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2 An act relating to consumer information concerning health
3 care; providing a short title; providing a purpose;
4 amending s. 381.026, F.S.; requiring a health care
5 provider or a health care facility to provide an uninsured
6 person with a reasonable estimate of charges for planned
7 nonemergency medical services before such services are
8 provided; requiring that the provider or the facility
9 provide the uninsured person with information regarding
10 such provider's or facility's discount or charity
11 policies; requiring that the estimate be in writing and in
12 a language comprehensible to an ordinary layperson;
13 amending s. 395.301, F.S.; requiring certain licensed
14 facilities to provide a written estimate within a certain
15 period of time to an uninsured person seeking planned
16 nonemergency elective admission; requiring the facility to
17 notify the person if the estimate is revised; requiring
18 the facility to provide the person with a copy of any
19 discount or charity care discount policies for which such
20 person may be eligible; requiring the facility to place a
21 notice in the reception area where such information is
22 available; imposing a monetary penalty if the facility
23 fails to provide the requested information; amending s.
24 408.05, F.S.; revising the list of patient charge data
25 that may be disclosed by the Agency for Health Care
26 Administration; requiring the agency to publish on its
27 website information concerning prices for the most
28 commonly performed adult and pediatric procedures;
29 providing an effective date.

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

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33 Section 1. This act may be cited as the "Health Care
34 Consumer's Right to Information Act."

35 Section 2. The purpose of this act is to provide health
36 care consumers with reliable and understandable information about
37 facility charges to assist consumers in making informed decisions
38 about health care.

39 Section 3. Paragraph (c) of subsection (4) of section
40 381.026, Florida Statutes, is amended to read:

41 381.026 Florida Patient's Bill of Rights and
42 Responsibilities.--

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

45 (c) Financial information and disclosure.--

46 1. A patient has the right to be given, upon request, by
47 the responsible provider, his or her designee, or a
48 representative of the health care facility full information and
49 necessary counseling on the availability of known financial
50 resources for the patient's health care.

51 2. A health care provider or a health care facility shall,
52 upon request, disclose to each patient who is eligible for
53 Medicare, in advance of treatment, whether the health care
54 provider or the health care facility in which the patient is
55 receiving medical services accepts assignment under Medicare
56 reimbursement as payment in full for medical services and
57 treatment rendered in the health care provider's office or health
58 care facility.

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59 3. A health care provider or a health care facility shall,
60 upon request, furnish a person, prior to provision of medical
61 services, a reasonable estimate of charges for such services. The
62 health care provider or the health care facility shall provide an
63 uninsured person, prior to the provision of a planned
64 nonemergency medical service, a reasonable estimate of charges
65 for such service and information regarding the provider's or
66 facility's discount or charity policies for which the uninsured
67 person may be eligible. Estimates shall, to the extent possible,
68 be written in a language comprehensible to an ordinary layperson.
69 Such reasonable estimate shall not preclude the health care
70 provider or health care facility from exceeding the estimate or
71 making additional charges based on changes in the patient's
72 condition or treatment needs.

73 4. Each licensed facility not operated by the state shall
74 make available to the public on its Internet website or by other
75 electronic means a description of and a link to the performance
76 outcome and financial data that is published by the agency
77 pursuant to s. 408.05(3)(k). The facility shall place a notice in
78 the reception area that such information is available
79 electronically and the website address. The licensed facility may
80 indicate that the pricing information is based on a compilation
81 of charges for the average patient and that each patient's bill
82 may vary from the average depending upon the severity of illness
83 and individual resources consumed. The licensed facility may also
84 indicate that the price of service is negotiable for eligible
85 patients based upon the patient's ability to pay.

86 5. A patient has the right to receive a copy of an itemized
87 bill upon request. A patient has a right to be given an

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88 explanation of charges upon request.

89 Section 4. Present subsections (8), (9), and (10) of
90 section 395.301, Florida Statutes, are redesignated as
91 subsections (9), (10), and (11), respectively, and a new
92 subsection (8) is added to that section, to read:

93 395.301 Itemized patient bill; form and content prescribed
94 by the agency.--

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

114 Section 5. Paragraph (k) of subsection (3) of section
115 408.05, Florida Statutes, is amended to read:

116 408.05 Florida Center for Health Information and Policy

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117 Analysis.--

118 (3) COMPREHENSIVE HEALTH INFORMATION SYSTEM.--In order to
119 produce comparable and uniform health information and statistics
120 for the development of policy recommendations, the agency shall
121 perform the following functions:

122 (k) Develop, in conjunction with the State Consumer Health
123 Information and Policy Advisory Council, and implement a long-
124 range plan for making available health care quality measures and
125 financial data that will allow consumers to compare health care
126 services. The health care quality measures and financial data the
127 agency must make available shall include, but is not limited to,
128 pharmaceuticals, physicians, health care facilities, and health
129 plans and managed care entities. The agency shall submit the
130 initial plan to the Governor, the President of the Senate, and
131 the Speaker of the House of Representatives by January 1, 2006,
132 and shall update the plan and report on the status of its
133 implementation annually thereafter. The agency shall also make
134 the plan and status report available to the public on its
135 Internet website. As part of the plan, the agency shall identify
136 the process and timeframes for implementation, any barriers to
137 implementation, and recommendations of changes in the law that
138 may be enacted by the Legislature to eliminate the barriers. As
139 preliminary elements of the plan, the agency shall:

140 1. Make available patient-safety indicators, inpatient
141 quality indicators, and performance outcome and patient charge
142 data collected from health care facilities pursuant to s.
143 408.061(1)(a) and (2). The terms "patient-safety indicators" and
144 "inpatient quality indicators" shall be as defined by the Centers
145 for Medicare and Medicaid Services, the National Quality Forum,

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146 | the Joint Commission on Accreditation of Healthcare
147 | Organizations, the Agency for Healthcare Research and Quality,
148 | the Centers for Disease Control and Prevention, or a similar
149 | national entity that establishes standards to measure the
150 | performance of health care providers, or by other states. The
151 | agency shall determine which conditions, procedures, health care
152 | quality measures, and patient charge data to disclose based upon
153 | input from the council. When determining which conditions and
154 | procedures are to be disclosed, the council and the agency shall
155 | consider variation in costs, variation in outcomes, and magnitude
156 | of variations and other relevant information. When determining
157 | which health care quality measures to disclose, the agency:

158 | a. Shall consider such factors as volume of cases; average
159 | patient charges; average length of stay; complication rates;
160 | mortality rates; and infection rates, among others, which shall
161 | be adjusted for case mix and severity, if applicable.

162 | b. May consider such additional measures that are adopted
163 | by the Centers for Medicare and Medicaid Studies, National
164 | Quality Forum, the Joint Commission on Accreditation of
165 | Healthcare Organizations, the Agency for Healthcare Research and
166 | Quality, Centers for Disease Control and Prevention, or a similar
167 | national entity that establishes standards to measure the
168 | performance of health care providers, or by other states.

169 |
170 | When determining which patient charge data to disclose, the
171 | agency shall include ~~consider~~ such measures as the average of
172 | undiscounted charges on frequently performed procedures and
173 | preventive diagnostic procedures, the range of procedure charges
174 | from highest to lowest ~~average charge~~, average net revenue per

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175 adjusted patient day, average cost per adjusted patient day, and
176 average cost per admission, among others.

177 2. Make available performance measures, benefit design, and
178 premium cost data from health plans licensed pursuant to chapter
179 627 or chapter 641. The agency shall determine which health care
180 quality measures and member and subscriber cost data to disclose,
181 based upon input from the council. When determining which data to
182 disclose, the agency shall consider information that may be
183 required by either individual or group purchasers to assess the
184 value of the product, which may include membership satisfaction,
185 quality of care, current enrollment or membership, coverage
186 areas, accreditation status, premium costs, plan costs, premium
187 increases, range of benefits, copayments and deductibles,
188 accuracy and speed of claims payment, credentials of physicians,
189 number of providers, names of network providers, and hospitals in
190 the network. Health plans shall make available to the agency any
191 such data or information that is not currently reported to the
192 agency or the office.

193 3. Determine the method and format for public disclosure of
194 data reported pursuant to this paragraph. The agency shall make
195 its determination based upon input from the State Consumer Health
196 Information and Policy Advisory Council. At a minimum, the data
197 shall be made available on the agency's Internet website in a
198 manner that allows consumers to conduct an interactive search
199 that allows them to view and compare the information for specific
200 providers. The website must include such additional information
201 as is determined necessary to ensure that the website enhances
202 informed decisionmaking among consumers and health care
203 purchasers, which shall include, at a minimum, appropriate

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204 | guidance on how to use the data and an explanation of why the
205 | data may vary from provider to provider. The data specified in
206 | subparagraph 1. shall be released no later than January 1, 2006,
207 | for the reporting of infection rates, and no later than October
208 | 1, 2005, for mortality rates and complication rates. The data
209 | specified in subparagraph 2. shall be released no later than
210 | October 1, 2006.

211 | 4. Publish on its website undiscounted charges for no fewer
212 | than 150 of the most commonly performed adult and pediatric
213 | procedures, including outpatient, inpatient, diagnostic, and
214 | preventative procedures.

215 | Section 6. This act shall take effect January 1, 2009.