Each facility shall make available on its website a
116 hyperlink to the health-related data, including quality measures
117 and statistics, that are disseminated by the agency pursuant to
118 s. 408.05. The facility shall also take action to notify the
119 public that such information is electronically available and
120 provide a hyperlink to the agency's website.

Amendment No.

121 (d)1. Upon request, and after the patient's discharge or
122 release from a facility, the facility must provide A licensed
123 facility not operated by the state shall notify each patient
124 during admission and at discharge of his or her right to receive
125 an itemized bill upon request. Within 7 days following the
126 patient's discharge or release from a licensed facility not
127 operated by the state, the licensed facility providing the
128 service shall, upon request, submit to the patient, or to the
129 patient's survivor or legal guardian, as may be appropriate, an
130 itemized statement or bill detailing in plain language
131 comprehensible to an ordinary layperson the specific nature of
132 charges or expenses incurred by the patient, which in The
133 initial statement or bill billing shall be provided within 7
134 days after the patient's discharge or release. The initial
135 statement or bill must contain a statement of specific services
136 received and expenses incurred by date and provider for such
137 items of service, enumerating in detail as prescribed by the
138 agency the constituent components of the services received
139 within each department of the licensed facility and including
140 unit price data on rates charged by the licensed facility, as
141 prescribed by the agency. The statement or bill must also
142 clearly identify any facility fee and explain the purpose of the
143 fee. The statement or bill must identify each item as paid,
144 pending payment by a third party, or pending payment by the
145 patient and must include the amount due, if applicable. If an
146 amount is due from the patient, a due date must be included. The

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

147 initial statement or bill must direct the patient or the
148 patient's survivor or legal guardian, as appropriate, to contact
149 the patient's insurer or health maintenance organization
150 regarding the patient's cost-sharing responsibilities.

151 2. Any subsequent statement or bill provided to a patient
152 or to the patient's survivor or legal guardian, as appropriate,
153 relating to the episode of care must include all of the
154 information required by subparagraph 1., with any revisions
155 clearly delineated.

156 (e)-(2)-(a) Each such statement or bill provided submitted
157 pursuant to this subsection section:

158 1. Must ~~May not~~ include notice charges of hospital-based
159 physicians and other health care providers who bill if billed
160 separately.

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

163 3. Must ~~Shall~~ list drugs by brand or generic name and not
164 refer to drug code numbers when referring to drugs of any sort.

165 4. Must ~~Shall~~ specifically identify physical,
166 occupational, or speech therapy treatment by as to the date,
167 type, and length of treatment when such therapy treatment is a
168 part of the statement or bill.

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

Amendment No.

172 ~~(2)(3)~~ On each itemized statement or bill submitted
173 pursuant to subsection (1), there shall appear the words "A FOR-
174 PROFIT (or NOT-FOR-PROFIT or PUBLIC) HOSPITAL (or AMBULATORY
175 SURGICAL CENTER) LICENSED BY THE STATE OF FLORIDA" or
176 substantially similar words sufficient to identify clearly and
177 plainly the ownership status of the licensed facility. Each
178 itemized statement or bill must prominently display the
179 telephone ~~phone~~ number of the medical facility's patient liaison
180 who is responsible for expediting the resolution of any billing
181 dispute between the patient, or the patient's survivor or legal
182 guardian ~~his or her representative~~, and the billing department.

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

185 ~~(5) In any billing for services subsequent to the initial~~
186 ~~billing for such services, the patient, or the patient's~~
187 ~~survivor or legal guardian, may elect, at his or her option, to~~
188 ~~receive a copy of the detailed statement of specific services~~
189 ~~received and expenses incurred for each such item of service as~~
190 ~~provided in subsection (1).~~

191 ~~(6) No physician, dentist, podiatric physician, or~~
192 ~~licensed facility may add to the price charged by any third~~
193 ~~party except for a service or handling charge representing a~~
194 ~~cost actually incurred as an item of expense; however, the~~
195 ~~physician, dentist, podiatric physician, or licensed facility is~~
196 ~~entitled to fair compensation for all professional services~~

Amendment No.

197 rendered. The amount of the service or handling charge, if any,
198 shall be set forth clearly in the bill to the patient.

199 ~~(7) Each licensed facility not operated by the state shall~~
200 ~~provide, prior to provision of any nonemergency medical~~
201 ~~services, a written good faith estimate of reasonably~~
202 ~~anticipated charges for the facility to treat the patient's~~
203 ~~condition upon written request of a prospective patient. The~~
204 ~~estimate shall be provided to the prospective patient within 7~~
205 ~~business days after the receipt of the request. The estimate may~~
206 ~~be the average charges for that diagnosis related group or the~~
207 ~~average charges for that procedure. Upon request, the facility~~
208 ~~shall notify the patient of any revision to the good faith~~
209 ~~estimate. Such estimate shall not preclude the actual charges~~
210 ~~from exceeding the estimate. The facility shall place a notice~~
211 ~~in the reception area that such information is available.~~
212 ~~Failure to provide the estimate within the provisions~~
213 ~~established pursuant to this section shall result in a fine of~~
214 ~~\$500 for each instance of the facility's failure to provide the~~
215 ~~requested information.~~

216 ~~(8) Each licensed facility that is not operated by the~~
217 ~~state shall provide any uninsured person seeking planned~~
218 ~~nonemergency elective admission a written good faith estimate of~~
219 ~~reasonably anticipated charges for the facility to treat such~~
220 ~~person. The estimate must be provided to the uninsured person~~
221 ~~within 7 business days after the person notifies the facility~~
222 ~~and the facility confirms that the person is uninsured. The~~

Amendment No.

223 ~~estimate may be the average charges for that diagnosis related~~
224 ~~group or the average charges for that procedure. Upon request,~~
225 ~~the facility shall notify the person of any revision to the good~~
226 ~~faith estimate. Such estimate does not preclude the actual~~
227 ~~charges from exceeding the estimate. The facility shall also~~
228 ~~provide to the uninsured person a copy of any facility discount~~
229 ~~and charity care discount policies for which the uninsured~~
230 ~~person may be eligible. The facility shall place a notice in the~~
231 ~~reception area where such information is available. Failure to~~
232 ~~provide the estimate as required by this subsection shall result~~
233 ~~in a fine of \$500 for each instance of the facility's failure to~~
234 ~~provide the requested information.~~

235 ~~(3)(9)~~ If a licensed facility places a patient on
236 observation status rather than inpatient status, observation
237 services shall be documented in the patient's discharge papers.
238 The patient or the patient's survivor or legal guardian ~~proxy~~
239 shall be notified of observation services through discharge
240 papers, which may also include brochures, signage, or other
241 forms of communication for this purpose.

242 ~~(4)(10)~~ A licensed facility shall make available to a
243 patient all records necessary for verification of the accuracy
244 of the patient's statement or bill within 10 ~~30~~ business days
245 after the request for such records. The records verification
246 ~~information~~ must be made available in the facility's offices and
247 through electronic means that comply with the Health Insurance
248 Portability and Accountability Act of 1996 (HIPAA). Such records

Amendment No.

249 ~~must shall~~ be available to the patient before ~~prior to~~ and after
250 payment of the statement or bill ~~or claim~~. The facility may not
251 charge the patient for making such ~~verification~~ records
252 available; however, the facility may charge its usual fee for
253 providing copies of records as specified in s. 395.3025.

254 (5) ~~(11)~~ Each facility shall establish a method for
255 reviewing and responding to questions from patients concerning
256 the patient's itemized statement or bill. Such response shall be
257 provided within 7 business ~~30~~ days after the date a question is
258 received. If the patient is not satisfied with the response, the
259 facility must provide the patient with the contact information
260 for ~~address of~~ the agency to which the issue may be sent for
261 review.

262 ~~(12)~~ ~~Each licensed facility shall make available on its~~
263 ~~Internet website a link to the performance outcome and financial~~
264 ~~data that is published by the Agency for Health Care~~
265 ~~Administration pursuant to s. 408.05(3)(k). The facility shall~~
266 ~~place a notice in the reception area that the information is~~
267 ~~available electronically and the facility's Internet website~~
268 ~~address.~~

269 Section 2. Section 395.107, Florida Statutes, is amended
270 to read:

271 395.107 Facilities ~~Urgent care centers~~; publishing and
272 posting schedule of charges; penalties.-

273 (1) For purposes of this section, "facility" means:

274 (a) An urgent care center as defined in s 395.002; or

Amendment No.

275 (b) A diagnostic-imaging center operated by a hospital
276 licensed under this chapter which is not located on the
277 hospital's premises.

278 (2) A facility ~~n-urgent care center~~ must publish and post
279 a schedule of charges for the medical services offered to
280 patients.

281 (3)~~(2)~~ The schedule of charges must describe the medical
282 services in language comprehensible to a layperson. The schedule
283 must include the prices charged to an uninsured person paying
284 for such services by cash, check, credit card, or debit card.
285 The schedule must be posted in a conspicuous place in the
286 reception area and must include, but is not limited to, the 50
287 services most frequently provided. The schedule may group
288 services by three price levels, listing services in each price
289 level. The posting may be a sign, which must be at least 15
290 square feet in size, or may be through an electronic messaging
291 board. If a facility ~~n-urgent care center~~ is affiliated with a
292 ~~facility~~ licensed hospital under this chapter, the schedule must
293 include text that notifies the insured patients whether the
294 charges for medical services received at the center will be the
295 same as, or more than, charges for medical services received at
296 the affiliated hospital. The text notifying the patient of the
297 schedule of charges shall be in a font size equal to or greater
298 than the font size used for prices and must be in a contrasting
299 color. The text that notifies the insured patients whether the
300 charges for medical services received at the center will be the

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

301 same as, or more than, charges for medical services received at
302 the affiliated hospital shall be included in all media and
303 Internet advertisements for the center and in language
304 comprehensible to a layperson.

305 ~~(4)(3)~~ The posted text describing the medical services
306 must fill at least 12 square feet of the posting. A facility
307 ~~center~~ may use an electronic device or messaging board to post
308 the schedule of charges. Such a device must be at least 3 square
309 feet, and patients must be able to access the schedule during
310 all hours of operation of the facility ~~urgent care center~~.

311 ~~(5)(4)~~ A facility ~~n-urgent care center~~ that is operated
312 and used exclusively for employees and the dependents of
313 employees of the business that owns or contracts for the
314 facility ~~urgent care center~~ is exempt from this section.

315 ~~(6)(5)~~ The failure of a facility ~~n-urgent care center~~ to
316 publish and post a schedule of charges as required by this
317 section shall result in a fine of not more than \$1,000, per day,
318 until the schedule is published and posted.

319 Section 3. Section 408.05, Florida Statutes, is amended to
320 read:

321 408.05 Florida Center for Health Information and
322 Transparency Policy Analysis.—

323 (1) ESTABLISHMENT.—The agency shall establish and maintain
324 a Florida Center for Health Information and Transparency to
325 collect, compile, coordinate, analyze, index, and disseminate
326 Policy Analysis. ~~The center shall establish a comprehensive~~

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

327 ~~health information system to provide for the collection,~~
328 ~~compilation, coordination, analysis, indexing, dissemination,~~
329 ~~and utilization of both purposefully collected and extant~~
330 health-related data and statistics. The center shall be staffed
331 ~~as with public health experts, biostatisticians, information~~
332 ~~system analysts, health policy experts, economists, and other~~
333 ~~staff necessary to carry out its functions.~~

334 (2) HEALTH-RELATED DATA.—The ~~comprehensive health~~
335 ~~information system operated by the Florida Center for Health~~
336 ~~Information and Transparency Policy Analysis shall identify the~~
337 ~~best available data sets, compile new data when specifically~~
338 ~~authorized, sources and promote the use ~~coordinate the~~~~
339 ~~compilation of extant health-related data and statistics. The~~
340 ~~center must maintain any data sets in existence before July 1,~~
341 ~~2016, unless such data sets duplicate information that is~~
342 ~~readily available from other credible sources, and may and~~
343 ~~purposefully collect or compile data on:~~

344 ~~(a) The extent and nature of illness and disability of the~~
345 ~~state population, including life expectancy, the incidence of~~
346 ~~various acute and chronic illnesses, and infant and maternal~~
347 ~~morbidity and mortality.~~

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

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

Amendment No.

352 ~~(d) Health knowledge and practices of the people in this~~
353 ~~state and determinants of health and nutritional practices and~~
354 ~~status.~~

355 (a)(e) Health resources, including licensed physicians,
356 dentists, nurses, and other health care practitioners
357 professionals, by specialty and type of practice. Such data
358 shall include information collected by the Department of Health
359 pursuant to ss. 458.3191 and 459.0081.

360 (b) Health service inventories, including and acute care,
361 long-term care, and other institutional care facilities facility
362 supplies and specific services provided by hospitals, nursing
363 homes, home health agencies, and other licensed health care
364 facilities.

365 (c)(f) Service utilization for licensed of health care
366 facilities by type of provider.

367 (d)(g) Health care costs and financing, including trends
368 in health care prices and costs, the sources of payment for
369 health care services, and federal, state, and local expenditures
370 for health care.

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

372 (e)(i) The extent of public and private health insurance
373 coverage in this state.

374 (f)(j) Specific quality-of-care initiatives involving The
375 quality of care provided by various health care providers when
376 extant data is not adequate to achieve the objectives of the
377 initiative.

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

(3) ~~COMPREHENSIVE HEALTH INFORMATION TRANSPARENCY SYSTEM.~~

In order to disseminate and facilitate the availability of
~~produce~~ comparable and uniform health information ~~and statistics~~
~~for the development of policy recommendations~~, the agency shall
~~perform the following functions:~~

(a) Collect and compile information on and coordinate the
activities of state agencies involved in providing the design
~~and implementation of the comprehensive health information to~~
consumers system.

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

(c) Contract with a vendor to provide a consumer-friendly,
Internet-based platform that allows a consumer to research the
cost of health care services and procedures and allows for price
comparison. The Internet-based platform must allow a consumer to
search by condition or service bundles that are comprehensible
to an ordinary layperson and may not require registration, a
security password, or user identification. The vendor shall also
establish and maintain a Florida-specific data set of health
care claims information available to the public and any
interested party. The agency shall actively oversee the vendor
to ensure compliance with state law. The vendor must be a
nonprofit research institute that is qualified under s. 1874 of

Amendment No.

404 the Social Security Act to receive Medicare claims data and that
405 receives claims, payment, and patient cost-share data from
406 multiple private insurers nationwide. The vendor must have:

407 1. A national database consisting of at least 15 billion
408 claim lines of administrative claims data from multiple payors
409 capable of being expanded by adding third-party payors,
410 including employers with health plans covered by the Employee
411 Retirement Income Security Act of 1974 (ERISA).

412 2. A well-developed methodology for analyzing claims data
413 within defined service bundles.

414 3. A bundling methodology that is available in the public
415 domain to allow for consistency and comparison of state and
416 national benchmarks with local regions and specific providers.

417 (d) Design a patient safety culture survey or surveys to
418 be completed annually by each hospital and ambulatory surgical
419 center licensed under chapter 395. The survey or surveys shall
420 be anonymous to encourage staff employed by or working in the
421 facility to complete the survey. The survey or surveys shall be
422 designed to measure aspects of patient safety culture, including
423 frequency of adverse events, quality of handoffs and
424 transitions, comfort in reporting a potential problem or error,
425 the level of teamwork within hospital units and the facility as
426 a whole, staff compliance with patient safety regulations and
427 guidelines, staff perception of facility support for patient
428 safety, and staff opinions on whether they would undergo a
429 health care service or procedure at the facility. The agency

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

430 shall review and analyze nationally recognized patient safety
431 culture survey products, including, but not limited to, the
432 patient safety surveys developed by the federal Agency for
433 Healthcare Research and Quality, to develop the patient safety
434 culture survey. This paragraph does not apply to licensed
435 facilities operating exclusively as state facilities.

436 ~~(c) Review the statistical activities of state agencies to~~
437 ~~ensure that they are consistent with the comprehensive health~~
438 ~~information system.~~

439 ~~(e)(d) Develop written agreements with local, state, and~~
440 ~~federal agencies to facilitate for the sharing of data related~~
441 ~~to health care health-care-related data or using the facilities~~
442 ~~and services of such agencies. State agencies, local health~~
443 ~~councils, and other agencies under state contract shall assist~~
444 ~~the center in obtaining, compiling, and transferring health-~~
445 ~~care-related data maintained by state and local agencies.~~
446 ~~Written agreements must specify the types, methods, and~~
447 ~~periodicity of data exchanges and specify the types of data that~~
448 ~~will be transferred to the center.~~

449 ~~(f)(e) Establish by rule:~~

450 ~~(1) The types of data collected, compiled, processed,~~
451 ~~used, or shared.~~

452 2. Requirements for implementation of the consumer-
453 friendly, Internet-based platform created by the contracted
454 vendor under paragraph (c).

Amendment No.

455 3. Requirements for the submission of data by insurers
456 pursuant to s. 627.6385 and health maintenance organizations
457 pursuant to s. 641.54 to the contracted vendor under paragraph
458 (c).

459 4. Requirements governing the collection of data by the
460 contracted vendor under paragraph (c).

461 5. How information is to be published on the consumer-
462 friendly, Internet-based platform created under paragraph (c)
463 for public use. Decisions regarding center data sets should be
464 made based on consultation with the State Consumer Health
465 Information and Policy Advisory Council and other public and
466 private users regarding the types of data which should be
467 collected and their uses. The center shall establish
468 standardized means for collecting health information and
469 statistics under laws and rules administered by the agency.

470 (g) Consult with contracted vendors, the State Consumer
471 Health Information and Policy Advisory Council, and other public
472 and private users regarding the types of data that should be
473 collected and the use of such data.

474 (h) Monitor data collection procedures and test data
475 quality to facilitate the dissemination of data that is
476 accurate, valid, reliable, and complete.

477 ~~(f) Establish minimum health care related data sets which~~
478 ~~are necessary on a continuing basis to fulfill the collection~~
479 ~~requirements of the center and which shall be used by state~~
480 ~~agencies in collecting and compiling health care related data.~~

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

481 ~~The agency shall periodically review ongoing health care data~~
482 ~~collections of the Department of Health and other state agencies~~
483 ~~to determine if the collections are being conducted in~~
484 ~~accordance with the established minimum sets of data.~~

485 ~~(g) Establish advisory standards to ensure the quality of~~
486 ~~health statistical and epidemiological data collection,~~
487 ~~processing, and analysis by local, state, and private~~
488 ~~organizations.~~

489 ~~(h) Prescribe standards for the publication of health-~~
490 ~~care related data reported pursuant to this section which ensure~~
491 ~~the reporting of accurate, valid, reliable, complete, and~~
492 ~~comparable data. Such standards should include advisory warnings~~
493 ~~to users of the data regarding the status and quality of any~~
494 ~~data reported by or available from the center.~~

495 ~~(i) Develop Prescribe standards for the maintenance and~~
496 ~~preservation of the center's data. This should include methods~~
497 ~~for archiving data, retrieval of archived data, and data editing~~
498 ~~and verification.~~

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

502 ~~(j)-(k) Make Develop, in conjunction with the State~~
503 ~~Consumer Health Information and Policy Advisory Council, and~~
504 ~~implement a long-range plan for making available health care~~
505 ~~quality measures and financial data that will allow consumers to~~
506 ~~compare outcomes and other performance measures for health care~~

Amendment No.

507 ~~services. The health care quality measures and financial data~~
508 ~~the agency must make available include, but are not limited to,~~
509 ~~pharmaceuticals, physicians, health care facilities, and health~~
510 ~~plans and managed care entities. The agency shall update the~~
511 ~~plan and report on the status of its implementation annually.~~
512 ~~The agency shall also make the plan and status report available~~
513 ~~to the public on its Internet website. As part of the plan, the~~
514 ~~agency shall identify the process and timeframes for~~
515 ~~implementation, barriers to implementation, and recommendations~~
516 ~~of changes in the law that may be enacted by the Legislature to~~
517 ~~eliminate the barriers. As preliminary elements of the plan, the~~
518 ~~agency shall:~~

519 ~~1. Make available patient-safety indicators, inpatient~~
520 ~~quality indicators, and performance outcome and patient charge~~
521 ~~data collected from health care facilities pursuant to s.~~
522 ~~408.061(1) (a) and (2). The terms "patient-safety indicators" and~~
523 ~~"inpatient quality indicators" have the same meaning as that~~
524 ~~ascribed by the Centers for Medicare and Medicaid Services, an~~
525 ~~accrediting organization whose standards incorporate comparable~~
526 ~~regulations required by this state, or a national entity that~~
527 ~~establishes standards to measure the performance of health care~~
528 ~~providers, or by other states. The agency shall determine which~~
529 ~~conditions, procedures, health care quality measures, and~~
530 ~~patient charge data to disclose based upon input from the~~
531 ~~council. When determining which conditions and procedures are to~~
532 ~~be disclosed, the council and the agency shall consider~~

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

533 ~~variation in costs, variation in outcomes, and magnitude of~~
534 ~~variations and other relevant information. When determining~~
535 ~~which health care quality measures to disclose, the agency:~~

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

540 ~~b. May consider such additional measures that are adopted~~
541 ~~by the Centers for Medicare and Medicaid Studies, an accrediting~~
542 ~~organization whose standards incorporate comparable regulations~~
543 ~~required by this state, the National Quality Forum, the Joint~~
544 ~~Commission on Accreditation of Healthcare Organizations, the~~
545 ~~Agency for Healthcare Research and Quality, the Centers for~~
546 ~~Disease Control and Prevention, or a similar national entity~~
547 ~~that establishes standards to measure the performance of health~~
548 ~~care providers, or by other states.~~

549
550 ~~When determining which patient charge data to disclose, the~~
551 ~~agency shall include such measures as the average of~~
552 ~~undiscounted charges on frequently performed procedures and~~
553 ~~preventive diagnostic procedures, the range of procedure charges~~
554 ~~from highest to lowest, average net revenue per adjusted patient~~
555 ~~day, average cost per adjusted patient day, and average cost per~~
556 ~~admission, among others.~~

557 ~~2. Make available performance measures, benefit design,~~
558 ~~and premium cost data from health plans licensed pursuant to~~

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

559 ~~chapter 627 or chapter 641. The agency shall determine which~~
560 ~~health care quality measures and member and subscriber cost data~~
561 ~~to disclose, based upon input from the council. When determining~~
562 ~~which data to disclose, the agency shall consider information~~
563 ~~that may be required by either individual or group purchasers to~~
564 ~~assess the value of the product, which may include membership~~
565 ~~satisfaction, quality of care, current enrollment or membership,~~
566 ~~coverage areas, accreditation status, premium costs, plan costs,~~
567 ~~premium increases, range of benefits, copayments and~~
568 ~~deductibles, accuracy and speed of claims payment, credentials~~
569 ~~of physicians, number of providers, names of network providers,~~
570 ~~and hospitals in the network. Health plans shall make available~~
571 ~~to the agency such data or information that is not currently~~
572 ~~reported to the agency or the office.~~

573 ~~3. Determine the method and format for public disclosure~~
574 ~~of data reported pursuant to this paragraph. The agency shall~~
575 ~~make its determination based upon input from the State Consumer~~
576 ~~Health Information and Policy Advisory Council. At a minimum,~~
577 ~~the data shall be made available on the agency's Internet~~
578 ~~website in a manner that allows consumers to conduct an~~
579 ~~interactive search that allows them to view and compare the~~
580 ~~information for specific providers. The website must include~~
581 ~~such additional information as is determined necessary to ensure~~
582 ~~that the website enhances informed decisionmaking among~~
583 ~~consumers and health care purchasers, which shall include, at a~~

Amendment No.

584 ~~minimum, appropriate guidance on how to use the data and an~~
585 ~~explanation of why the data may vary from provider to provider.~~

586 ~~4. Publish on its website undiscounted charges for no~~
587 ~~fewer than 150 of the most commonly performed adult and~~
588 ~~pediatric procedures, including outpatient, inpatient,~~
589 ~~diagnostic, and preventative procedures.~~

590 ~~(4) TECHNICAL ASSISTANCE.~~

591 ~~(a) The center shall provide technical assistance to~~
592 ~~persons or organizations engaged in health planning activities~~
593 ~~in the effective use of statistics collected and compiled by the~~
594 ~~center. The center shall also provide the following additional~~
595 ~~technical assistance services:~~

596 ~~1. Establish procedures identifying the circumstances~~
597 ~~under which, the places at which, the persons from whom, and the~~
598 ~~methods by which a person may secure data from the center,~~
599 ~~including procedures governing requests, the ordering of~~
600 ~~requests, timeframes for handling requests, and other procedures~~
601 ~~necessary to facilitate the use of the center's data. To the~~
602 ~~extent possible, the center should provide current data timely~~
603 ~~in response to requests from public or private agencies.~~

604 ~~2. Provide assistance to data sources and users in the~~
605 ~~areas of database design, survey design, sampling procedures,~~
606 ~~statistical interpretation, and data access to promote improved~~
607 ~~health-care-related data sets.~~

Amendment No.

608 ~~3. Identify health care data gaps and provide technical~~
609 ~~assistance to other public or private organizations for meeting~~
610 ~~documented health care data needs.~~

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

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

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

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

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

625 ~~9. Monitor innovations in health information technology,~~
626 ~~informatics, and the exchange of health information and maintain~~
627 ~~a repository of technical resources to support the development~~
628 ~~of a health information network.~~

629 ~~(b) The agency shall administer, manage, and monitor~~
630 ~~grants to not-for-profit organizations, regional health~~
631 ~~information organizations, public health departments, or state~~
632 ~~agencies that submit proposals for planning, implementation, or~~
633 ~~training projects to advance the development of a health~~

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

634 ~~information network. Any grant contract shall be evaluated to~~
635 ~~ensure the effective outcome of the health information project.~~

636 ~~(c) The agency shall initiate, oversee, manage, and~~
637 ~~evaluate the integration of health care data from each state~~
638 ~~agency that collects, stores, and reports on health care issues~~
639 ~~and make that data available to any health care practitioner~~
640 ~~through a state health information network.~~

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

645 ~~(a) The center shall publish and make available~~
646 ~~periodically to agencies and individuals health statistics~~
647 ~~publications of general interest, including health plan consumer~~
648 ~~reports and health maintenance organization member satisfaction~~
649 ~~surveys; publications providing health statistics on topical~~
650 ~~health policy issues; publications that provide health status~~
651 ~~profiles of the people in this state; and other topical health~~
652 ~~statistics publications.~~

653 ~~(k) (b) The center shall publish, Make available, and~~
654 ~~disseminate, promptly and as widely as practicable, the results~~
655 ~~of special health surveys, including facility patient safety~~
656 ~~culture surveys, health care research, and health care~~
657 ~~evaluations conducted or supported under this section. Any~~
658 ~~publication by the center must include a statement of the~~

Amendment No.

659 ~~limitations on the quality, accuracy, and completeness of the~~
660 ~~data.~~

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

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

666 ~~(e) The center shall be responsible, to the extent~~
667 ~~resources are available, for conducting a variety of special~~
668 ~~studies and surveys to expand the health care information and~~
669 ~~statistics available for health policy analyses, particularly~~
670 ~~for the review of public policy issues. The center shall develop~~
671 ~~a process by which users of the center's data are periodically~~
672 ~~surveyed regarding critical data needs and the results of the~~
673 ~~survey considered in determining which special surveys or~~
674 ~~studies will be conducted. The center shall select problems in~~
675 ~~health care for research, policy analyses, or special data~~
676 ~~collections on the basis of their local, regional, or state~~
677 ~~importance; the unique potential for definitive research on the~~
678 ~~problem; and opportunities for application of the study~~
679 ~~findings.~~

680 (4)~~(6)~~ PROVIDER DATA REPORTING.—This section does not
681 confer on the agency the power to demand or require that a
682 health care provider or professional furnish information,
683 records of interviews, written reports, statements, notes,
684 memoranda, or data other than as expressly required by law. The

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

685 agency may not establish an all-payor claims database or a
686 comparable database without express legislative authority.

687 (5)-(7) BUDGET; FEES.-

688 ~~(a) The Legislature intends that funding for the Florida~~
689 ~~Center for Health Information and Policy Analysis be~~
690 ~~appropriated from the General Revenue Fund.~~

691 (a)-(b) The Florida Center for Health Information and
692 Transparency Policy Analysis may apply for and receive and
693 accept grants, gifts, and other payments, including property and
694 services, from any governmental or other public or private
695 entity or person and make arrangements as to the use of same,
696 including the undertaking of special studies and other projects
697 relating to health-care-related topics. ~~Funds obtained pursuant~~
698 ~~to this paragraph may not be used to offset annual~~
699 ~~appropriations from the General Revenue Fund.~~

700 (b)-(c) The center may charge such reasonable fees for
701 services as the agency prescribes by rule. The established fees
702 may not exceed the reasonable cost for such services. Fees
703 ~~collected may not be used to offset annual appropriations from~~
704 ~~the General Revenue Fund.~~

705 (6)-(8) STATE CONSUMER HEALTH INFORMATION AND POLICY
706 ADVISORY COUNCIL.-

707 (a) There is established in the agency the State Consumer
708 Health Information and Policy Advisory Council to assist the
709 center ~~in reviewing the comprehensive health information system,~~
710 ~~including the identification, collection, standardization,~~

Amendment No.

711 ~~sharing, and coordination of health-related data, fraud and~~
712 ~~abuse data, and professional and facility licensing data among~~
713 ~~federal, state, local, and private entities and to recommend~~
714 ~~improvements for purposes of public health, policy analysis, and~~
715 ~~transparency of consumer health care information.~~ The council
716 shall consist of the following members:

717 1. An employee of the Executive Office of the Governor, to
718 be appointed by the Governor.

719 2. An employee of the Office of Insurance Regulation, to
720 be appointed by the director of the office.

721 3. An employee of the Department of Education, to be
722 appointed by the Commissioner of Education.

723 4. Ten persons, to be appointed by the Secretary of Health
724 Care Administration, representing other state and local
725 agencies, state universities, business and health coalitions,
726 local health councils, professional health-care-related
727 associations, consumers, and purchasers.

728 (b) Each member of the council shall be appointed to serve
729 for a term of 2 years following the date of appointment, ~~except~~
730 ~~the term of appointment shall end 3 years following the date of~~
731 ~~appointment for members appointed in 2003, 2004, and 2005.~~ A
732 vacancy shall be filled by appointment for the remainder of the
733 term, and each appointing authority retains the right to
734 reappoint members whose terms of appointment have expired.

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1175 (2016)

Amendment No.

735 (c) The council may meet at the call of its chair, at the
736 request of the agency, or at the request of a majority of its
737 membership, but the council must meet at least quarterly.

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

739 (e) A majority of the members constitutes a quorum, and
740 the affirmative vote of a majority of a quorum is necessary to
741 take action.

742 (f) The council shall maintain minutes of each meeting and
743 shall make such minutes available to any person.

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

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

749 1. To develop a mission statement, goals, and a plan of
750 action for the identification, collection, standardization,
751 sharing, and coordination of health-related data across federal,
752 state, and local government and private sector entities.

753 2. To develop a review process to ensure cooperative
754 planning among agencies that collect or maintain health-related
755 data.

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

758 ~~(7)-(9) APPLICATION TO OTHER AGENCIES. Nothing in~~ This
759 section does not shall limit, restrict, affect, or control the
760 collection, analysis, release, or publication of data by any

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

761 state agency pursuant to its statutory authority, duties, or
762 responsibilities.

763 Section 3. Subsection (1) of section 408.061, Florida
764 Statutes, is amended to read:

765 408.061 Data collection; uniform systems of financial
766 reporting; information relating to physician charges;
767 confidential information; immunity.—

768 (1) The agency shall require the submission by health care
769 facilities, health care providers, and health insurers of data
770 necessary to carry out the agency's duties and to facilitate
771 transparency in health care pricing data and quality measures.

772 Specifications for data to be collected under this section shall
773 be developed by the agency and applicable contract vendors, with
774 the assistance of technical advisory panels including
775 representatives of affected entities, consumers, purchasers, and
776 such other interested parties as may be determined by the
777 agency.

778 (a) Data submitted by health care facilities, including
779 the facilities as defined in chapter 395, shall include, but are
780 not limited to: case-mix data, patient admission and discharge
781 data, hospital emergency department data which shall include the
782 number of patients treated in the emergency department of a
783 licensed hospital reported by patient acuity level, data on
784 hospital-acquired infections as specified by rule, data on
785 complications as specified by rule, data on readmissions as
786 specified by rule, with patient and provider-specific

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

787 identifiers included, actual charge data by diagnostic groups or
788 other bundled groupings as specified by rule, facility patient
789 safety culture surveys, financial data, accounting data,
790 operating expenses, expenses incurred for rendering services to
791 patients who cannot or do not pay, interest charges,
792 depreciation expenses based on the expected useful life of the
793 property and equipment involved, and demographic data. The
794 agency shall adopt nationally recognized risk adjustment
795 methodologies or software consistent with the standards of the
796 Agency for Healthcare Research and Quality and as selected by
797 the agency for all data submitted as required by this section.
798 Data may be obtained from documents such as, but not limited to:
799 leases, contracts, debt instruments, itemized patient statements
800 or bills, medical record abstracts, and related diagnostic
801 information. Reported data elements shall be reported
802 electronically in accordance with rule 59E-7.012, Florida
803 Administrative Code. Data submitted shall be certified by the
804 chief executive officer or an appropriate and duly authorized
805 representative or employee of the licensed facility that the
806 information submitted is true and accurate.

807 (b) Data to be submitted by health care providers may
808 include, but are not limited to: professional organization and
809 specialty board affiliations, Medicare and Medicaid
810 participation, types of services offered to patients, actual
811 charges to patients as specified by rule, amount of revenue and
812 expenses of the health care provider, and such other data which

Amendment No.

813 are reasonably necessary to study utilization patterns. Data
814 submitted shall be certified by the appropriate duly authorized
815 representative or employee of the health care provider that the
816 information submitted is true and accurate.

817 (c) Data to be submitted by health insurers may include,
818 but are not limited to: claims, payments to health care
819 facilities and health care providers as specified by rule,
820 premium, administration, and financial information. Data
821 submitted shall be certified by the chief financial officer, an
822 appropriate and duly authorized representative, or an employee
823 of the insurer that the information submitted is true and
824 accurate. Information that is considered trade secret under s.
825 812.081 shall be clearly designated.

826 (d) Data required to be submitted by health care
827 facilities, health care providers, or health insurers may shall
828 not include specific provider contract reimbursement
829 information. However, such specific provider reimbursement data
830 shall be reasonably available for onsite inspection by the
831 agency as is necessary to carry out the agency's regulatory
832 duties. Any such data obtained by the agency as a result of
833 onsite inspections may not be used by the state for purposes of
834 direct provider contracting and are confidential and exempt from
835 ~~the provisions of~~ s. 119.07(1) and s. 24(a), Art. I of the State
836 Constitution.

837 (e) A requirement to submit data shall be adopted by rule
838 if the submission of data is being required of all members of

Amendment No.

839 any type of health care facility, health care provider, or
840 health insurer. Rules are not required, however, for the
841 submission of data for a special study mandated by the
842 Legislature or when information is being requested for a single
843 health care facility, health care provider, or health insurer.

844 Section 4. Subsections (8), (9), and (10) of section
845 408.810, Florida Statutes, are renumbered as subsections (9),
846 (10), and (11), respectively, and a new subsection (8) is added
847 to that section to read:

848 408.810 Minimum licensure requirements.—In addition to the
849 licensure requirements specified in this part, authorizing
850 statutes, and applicable rules, each applicant and licensee must
851 comply with ~~the requirements of~~ this section in order to obtain
852 and maintain a license.

853 (8) Each licensee subject to s. 408.05(3)(d) shall submit
854 the patient safety culture survey or surveys to the agency in
855 accordance with applicable rules.

856 Section 5. Section 456.0575, Florida Statutes, is amended
857 to read:

858 456.0575 Duty to notify patients.—

859 (1) Every licensed health care practitioner shall inform
860 each patient, or an individual identified pursuant to s.
861 765.401(1), in person about adverse incidents that result in
862 serious harm to the patient. Notification of outcomes of care
863 that result in harm to the patient under this section does ~~shall~~

Amendment No.

864 not constitute an acknowledgment of admission of liability, nor
865 can such notifications be introduced as evidence.

866 (2) Every licensed health care practitioner shall provide
867 upon request by a patient, before providing any nonemergency
868 medical services in a facility licensed under chapter 395, a
869 written, good faith estimate of reasonably anticipated charges
870 to treat the patient's condition at the facility. The health
871 care practitioner must provide the estimate to the patient
872 within 7 business days after receiving the request and is not
873 required to adjust the estimate for any potential insurance
874 coverage. The health care practitioner must inform the patient
875 that he or she may contact his or her health insurer or health
876 maintenance organization for additional information concerning
877 cost-sharing responsibilities. The health care practitioner must
878 provide information to uninsured patients and insured patients
879 for whom the practitioner is not a network provider or preferred
880 provider which discloses the practitioner's financial assistance
881 policy, including the application process, payment plans,
882 discounts, or other available assistance, and the practitioner's
883 charity care policy and collection procedures. Such estimate
884 does not preclude the actual charges from exceeding the
885 estimate. Failure to provide the estimate in accordance with
886 this subsection shall result in disciplinary action against the
887 health care practitioner and a daily fine of \$500 until the
888 estimate is provided to the patient. The total fine may not
889 exceed \$5,000.

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

890 Section 6. Section 627.6385, Florida Statutes, is created
891 to read:

892 627.6385 Disclosures to policyholders; calculations of
893 cost sharing.-

894 (1) Each health insurer shall make available on its
895 website:

896 (a) A method for policyholders to estimate their
897 copayments, deductibles, and other cost-sharing responsibilities
898 for health care services and procedures. Such method of making
899 an estimate shall be based on service bundles established
900 pursuant to s. 408.05(3)(c). Estimates do not preclude the
901 actual copayment, coinsurance percentage, or deductible,
902 whichever is applicable, from exceeding the estimate.

903 1. Estimates shall be calculated according to the policy
904 and known plan usage during the coverage period.

905 2. Estimates shall be made available based on providers
906 that are in-network and out-of-network.

907 3. A policyholder must be able to create estimates by any
908 combination of the service bundles established pursuant to s.
909 408.05(3)(c), a specified provider, or a comparison of
910 providers.

911 (b) A method for policyholders to estimate their
912 copayments, deductibles, and other cost-sharing responsibilities
913 based on a personalized estimate of charges received from a
914 facility pursuant to s. 395.301 or a practitioner pursuant to s.
915 456.0575.

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

916 (c) A hyperlink to the health information, including, but
917 not limited to, service bundles and quality of care information,
918 which is disseminated by the Agency for Health Care
919 Administration pursuant to s. 408.05(3).

920 (2) Each health insurer shall include in every policy
921 delivered or issued for delivery to any person in the state or
922 in materials provided as required by s. 627.64725 notice that
923 the information required by this section is available
924 electronically and the address of the website where the
925 information can be accessed.

926 (3) Each health insurer that participates in the state
927 group health insurance plan created under s. 110.123 or Medicaid
928 managed care pursuant to part IV of chapter 409 shall contribute
929 all claims data from Florida policyholders held by the insurer
930 and its affiliates to the contracted vendor selected by the
931 Agency for Health Care Administration under s. 408.05(3)(c).
932 Each insurer and its affiliates shall not contribute claims data
933 to the contracted vendor which reflect coverage for the
934 following benefits:

935 (a) Coverage only for accident, or disability income
936 insurance, or any combination thereof.

937 (b) Coverage issued as a supplement to liability
938 insurance.

939 (c) Liability insurance, including general liability
940 insurance and automobile liability insurance.

941 (d) Workers' compensation or similar insurance.

Amendment No.

- 942 (e) Automobile medical payment insurance.
943 (f) Credit-only insurance.
944 (g) Coverage for onsite medical clinics, including prepaid
945 health clinics under part II of chapter 641.
946 (h) Limited scope dental or vision benefits.
947 (i) Benefits for long-term care, nursing home care, home
948 health care, community-based care, or any combination thereof.

949 Section 7. Subsection (6) of section 641.54, Florida
950 Statutes, is amended, present subsection (7) is renumbered as
951 subsection (8) and amended, and a new subsection (7) is added to
952 that section, to read:

953 641.54 Information disclosure.—

954 (6) Each health maintenance organization shall make
955 available to its subscribers on its website or by request the
956 estimated copayment ~~copay~~, coinsurance percentage, or
957 deductible, whichever is applicable, for any covered services as
958 described by the searchable bundles established on a consumer-
959 friendly, Internet-based platform pursuant to s. 408.05(3)(c) or
960 as described by a personalized estimate received from a facility
961 pursuant to s. 395.301 or a practitioner pursuant to s.
962 456.0575, the status of the subscriber's maximum annual out-of-
963 pocket payments for a covered individual or family, and the
964 status of the subscriber's maximum lifetime benefit. Such
965 estimate does ~~shall~~ not preclude the actual copayment ~~copay~~,
966 coinsurance percentage, or deductible, whichever is applicable,
967 from exceeding the estimate.

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

968 (7) Each health maintenance organization that participates
969 in the state group health insurance plan created under s.
970 110.123 or Medicaid managed care pursuant to part IV of chapter
971 409 shall contribute all claims data from Florida subscribers
972 held by the organization and its affiliates to the contracted
973 vendor selected by the Agency for Health Care Administration
974 under s. 408.05(3)(c). Each health maintenance organization and
975 its affiliates shall not contribute claims data to the
976 contracted vendor which reflect coverage for the following
977 benefits:

978 (a) Coverage only for accident, or disability income
979 insurance, or any combination thereof.

980 (b) Coverage issued as a supplement to liability
981 insurance.

982 (c) Liability insurance, including general liability
983 insurance and automobile liability insurance.

984 (d) Workers' compensation or similar insurance.

985 (e) Automobile medical payment insurance.

986 (f) Credit-only insurance.

987 (g) Coverage for onsite medical clinics, including prepaid
988 health clinics under part II of chapter 641.

989 (h) Limited scope dental or vision benefits.

990 (i) Benefits for long-term care, nursing home care, home
991 health care, community-based care, or any combination thereof.

992 (8)-(7) Each health maintenance organization shall make
993 available on its ~~Internet~~ website a hyperlink link to the health

Amendment No.

994 ~~information performance outcome and financial data~~ that is
995 disseminated ~~published~~ by the Agency for Health Care
996 Administration pursuant to s. 408.05(3) ~~408.05(3)(k)~~ and shall
997 include in every policy delivered or issued for delivery to any
998 person in the state or in any materials provided as required by
999 s. 627.64725 notice that such information is available
1000 electronically and the address of its ~~Internet~~ website.

1001 Section 8. Paragraph (n) is added to subsection (2) of
1002 section 409.967, Florida Statutes, to read:

1003 409.967 Managed care plan accountability.—

1004 (2) The agency shall establish such contract requirements
1005 as are necessary for the operation of the statewide managed care
1006 program. In addition to any other provisions the agency may deem
1007 necessary, the contract must require:

1008 (n) Transparency.—Managed care plans shall comply with ss.
1009 627.6385(3) and 641.54(7).

1010 Section 9. Paragraph (d) of subsection (3) of section
1011 110.123, Florida Statutes, is amended to read:

1012 110.123 State group insurance program.—

1013 (3) STATE GROUP INSURANCE PROGRAM.—

1014 (d)1. Notwithstanding ~~the provisions of~~ chapter 287 and
1015 the authority of the department, for the purpose of protecting
1016 the health of, and providing medical services to, state
1017 employees participating in the state group insurance program,
1018 the department may contract to retain the services of
1019 professional administrators for the state group insurance

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

1020 program. The agency shall follow good purchasing practices of
1021 state procurement to the extent practicable under the
1022 circumstances.

1023 2. Each vendor in a major procurement, and any other
1024 vendor if the department deems it necessary to protect the
1025 state's financial interests, shall, at the time of executing any
1026 contract with the department, post an appropriate bond with the
1027 department in an amount determined by the department to be
1028 adequate to protect the state's interests but not higher than
1029 the full amount estimated to be paid annually to the vendor
1030 under the contract.

1031 3. Each major contract entered into by the department
1032 pursuant to this section shall contain a provision for payment
1033 of liquidated damages to the department for material
1034 noncompliance by a vendor with a contract provision. The
1035 department may require a liquidated damages provision in any
1036 contract if the department deems it necessary to protect the
1037 state's financial interests.

1038 4. Section ~~The provisions of s. 120.57(3)~~ applies ~~apply~~ to
1039 the department's contracting process, except:

1040 a. A formal written protest of any decision, intended
1041 decision, or other action subject to protest shall be filed
1042 within 72 hours after receipt of notice of the decision,
1043 intended decision, or other action.

1044 b. As an alternative to any provision of s. 120.57(3), the
1045 department may proceed with the bid selection or contract award

Amendment No.

1046 process if the director of the department sets forth, in
1047 writing, particular facts and circumstances that ~~which~~
1048 demonstrate the necessity of continuing the procurement process
1049 or the contract award process in order to avoid a substantial
1050 disruption to the provision of any scheduled insurance services.

1051 5. The department shall make arrangements as necessary to
1052 contribute claims data of the state group health insurance plan
1053 to the contracted vendor selected by the Agency for Health Care
1054 Administration pursuant to s. 408.05(3)(c).

1055 6. Each contracted vendor for the state group health
1056 insurance plan shall contribute Florida claims data to the
1057 contracted vendor selected by the Agency for Health Care
1058 Administration pursuant to s. 408.05(3)(c).

1059 Section 10. Subsection (3) of section 20.42, Florida
1060 Statutes, is amended to read:

1061 20.42 Agency for Health Care Administration.—

1062 (3) The department shall be the chief health policy and
1063 planning entity for the state. The department is responsible for
1064 health facility licensure, inspection, and regulatory
1065 enforcement; investigation of consumer complaints related to
1066 health care facilities and managed care plans; the
1067 implementation of the certificate of need program; the operation
1068 of the Florida Center for Health Information and Transparency
1069 ~~Policy Analysis~~; the administration of the Medicaid program; the
1070 administration of the contracts with the Florida Healthy Kids
1071 Corporation; the certification of health maintenance

Amendment No.

1072 organizations and prepaid health clinics as set forth in part
1073 III of chapter 641; and any other duties prescribed by statute
1074 or agreement.

1075 Section 11. Paragraph (c) of subsection (4) of section
1076 381.026, Florida Statutes, is amended to read:

1077 381.026 Florida Patient's Bill of Rights and
1078 Responsibilities.-

1079 (4) RIGHTS OF PATIENTS.-Each health care facility or
1080 provider shall observe the following standards:

1081 (c) Financial information and disclosure.-

1082 1. A patient has the right to be given, upon request, by
1083 the responsible provider, his or her designee, or a
1084 representative of the health care facility full information and
1085 necessary counseling on the availability of known financial
1086 resources for the patient's health care.

1087 2. A health care provider or a health care facility shall,
1088 upon request, disclose to each patient who is eligible for
1089 Medicare, before treatment, whether the health care provider or
1090 the health care facility in which the patient is receiving
1091 medical services accepts assignment under Medicare reimbursement
1092 as payment in full for medical services and treatment rendered
1093 in the health care provider's office or health care facility.

1094 3. A primary care provider may publish a schedule of
1095 charges for the medical services that the provider offers to
1096 patients. The schedule must include the prices charged to an
1097 uninsured person paying for such services by cash, check, credit

Amendment No.

1098 card, or debit card. The schedule must be posted in a
1099 conspicuous place in the reception area of the provider's office
1100 and must include, but is not limited to, the 50 services most
1101 frequently provided by the primary care provider. The schedule
1102 may group services by three price levels, listing services in
1103 each price level. The posting must be at least 15 square feet in
1104 size. A primary care provider who publishes and maintains a
1105 schedule of charges for medical services is exempt from the
1106 license fee requirements for a single period of renewal of a
1107 professional license under chapter 456 for that licensure term
1108 and is exempt from the continuing education requirements of
1109 chapter 456 and the rules implementing those requirements for a
1110 single 2-year period.

1111 4. If a primary care provider publishes a schedule of
1112 charges pursuant to subparagraph 3., he or she must continually
1113 post it at all times for the duration of active licensure in
1114 this state when primary care services are provided to patients.
1115 If a primary care provider fails to post the schedule of charges
1116 in accordance with this subparagraph, the provider shall be
1117 required to pay any license fee and comply with any continuing
1118 education requirements for which an exemption was received.

1119 5. A health care provider or a health care facility shall,
1120 upon request, furnish a person, before the provision of medical
1121 services, a reasonable estimate of charges for such services.
1122 The health care provider or the health care facility shall
1123 provide an uninsured person, before the provision of a planned

Amendment No.

1124 nonemergency medical service, a reasonable estimate of charges
1125 for such service and information regarding the provider's or
1126 facility's discount or charity policies for which the uninsured
1127 person may be eligible. Such estimates by a primary care
1128 provider must be consistent with the schedule posted under
1129 subparagraph 3. Estimates shall, to the extent possible, be
1130 written in language comprehensible to an ordinary layperson.
1131 Such reasonable estimate does not preclude the health care
1132 provider or health care facility from exceeding the estimate or
1133 making additional charges based on changes in the patient's
1134 condition or treatment needs.

1135 6. Each licensed facility, except a facility operating
1136 exclusively as a state facility, ~~not operated by the state~~ shall
1137 make available to the public on its ~~Internet~~ website or by other
1138 electronic means a description of and a hyperlink link to the
1139 health information ~~performance outcome and financial data~~ that
1140 is disseminated ~~published~~ by the agency pursuant to s. 408.05(3)
1141 ~~408.05(3)(k)~~. The facility shall place a notice in the reception
1142 area that such information is available electronically and the
1143 website address. The licensed facility may indicate that the
1144 pricing information is based on a compilation of charges for the
1145 average patient and that each patient's statement or bill may
1146 vary from the average depending upon the severity of illness and
1147 individual resources consumed. The licensed facility may also
1148 indicate that the price of service is negotiable for eligible
1149 patients based upon the patient's ability to pay.

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

1150 7. A patient has the right to receive a copy of an
1151 itemized statement or bill upon request. A patient has a right
1152 to be given an explanation of charges upon request.

1153 Section 12. Paragraph (e) of subsection (2) of section
1154 395.602, Florida Statutes, is amended to read:

1155 395.602 Rural hospitals.—

1156 (2) DEFINITIONS.—As used in this part, the term:

1157 (e) "Rural hospital" means an acute care hospital licensed
1158 under this chapter, having 100 or fewer licensed beds and an
1159 emergency room, which is:

1160 1. The sole provider within a county with a population
1161 density of up to 100 persons per square mile;

1162 2. An acute care hospital, in a county with a population
1163 density of up to 100 persons per square mile, which is at least
1164 30 minutes of travel time, on normally traveled roads under
1165 normal traffic conditions, from any other acute care hospital
1166 within the same county;

1167 3. A hospital supported by a tax district or subdistrict
1168 whose boundaries encompass a population of up to 100 persons per
1169 square mile;

1170 4. A hospital with a service area that has a population of
1171 up to 100 persons per square mile. As used in this subparagraph,
1172 the term "service area" means the fewest number of zip codes
1173 that account for 75 percent of the hospital's discharges for the
1174 most recent 5-year period, based on information available from
1175 the hospital inpatient discharge database in the Florida Center

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

1176 for Health Information and Transparency ~~Policy Analysis~~ at the
1177 agency; or

1178 5. A hospital designated as a critical access hospital, as
1179 defined in s. 408.07.

1180

1181 Population densities used in this paragraph must be based upon
1182 the most recently completed United States census. A hospital
1183 that received funds under s. 409.9116 for a quarter beginning no
1184 later than July 1, 2002, is deemed to have been and shall
1185 continue to be a rural hospital from that date through June 30,
1186 2021, if the hospital continues to have up to 100 licensed beds
1187 and an emergency room. An acute care hospital that has not
1188 previously been designated as a rural hospital and that meets
1189 the criteria of this paragraph shall be granted such designation
1190 upon application, including supporting documentation, to the
1191 agency. A hospital that was licensed as a rural hospital during
1192 the 2010-2011 or 2011-2012 fiscal year shall continue to be a
1193 rural hospital from the date of designation through June 30,
1194 2021, if the hospital continues to have up to 100 licensed beds
1195 and an emergency room.

1196 Section 13. Section 395.6025, Florida Statutes, is amended
1197 to read:

1198 395.6025 Rural hospital replacement facilities.—

1199 Notwithstanding ~~the provisions of~~ s. 408.036, a hospital defined
1200 as a statutory rural hospital in accordance with s. 395.602, or
1201 a not-for-profit operator of rural hospitals, is not required to

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1175 (2016)

Amendment No.

1202 obtain a certificate of need for the construction of a new
1203 hospital located in a county with a population of at least
1204 15,000 but no more than 18,000 and a density of fewer ~~less~~ than
1205 30 persons per square mile, or a replacement facility, provided
1206 that the replacement, or new, facility is located within 10
1207 miles of the site of the currently licensed rural hospital and
1208 within the current primary service area. As used in this
1209 section, the term "service area" means the fewest number of zip
1210 codes that account for 75 percent of the hospital's discharges
1211 for the most recent 5-year period, based on information
1212 available from the hospital inpatient discharge database in the
1213 Florida Center for Health Information and Transparency Policy
1214 ~~Analysis~~ at the Agency for Health Care Administration.

1215 Section 14. Paragraph (c) of subsection (4) of section
1216 400.991, Florida Statutes, is amended to read:

1217 400.991 License requirements; background screenings;
1218 prohibitions.—

1219 (4) In addition to the requirements of part II of chapter
1220 408, the applicant must file with the application satisfactory
1221 proof that the clinic is in compliance with this part and
1222 applicable rules, including:

1223 (c) Proof of financial ability to operate as required
1224 under s. 408.810(9) ~~408.810(8)~~. As an alternative to submitting
1225 proof of financial ability to operate as required under s.
1226 408.810(8), the applicant may file a surety bond of at least
1227 \$500,000 which guarantees that the clinic will act in full

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

1228 conformity with all legal requirements for operating a clinic,
1229 payable to the agency. The agency may adopt rules to specify
1230 related requirements for such surety bond.

1231 Section 15. Paragraph (d) of subsection (43) of section
1232 408.07, Florida Statutes, is amended to read:

1233 408.07 Definitions.—As used in this chapter, with the
1234 exception of ss. 408.031-408.045, the term:

1235 (43) "Rural hospital" means an acute care hospital
1236 licensed under chapter 395, having 100 or fewer licensed beds
1237 and an emergency room, and which is:

1238 (d) A hospital with a service area that has a population
1239 of 100 persons or fewer per square mile. As used in this
1240 paragraph, the term "service area" means the fewest number of
1241 zip codes that account for 75 percent of the hospital's
1242 discharges for the most recent 5-year period, based on
1243 information available from the hospital inpatient discharge
1244 database in the Florida Center for Health Information and
1245 Transparency Policy Analysis at the Agency for Health Care
1246 Administration; or

1247
1248 Population densities used in this subsection must be based upon
1249 the most recently completed United States census. A hospital
1250 that received funds under s. 409.9116 for a quarter beginning no
1251 later than July 1, 2002, is deemed to have been and shall
1252 continue to be a rural hospital from that date through June 30,
1253 2015, if the hospital continues to have 100 or fewer licensed

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1175 (2016)

Amendment No.

1254 beds and an emergency room. An acute care hospital that has not
1255 previously been designated as a rural hospital and that meets
1256 the criteria of this subsection shall be granted such
1257 designation upon application, including supporting
1258 documentation, to the Agency for Health Care Administration.

1259 Section 16. Paragraph (a) of subsection (4) of section
1260 408.18, Florida Statutes, is amended to read:

1261 408.18 Health Care Community Antitrust Guidance Act;
1262 antitrust no-action letter; market-information collection and
1263 education.—

1264 (4) (a) Members of the health care community who seek
1265 antitrust guidance may request a review of their proposed
1266 business activity by the Attorney General's office. In
1267 conducting its review, the Attorney General's office may seek
1268 whatever documentation, data, or other material it deems
1269 necessary from the Agency for Health Care Administration, the
1270 Florida Center for Health Information and Transparency Policy
1271 ~~Analysis~~, and the Office of Insurance Regulation of the
1272 Financial Services Commission.

1273 Section 17. Paragraph (a) of subsection (1) of section
1274 408.8065, Florida Statutes, is amended to read:

1275 408.8065 Additional licensure requirements for home health
1276 agencies, home medical equipment providers, and health care
1277 clinics.—

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

1278 (1) An applicant for initial licensure, or initial
1279 licensure due to a change of ownership, as a home health agency,
1280 home medical equipment provider, or health care clinic shall:

1281 (a) Demonstrate financial ability to operate, as required
1282 under s. 408.810(9) ~~408.810(8)~~ and this section. If the
1283 applicant's assets, credit, and projected revenues meet or
1284 exceed projected liabilities and expenses, and the applicant
1285 provides independent evidence that the funds necessary for
1286 startup costs, working capital, and contingency financing exist
1287 and will be available as needed, the applicant has demonstrated
1288 the financial ability to operate.

1289
1290 All documents required under this subsection must be prepared in
1291 accordance with generally accepted accounting principles and may
1292 be in a compilation form. The financial statements must be
1293 signed by a certified public accountant.

1294 Section 18. Section 408.820, Florida Statutes, is amended
1295 to read:

1296 408.820 Exemptions.—Except as prescribed in authorizing
1297 statutes, the following exemptions shall apply to specified
1298 requirements of this part:

1299 (1) Laboratories authorized to perform testing under the
1300 Drug-Free Workplace Act, as provided under ss. 112.0455 and
1301 440.102, are exempt from s. 408.810(5)-(11) ~~408.810(5)-(10)~~.

1302 (2) Birth centers, as provided under chapter 383, are
1303 exempt from s. 408.810(7)-(11) ~~408.810(7)-(10)~~.

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1175 (2016)

Amendment No.

1304 (3) Abortion clinics, as provided under chapter 390, are
1305 exempt from s. 408.810(7)-(11) ~~408.810(7)-(10)~~.

1306 (4) Crisis stabilization units, as provided under parts I
1307 and IV of chapter 394, are exempt from s. 408.810(9)-(11)
1308 ~~408.810(8)-(10)~~.

1309 (5) Short-term residential treatment facilities, as
1310 provided under parts I and IV of chapter 394, are exempt from s.
1311 408.810(9)-(11) ~~408.810(8)-(10)~~.

1312 (6) Residential treatment facilities, as provided under
1313 part IV of chapter 394, are exempt from s. 408.810(9)-(11)
1314 ~~408.810(8)-(10)~~.

1315 (7) Residential treatment centers for children and
1316 adolescents, as provided under part IV of chapter 394, are
1317 exempt from s. 408.810(9)-(11) ~~408.810(8)-(10)~~.

1318 (8) Hospitals, as provided under part I of chapter 395,
1319 are exempt from s. 408.810(7), (9), and (10) ~~408.810(7)-(9)~~.

1320 (9) Ambulatory surgical centers, as provided under part I
1321 of chapter 395, are exempt from s. 408.810(7), (9), (10), and
1322 (11) ~~408.810(7)-(10)~~.

1323 (10) Mobile surgical facilities, as provided under part I
1324 of chapter 395, are exempt from s. 408.810(7)-(11) ~~408.810(7)-~~
1325 ~~(10)~~.

1326 (11) Health care risk managers, as provided under part I
1327 of chapter 395, are exempt from ss. 408.806(7), 408.810(4)-(11)
1328 ~~408.810(4)-(10)~~, and 408.811.

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1175 (2016)

Amendment No.

1329 (12) Nursing homes, as provided under part II of chapter
1330 400, are exempt from ss. 408.810(7) and 408.813(2).

1331 (13) Assisted living facilities, as provided under part I
1332 of chapter 429, are exempt from s. 408.810(11) ~~408.810(10)~~.

1333 (14) Home health agencies, as provided under part III of
1334 chapter 400, are exempt from s. 408.810(11) ~~408.810(10)~~.

1335 (15) Nurse registries, as provided under part III of
1336 chapter 400, are exempt from s. 408.810(6) and (11) ~~(10)~~.

1337 (16) Companion services or homemaker services providers,
1338 as provided under part III of chapter 400, are exempt from s.
1339 408.810(6)-(11) ~~408.810(6)-(10)~~.

1340 (17) Adult day care centers, as provided under part III of
1341 chapter 429, are exempt from s. 408.810(11) ~~408.810(10)~~.

1342 (18) Adult family-care homes, as provided under part II of
1343 chapter 429, are exempt from s. 408.810(7)-(11) ~~408.810(7)-(10)~~.

1344 (19) Homes for special services, as provided under part V
1345 of chapter 400, are exempt from s. 408.810(7)-(11) ~~408.810(7)-~~
1346 ~~(10)~~.

1347 (20) Transitional living facilities, as provided under
1348 part XI of chapter 400, are exempt from s. 408.810(11)
1349 ~~408.810(10)~~.

1350 (21) Prescribed pediatric extended care centers, as
1351 provided under part VI of chapter 400, are exempt from s.
1352 408.810(11) ~~408.810(10)~~.

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1175 (2016)

Amendment No.

1353 (22) Home medical equipment providers, as provided under
1354 part VII of chapter 400, are exempt from s. 408.810(11)
1355 ~~408.810(10)~~.

1356 (23) Intermediate care facilities for persons with
1357 developmental disabilities, as provided under part VIII of
1358 chapter 400, are exempt from s. 408.810(7).

1359 (24) Health care services pools, as provided under part IX
1360 of chapter 400, are exempt from s. 408.810(6)-(11) ~~408.810(6)-~~
1361 ~~(10)~~.

1362 (25) Health care clinics, as provided under part X of
1363 chapter 400, are exempt from s. 408.810(6), (7), and (11) ~~(10)~~.

1364 (26) Clinical laboratories, as provided under part I of
1365 chapter 483, are exempt from s. 408.810(5)-(11) ~~408.810(5)-(10)~~.

1366 (27) Multiphasic health testing centers, as provided under
1367 part II of chapter 483, are exempt from s. 408.810(5)-(11)
1368 ~~408.810(5)-(10)~~.

1369 (28) Organ, tissue, and eye procurement organizations, as
1370 provided under part V of chapter 765, are exempt from s.
1371 408.810(5)-(11) ~~408.810(5)-(10)~~.

1372 Section 19. Section 465.0244, Florida Statutes, is amended
1373 to read:

1374 465.0244 Information disclosure.—Every pharmacy shall make
1375 available on its ~~Internet~~ website a hyperlink link to the health
1376 information performance outcome and financial data that is
1377 disseminated published by the Agency for Health Care
1378 Administration pursuant to s. 408.05(3) ~~408.05(3)(k)~~ and shall

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

1379 place in the area where customers receive filled prescriptions
1380 notice that such information is available electronically and the
1381 address of its ~~Internet~~ website.

1382 Section 20. Subsection (2) of section 627.6499, Florida
1383 Statutes, is amended to read:

1384 627.6499 Reporting by insurers and third-party
1385 administrators.—

1386 (2) Each health insurance issuer shall make available on
1387 its Internet website a hyperlink link to the health information
1388 ~~performance outcome and financial data~~ that is disseminated
1389 ~~published~~ by the Agency for Health Care Administration pursuant
1390 to s. 408.05(3) ~~408.05(3)(k)~~ and shall include in every policy
1391 delivered or issued for delivery to any person in the state or
1392 in any materials provided as required by s. 627.64725 notice
1393 that such information is available electronically and the
1394 address of its ~~Internet~~ website.

1395 Section 21. This act is intended to promote health care
1396 price and quality transparency to enable consumers to make
1397 informed choices on health care treatment and improve
1398 competition in the health care market. Persons or entities
1399 required to submit, receive or publish data under this act are
1400 acting pursuant to state requirements contained therein and are
1401 exempt from state antitrust laws.

1402 Section 22. For the 2016-2017 fiscal year, the sums of
1403 \$952,919 in recurring funds and \$3.1 million in nonrecurring
1404 funds from the Health Care Trust Fund are appropriated to the

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

Amendment No.

1405 Agency for Health Care Administration, and one full-time
1406 equivalent position with associated salary rate of 41,106 is
1407 authorized, for the purpose of implementing this act.

1408 Section 23. This act shall take effect July 1, 2016.

1409

1410 -----

1411 **T I T L E A M E N D M E N T**

1412 Remove everything before the enacting clause and insert:

1413 An act relating to transparency in health care; amending s.
1414 395.301, F.S.; requiring a facility licensed under chapter 395,
1415 F.S., to provide timely and accurate financial information and
1416 quality of service measures to certain individuals; requiring a
1417 licensed facility to post certain payment information regarding
1418 defined bundles of services and procedures and other specified
1419 consumer information and notifications on its website; requiring
1420 a facility to provide a written, good faith estimate of charges
1421 to a patient or prospective patient within a certain timeframe;
1422 requiring a facility to provide information regarding its
1423 financial assistance policy to a patient or a prospective
1424 patient; providing a penalty for failing to provide such
1425 estimate of charges to a patient; deleting a requirement that a
1426 licensed facility not operated by the state provide notice to a
1427 patient of his or her right to an itemized bill within a certain
1428 timeframe; revising the information that must be included on a
1429 patient's statement or bill; amending s. 395.107, F.S.; defining
1430 "facility" to mean an urgent care center or a diagnostic-imaging

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1175 (2016)

Amendment No.

1431 center operated by a licensed hospital but not located on the
1432 hospital premises; requiring a facility to publish and post a
1433 schedule of certain charges for medical services offered to
1434 patients; providing a minimum size for the posting; requiring a
1435 schedule of charges to include certain information regarding
1436 medical services offered; providing that the schedule may group
1437 the facility's services by price levels and list the services in
1438 each price level; providing a fine for failure to publish and
1439 post a schedule of medical services; amending s. 408.05, F.S.;
1440 renaming the Florida Center for Health Information and Policy
1441 Analysis; revising requirements for the collection and use of
1442 health-related data by the Agency for Health Care
1443 Administration; requiring the agency to contract with a vendor
1444 to provide an Internet-based platform with certain attributes
1445 and a state-specific data set available to the public; providing
1446 vendor qualifications; requiring the agency to design a patient
1447 safety culture survey for hospitals and ambulatory surgical
1448 centers licensed under chapter 395, F.S.; requiring the survey
1449 to measure certain aspects of a facility's patient safety
1450 practices; exempting certain licensed facilities from survey
1451 requirements; prohibiting the agency from establishing a certain
1452 database without express legislative authority; revising the
1453 duties of the members of the State Consumer Health Information
1454 and Policy Advisory Council; revising provisions relating to the
1455 use of certain fees; creating specific agency rulemaking
1456 authority; deleting an obsolete provision; amending s. 408.061,

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1175 (2016)

Amendment No.

1457 F.S.; revising requirements for the submission of health care
1458 data to the agency; amending s. 408.810, F.S.; requiring certain
1459 licensed hospitals and ambulatory surgical centers to submit a
1460 facility patient safety culture survey to the agency; amending
1461 s. 456.0575, F.S.; requiring a health care practitioner to
1462 provide a good faith estimate of anticipated charges to a
1463 patient upon request within a certain timeframe; providing for
1464 disciplinary action and a fine for failure to comply; creating
1465 s. 627.6385, F.S.; requiring a health insurer to make available
1466 on its website certain information and a method for
1467 policyholders to estimate certain health care services costs and
1468 charges; providing that an estimate does not preclude an actual
1469 cost from exceeding the estimate; requiring a health insurer to
1470 provide notice in insurance policies that certain information is
1471 available on its website; requiring a health insurer that
1472 participates in the state group health insurance plan or
1473 Medicaid managed care to contribute all Florida claims data held
1474 by it or its' affiliates to the contracted vendor selected by
1475 the agency; requiring an insurer and its' affiliates not to
1476 submit claims data reflecting certain coverage to the contracted
1477 vendor; amending s. 641.54, F.S.; requiring a health maintenance
1478 organization to make certain information available to its
1479 subscribers on its website; requiring a health insurer to
1480 provide a hyperlink to certain health information on its
1481 website; requiring a health maintenance organization that
1482 participates in the state group health insurance plan or

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1175 (2016)

Amendment No.

1483 Medicaid managed care to contribute all Florida claims data held
1484 by it or its' affiliates to the contracted vendor selected by
1485 the agency; requiring a health maintenance organization and its'
1486 affiliates not to submit claims data reflecting certain coverage
1487 to the contracted vendor; amending s. 409.967, F.S.; requiring
1488 managed care plans to contribute all Florida claims data to the
1489 contracted vendor selected by the agency; amending s. 110.123,
1490 F.S.; requiring the Department of Management Services to
1491 contribute certain data to the vendor for the price transparency
1492 database established by the agency; requiring a contracted
1493 vendor for the state group health insurance plan to contribute
1494 Florida claims data to the contracted vendor selected by the
1495 agency; amending ss. 20.42, 381.026, 395.602, 395.6025, 400.991,
1496 408.07, 408.18, 408.8065, 408.820, 465.0244, and 627.6499, F.S.;
1497 conforming cross-references and provisions to changes made by
1498 the act; creating an unnumbered section of law providing intent
1499 of the act; declaring all persons or entities required to
1500 submit, receive or publish data under the act to be acting
1501 pursuant to state requirements contained therein; exempting such
1502 persons or entities from state antitrust laws; providing an
1503 appropriation and authorizing a position; providing an effective
1504 date.

466161 - h1175-strike.docx

Published On: 2/16/2016 7:02:54 PM