

CS/HB 935

2011

1 A bill to be entitled
2 An act relating to health care price transparency;
3 amending s. 381.026, F.S.; providing a definition;
4 allowing primary care providers to publish and post a
5 schedule of certain charges for medical services offered
6 to patients; providing a minimum size for the posting;
7 requiring a schedule of charges to include certain
8 information regarding medical services offered; allowing a
9 schedule of charges to group medical services offered to
10 patients into different price levels; providing an
11 exemption from continuing education requirements for
12 providers who post a schedule of charges for medical
13 services offered to patients; requiring a primary care
14 provider's estimates of charges for medical services to be
15 consistent with the posted schedule; providing an
16 effective date.

17
18 Be It Enacted by the Legislature of the State of Florida:

19
20 Section 1. Subsection (2) and paragraph (c) of subsection
21 (4) of section 381.026, Florida Statutes, are amended to read:

22 381.026 Florida Patient's Bill of Rights and
23 Responsibilities.—

24 (2) DEFINITIONS.—As used in this section and s. 381.0261,
25 the term:

26 (a) "Department" means the Department of Health.

27 (b) "Health care facility" means a facility licensed under
28 chapter 395.

29 (c) "Health care provider" means a physician licensed
30 under chapter 458, an osteopathic physician licensed under
31 chapter 459, or a podiatric physician licensed under chapter
32 461.

33 (d) "Primary care provider" means a health care provider
34 who provides medical services to patients which are commonly
35 provided without referral from another health care provider,
36 including family and general practice, general pediatrics, and
37 general internal medicine.

38 (e)~~(d)~~ "Responsible provider" means a health care provider
39 who is primarily responsible for patient care in a health care
40 facility or provider's office.

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

43 (c) Financial information and disclosure.—

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

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

57 3. A primary care provider may publish a schedule of
58 charges for the medical services that the provider offers to
59 patients. The schedule must include the prices charged to an
60 uninsured person paying for such services by cash, check, credit
61 card, or debit card. The schedule must be posted in a
62 conspicuous place in the reception area of the provider's office
63 and must include, but is not limited to, the 50 services most
64 frequently provided by the primary care provider. The schedule
65 may group services by three price levels, listing services in
66 each price level. The posting must be at least 15 square feet in
67 size. A primary care provider who publishes and maintains a
68 schedule of charges for medical services is exempt from the
69 continuing education requirements of chapter 456 and the rules
70 implementing those requirements for a single 2-year period.

71 ~~4.3.~~ A health care provider or a health care facility
72 shall, upon request, furnish a person, before the ~~prior to~~
73 provision of medical services, a reasonable estimate of charges
74 for such services. The health care provider or the health care
75 facility shall provide an uninsured person, before ~~prior to~~ the
76 provision of a planned nonemergency medical service, a
77 reasonable estimate of charges for such service and information
78 regarding the provider's or facility's discount or charity
79 policies for which the uninsured person may be eligible. Such
80 estimates by a primary care provider must be consistent with the
81 schedule posted under subparagraph 3. Estimates shall, to the
82 extent possible, be written in a language comprehensible to an
83 ordinary layperson. Such reasonable estimate does ~~shall~~ not
84 preclude the health care provider or health care facility from

CS/HB 935

2011

85 exceeding the estimate or making additional charges based on
86 changes in the patient's condition or treatment needs.

87 ~~5.4.~~ Each licensed facility not operated by the state
88 shall make available to the public on its Internet website or by
89 other electronic means a description of and a link to the
90 performance outcome and financial data that is published by the
91 agency pursuant to s. 408.05(3)(k). The facility shall place a
92 notice in the reception area that such information is available
93 electronically and the website address. The licensed facility
94 may indicate that the pricing information is based on a
95 compilation of charges for the average patient and that each
96 patient's bill may vary from the average depending upon the
97 severity of illness and individual resources consumed. The
98 licensed facility may also indicate that the price of service is
99 negotiable for eligible patients based upon the patient's
100 ability to pay.

101 ~~6.5.~~ A patient has the right to receive a copy of an
102 itemized bill upon request. A patient has a right to be given an
103 explanation of charges upon request.

104 Section 2. This act shall take effect July 1, 2011.