

ENROLLED

CS/CS/HB 935, Engrossed 1

2011 Legislature

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 authorizing a primary care provider 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; providing

9 that the schedule may group the provider's services by

10 price levels and list the services in each price level;

11 providing an exemption from license fee and continuing

12 education requirements for a provider who publishes and

13 maintains a schedule of charges; requiring a primary care

14 provider's estimates of charges for medical services to be

15 consistent with the posted schedule; requiring a provider

16 to post the schedule of charges for a certain time period;

17 providing for repayment of license fees and compliance

18 with continuing education requirements previously waived

19 if the schedule of charges was not posted for a certain

20 time period; amending s. 395.002, F.S.; providing a

21 definition; creating s. 395.107, F.S.; requiring urgent

22 care centers to publish and post a schedule of certain

23 charges for medical services offered to patients;

24 providing a minimum size for the posting; requiring a

25 schedule of charges to include certain information

26 regarding medical services offered; providing that the

27 schedule may group the urgent care center's services by

28 price levels and list the services in each price level;

ENROLLED

CS/CS/HB 935, Engrossed 1

2011 Legislature

29 providing a fine for failure to publish and post a
30 schedule of medical services; amending s. 400.9935, F.S.;
31 requiring medical directors or clinic directors of health
32 care clinics and entities with a certificate of exemption
33 under the Health Care Clinic Act to publish and post a
34 schedule of certain charges for medical services offered
35 to patients; providing a minimum size for the posting;
36 requiring a schedule of charges to include certain
37 information regarding medical services offered; providing
38 that the schedule may group the urgent care center's
39 services by price levels and list the services in each
40 price level; providing a fine for clinic failure to
41 publish and post a schedule of medical services; providing
42 an effective date.

43
44 Be It Enacted by the Legislature of the State of Florida:

45
46 Section 1. Subsection (2) and paragraph (c) of subsection
47 (4) of section 381.026, Florida Statutes, are amended to read:
48 381.026 Florida Patient's Bill of Rights and
49 Responsibilities.—

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

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

53 (b) "Health care facility" means a facility licensed under
54 chapter 395.

55 (c) "Health care provider" means a physician licensed
56 under chapter 458, an osteopathic physician licensed under

ENROLLED

CS/CS/HB 935, Engrossed 1

2011 Legislature

chapter 459, or a podiatric physician licensed under chapter 461.

(d) "Primary care provider" means a health care provider licensed under chapter 458, chapter 459, or chapter 464 who provides medical services to patients which are commonly provided without referral from another health care provider, including family and general practice, general pediatrics, and general internal medicine.

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

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

(c) *Financial information and disclosure.*—

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

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

3. A primary care provider may publish a schedule of

ENROLLED

CS/CS/HB 935, Engrossed 1

2011 Legislature

85 charges for the medical services that the provider offers to
86 patients. The schedule must include the prices charged to an
87 uninsured person paying for such services by cash, check, credit
88 card, or debit card. The schedule must be posted in a
89 conspicuous place in the reception area of the provider's office
90 and must include, but is not limited to, the 50 services most
91 frequently provided by the primary care provider. The schedule
92 may group services by three price levels, listing services in
93 each price level. The posting must be at least 15 square feet in
94 size. A primary care provider who publishes and maintains a
95 schedule of charges for medical services is exempt from the
96 license fee requirements for a single period of renewal of a
97 professional license under chapter 456 for that licensure term
98 and is exempt from the continuing education requirements of
99 chapter 456 and the rules implementing those requirements for a
100 single 2-year period.

101 4. If a primary care provider publishes a schedule of
102 charges pursuant to subparagraph 3., he or she must continually
103 post it at all times for the duration of active licensure in
104 this state when primary care services are provided to patients.
105 If a primary care provider fails to post the schedule of charges
106 in accordance with this subparagraph, the provider shall be
107 required to pay any license fee and comply with any continuing
108 education requirements for which an exemption was received.

109 5.3. A health care provider or a health care facility
110 shall, upon request, furnish a person, before the ~~prior to~~
111 provision of medical services, a reasonable estimate of charges
112 for such services. The health care provider or the health care

ENROLLED

CS/CS/HB 935, Engrossed 1

2011 Legislature

113 facility shall provide an uninsured person, before ~~prior to~~ the
114 provision of a planned nonemergency medical service, a
115 reasonable estimate of charges for such service and information
116 regarding the provider's or facility's discount or charity
117 policies for which the uninsured person may be eligible. Such
118 estimates by a primary care provider must be consistent with the
119 schedule posted under subparagraph 3. Estimates shall, to the
120 extent possible, be written in a language comprehensible to an
121 ordinary layperson. Such reasonable estimate does ~~shall~~ not
122 preclude the health care provider or health care facility from
123 exceeding the estimate or making additional charges based on
124 changes in the patient's condition or treatment needs.

125 6.4. Each licensed facility not operated by the state
126 shall make available to the public on its Internet website or by
127 other electronic means a description of and a link to the
128 performance outcome and financial data that is published by the
129 agency pursuant to s. 408.05(3)(k). The facility shall place a
130 notice in the reception area that such information is available
131 electronically and the website address. The licensed facility
132 may indicate that the pricing information is based on a
133 compilation of charges for the average patient and that each
134 patient's bill may vary from the average depending upon the
135 severity of illness and individual resources consumed. The
136 licensed facility may also indicate that the price of service is
137 negotiable for eligible patients based upon the patient's
138 ability to pay.

139 7.5. A patient has the right to receive a copy of an
140 itemized bill upon request. A patient has a right to be given an

ENROLLED

CS/CS/HB 935, Engrossed 1

2011 Legislature

141 explanation of charges upon request.

142 Section 2. Subsections (30) through (32) of section
143 395.002, Florida Statutes, are renumbered as subsections (31)
144 through (33), respectively, and a new subsection (30) is added
145 to that section to read:

146 395.002 Definitions.—As used in this chapter:

147 (30) "Urgent care center" means a facility or clinic that
148 provides immediate but not emergent ambulatory medical care to
149 patients with or without an appointment. It does not include the
150 emergency department of a hospital.

151 Section 3. Section 395.107, Florida Statutes, is created
152 to read:

153 395.107 Urgent care centers; publishing and posting
154 schedule of charges.—An urgent care center must publish a
155 schedule of charges for the medical services offered to
156 patients. The schedule must include the prices charged to an
157 uninsured person paying for such services by cash, check, credit
158 card, or debit card. The schedule must be posted in a
159 conspicuous place in the reception area of the urgent care
160 center and must include, but is not limited to, the 50 services
161 most frequently provided by the urgent care center. The schedule
162 may group services by three price levels, listing services in
163 each price level. The posting must be at least 15 square feet in
164 size. The failure of an urgent care center to publish and post a
165 schedule of charges as required by this section shall result in
166 a fine of not more than \$1,000, per day, until the schedule is
167 published and posted.

168 Section 4. Subsections (1) and (6) of section 400.9935,

ENROLLED

CS/CS/HB 935, Engrossed 1

2011 Legislature

Florida Statutes, are amended to read:

400.9935 Clinic responsibilities.—

(1) Each clinic shall appoint a medical director or clinic director who shall agree in writing to accept legal responsibility for the following activities on behalf of the clinic. The medical director or the clinic director shall:

(a) Have signs identifying the medical director or clinic director posted in a conspicuous location within the clinic readily visible to all patients.

(b) Ensure that all practitioners providing health care services or supplies to patients maintain a current active and unencumbered Florida license.

(c) Review any patient referral contracts or agreements executed by the clinic.

(d) Ensure that all health care practitioners at the clinic have active appropriate certification or licensure for the level of care being provided.

(e) Serve as the clinic records owner as defined in s. 456.057.

(f) Ensure compliance with the recordkeeping, office surgery, and adverse incident reporting requirements of chapter 456, the respective practice acts, and rules adopted under this part and part II of chapter 408.

(g) Conduct systematic reviews of clinic billings to ensure that the billings are not fraudulent or unlawful. Upon discovery of an unlawful charge, the medical director or clinic director shall take immediate corrective action. If the clinic performs only the technical component of magnetic resonance

ENROLLED

CS/CS/HB 935, Engrossed 1

2011 Legislature

197 imaging, static radiographs, computed tomography, or positron
198 emission tomography, and provides the professional
199 interpretation of such services, in a fixed facility that is
200 accredited by the Joint Commission on Accreditation of
201 Healthcare Organizations or the Accreditation Association for
202 Ambulatory Health Care, and the American College of Radiology;
203 and if, in the preceding quarter, the percentage of scans
204 performed by that clinic which was billed to all personal injury
205 protection insurance carriers was less than 15 percent, the
206 chief financial officer of the clinic may, in a written
207 acknowledgment provided to the agency, assume the responsibility
208 for the conduct of the systematic reviews of clinic billings to
209 ensure that the billings are not fraudulent or unlawful.

210 (h) Not refer a patient to the clinic if the clinic
211 performs magnetic resonance imaging, static radiographs,
212 computed tomography, or positron emission tomography. The term
213 "refer a patient" means the referral of one or more patients of
214 the medical or clinical director or a member of the medical or
215 clinical director's group practice to the clinic for magnetic
216 resonance imaging, static radiographs, computed tomography, or
217 positron emission tomography. A medical director who is found to
218 violate this paragraph commits a felony of the third degree,
219 punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

220 (i) Ensure that the clinic publishes a schedule of charges
221 for the medical services offered to patients. The schedule must
222 include the prices charged to an uninsured person paying for
223 such services by cash, check, credit card, or debit card. The
224 schedule must be posted in a conspicuous place in the reception

ENROLLED

CS/CS/HB 935, Engrossed 1

2011 Legislature

225 area of the urgent care center and must include, but is not
226 limited to, the 50 services most frequently provided by the
227 clinic. The schedule may group services by three price levels,
228 listing services in each price level. The posting must be at
229 least 15 square feet in size. The failure of a clinic to publish
230 and post a schedule of charges as required by this section shall
231 result in a fine of not more than \$1,000, per day, until the
232 schedule is published and posted.

233 (6) Any person or entity providing health care services
234 which is not a clinic, as defined under s. 400.9905, may
235 voluntarily apply for a certificate of exemption from licensure
236 under its exempt status with the agency on a form that sets
237 forth its name or names and addresses, a statement of the
238 reasons why it cannot be defined as a clinic, and other
239 information deemed necessary by the agency. An exemption is not
240 transferable. The agency may charge an applicant for a
241 certificate of exemption in an amount equal to \$100 or the
242 actual cost of processing the certificate, whichever is less. An
243 entity seeking a certificate of exemption must publish and
244 maintain a schedule of charges for the medical services offered
245 to patients. The schedule must include the prices charged to an
246 uninsured person paying for such services by cash, check, credit
247 card, or debit card. The schedule must be posted in a
248 conspicuous place in the reception area of the entity and must
249 include, but is not limited to, the 50 services most frequently
250 provided by the entity. The schedule may group services by three
251 price levels, listing services in each price level. The posting
252 must be at least 15 square feet in size. As a condition

ENROLLED

CS/CS/HB 935, Engrossed 1

2011 Legislature

253 precedent to receiving a certificate of exemption, an applicant
254 must provide to the agency documentation of compliance with
255 these requirements.

256 Section 5. This act shall take effect July 1, 2011.