1 A bill to be entitled 2 An act relating to government data practices; amending 3 s. 257.36, F.S.; requiring the Division of Library and 4 Information Services of the Department of State to 5 adopt rules providing procedures for an agency to 6 establish schedules for the physical destruction or 7 other disposal of records containing personal identification information; creating part IV of ch. 8 9 282, F.S., consisting of s. 282.801, F.S.; providing 10 definitions; requiring an agency that collects and 11 maintains personal identification information to post 12 a privacy policy on its website; prescribing minimum requirements for a privacy policy; providing 13 requirements and exceptions regarding an agency's use 14 15 of cookies on its website; requiring that privacy 16 policy requirements be specified in a contract between 17 a public agency and a contractor; specifying that a violation does not create a civil cause of action; 18 19 requiring the Office of Program Policy Analysis and Government Accountability to submit a report to the 20 21 Legislature by a specified date; providing report 22 requirements; requiring the Agency for Health Care 23 Administration to provide specified data on assisted 24 living facilities by a certain date; providing minimum 25 requirements for such data; authorizing the agency to 26 create a comment webpage regarding assisted living

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facilities; providing minimum requirements; authorizing the agency to provide links to certain third-party websites; authorizing the agency to adopt rules; amending s. 408.05, F.S.; dissolving the Center for Health Information and Policy Analysis within the Agency for Health Care Administration; requiring the agency to coordinate a system to promote access to certain data and information; requiring that certain health-related data be included within the system; assigning duties to the agency relating to the collection and dissemination of data; establishing conditions for the funding of the system; requiring the Office of Program Policy Analysis and Government Accountability to monitor the agency's implementation of the health information system; requiring the Office of Program Policy Analysis and Government Accountability to submit a report to the Legislature after completion of the implementation; providing report requirements; reenacting s. 120.54(8), F.S., relating to rulemaking, to incorporate the amendment made to s. 257.36, F.S., in a reference thereto; amending ss. 20.42, 381.026, 395.301, 395.602, 395.6025, 408.07, 408.18, 465.0244, 627.6499, and 641.54, F.S.; conforming provisions to changes made by the act; providing an effective date.

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

Section 1. Subsection (6) of section 257.36, Florida Statutes, is amended to read:

257.36 Records and information management.-

- of only in accordance with retention schedules established by the division. The division shall adopt reasonable rules consistent not inconsistent with this chapter which are shall be binding on all agencies relating to the destruction and disposition of records. Such rules shall include provide, but need not be limited to:
- (a) Procedures for complying and submitting to the division records-retention schedules.
- (b) Procedures for the physical destruction or other disposal of records.
- (c) Procedures for establishing schedules for the physical destruction or other disposal of records held by an agency which contain personal identification information, as defined in s. 282.801, after meeting retention requirements. Unless otherwise required by law, an agency may indefinitely retain records containing information that is not identifiable as related to a unique individual.
- $\underline{\text{(d)}}$ (c) Standards for the reproduction of records for security or with a view to the disposal of the original record.
 - Section 2. Part IV of chapter 282, Florida Statutes,

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consisting of section 282.801, Florida Statutes, is created to
read:
PART IV
GOVERNMENT DATA COLLECTION PRACTICES
282.801 Government data practices.—
(1) For purposes of this part, the term:
(a) "Agency" has the same meaning as in s. 119.011.
(b) "Cookie" means data sent from a website which is
electronically installed on a computer or electronic device of
an individual who has accessed the website and transmits certain
information to the server of that website.
(c) "Individual" means a human being and does not include
a corporation, partnership, or other business entity.
(d) "Personal identification information" means an item,
collection, or grouping of information that may be used, alone
or in conjunction with other information, to identify a unique
individual, including, but not limited to, the individual's:
1. Name.
2. Postal or e-mail address.
3. Telephone number.
4. Social security number.
5. Date of birth.
6. Mother's maiden name.
7. Official state-issued or United States-issued driver
license or identification number, alien registration number,
government passport number, employer or taxpayer identification

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105	number, or Medicaid or food assistance account number.
106	8. Bank account number, credit or debit card number, or
107	other number or information that can be used to access an
108	individual's financial resources.
109	9. Education records.
110	10. Medical records.
111	11. License plate number of a registered motor vehicle.
112	12. Images, including facial images.
113	13. Biometric identification information.
114	14. Criminal history.
115	15. Employment history.
116	(2) An agency that collects personal identification
117	information through a website and retains such information shall
118	maintain and conspicuously post a privacy policy on such
119	website. At a minimum, the privacy policy must provide:
120	(a) A description of the services the website provides.
121	(b) A description of the personal identification
122	information that the agency collects and maintains from an
123	individual accessing or using the website.
124	(c) An explanation of whether the agency's data collecting
125	and sharing practices are mandatory or allow a user to opt out
126	of those practices.
127	(d) Available alternatives to using the website.
128	(e) A statement as to how the agency uses the personal
129	identification information, including, but not limited to,
130	whether and under what circumstances the agency discloses such

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information.

- (f) Information stating whether any other person, as defined in s. 671.201, collects personal identification information through the website.
- (g) A general description of the security measures in place to protect personal identification information; however, such description must not compromise the integrity of the security measures.
- (h) An explanation of public records requirements relating to the personal identification information of an individual using the website and whether such information may be disclosed in response to a public records request.
- (3) (a) An agency that uses a website to install a cookie on an individual's computer or electronic device shall inform an individual accessing the website of the use of cookies and request permission to install the cookies on the individual's computer.
- (b) If an individual accessing the website of an agency declines to have cookies installed, such individual shall still have access to and use of the website.
- (c) This subsection does not apply to a cookie temporarily installed on an individual's computer or electronic device by an agency if the cookie is installed only in the memory of the computer or electronic device and is deleted from such memory when the website browser or website application is closed.
 - (4) Any contract between a public agency, as defined in s.

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157	119.0701(1)(b), and a contractor, as defined in s.
158	119.0701(1)(a), must specify that the contractor must comply
159	with the requirements of subsections (2) and (3).
160	(5) The failure of an agency to comply with this section
161	does not create a civil cause of action.
162	Section 3. The Office of Program Policy Analysis and
163	Government Accountability shall submit a report to the President
164	of the Senate and the Speaker of the House of Representatives by
165	July 1, 2015, which:
166	(1) Identifies personal identification information, as
167	defined in s. 282.801, Florida Statutes, and the records in
168	which such information is contained, held by an agency of the
169	executive or legislative branch of state government.
170	(2) Describes the processes by which an individual may
171	currently view and verify his or her personal identification
172	information held by an agency, including how an individual may
173	request the correction of incorrect personal identification
174	information.
175	(3) Identifies any obstacles that inhibit an individual's
176	access to such records.
177	Section 4. (1) By November 1, 2014, the Agency for Health
178	Care Administration shall provide electronic access to data on
179	assisted living facilities. Such data must be searchable,
180	downloadable, and available in generally accepted formats. At a
181	minimum, such data must include:
182	(a) Information on each assisted living facility licensed

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183	under part I of chapter 429, Florida Statutes, including:
184	1. The name and address of the facility.
185	2. The number and type of licensed beds in the facility.
186	3. The types of licenses held by the facility.
187	4. The facility's license expiration date and status.
188	5. Other relevant information that the agency currently
189	<pre>collects.</pre>
190	(b) A list of the facility's violations, including, for
191	<pre>each violation:</pre>
192	1. A summary of the violation presented in a manner
193	understandable by the general public;
194	2. Sanctions imposed by final order; and
195	3. The date the corrective action was confirmed by the
196	agency.
197	(c) Links to inspection reports on file with the agency.
198	(2)(a) The agency may provide a monitored comment webpage
199	that allows members of the public to comment on specific
200	assisted living facilities licensed to operate in this state. At
201	a minimum, the comment webpage must allow members of the public
202	to identify themselves, provide comments on their experiences
203	with, or observations of, an assisted living facility, and view
204	others' comments.
205	(b) The agency shall review comments for profane content
206	and redact profane content before posting the comments to the
207	webpage. All comments, as originally submitted, shall be
208	retained by the agency for inspection by the public without

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redaction pursuant to chapter 119, Florida Statutes.

- (c) A controlling interest, as defined in s. 408.803,
 Florida Statutes, in an assisted living facility, or an employee or owner of an assisted living facility, is prohibited from posting comments on the page. A controlling interest, employee, or owner may respond to comments on the page, and the agency shall ensure that such responses are identified as being submitted by a representative of the facility.
- (3) The agency may provide links to third-party websites that use the data published pursuant to this section to assist consumers in evaluating the quality of care and service in assisted living facilities.
- (4) The agency may adopt rules to administer this section. Section 5. Section 408.05, Florida Statutes, is amended to read:
- 408.05 Florida <u>Health Information Transparency Initiative</u>

 Center for Health Information and Policy Analysis.—
- create a comprehensive health information system to promote accessibility, transparency, and utility of state-collected data and information about health providers, facilities, services, and payment sources. The agency is responsible for making state-collected health data available in a manner that allows for and encourages multiple and innovative uses of data sets. Subject to funding by the General Appropriations Act, the agency shall develop and deploy, through a contract award with one or more

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vendors or through internal development, new methods of dissemination and ways to convert data into easily usable electronic formats establish a Florida Center for Health Information and Policy Analysis. The center shall establish a comprehensive health information system to provide for the collection, compilation, coordination, analysis, indexing, dissemination, and utilization of both purposefully collected and extant health-related data and statistics. The center shall be staffed with public health experts, biostatisticians, information system analysts, health policy experts, economists, and other staff necessary to carry out its functions.

- (2) HEALTH-RELATED DATA.—The comprehensive health information system must include the following data and information operated by the Florida Center for Health

 Information and Policy Analysis shall identify the best available data sources and coordinate the compilation of extant health-related data and statistics and purposefully collect data on:
- (a) The extent and nature of illness and disability of the state population, including life expectancy, the incidence of various acute and chronic illnesses, and infant and maternal morbidity and mortality.
- (b) The impact of illness and disability of the state population on the state economy and on other aspects of the well-being of the people in this state.
 - (c) Environmental, social, and other health hazards.

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

- (a) (e) Health resources, including <u>licensed health</u>

 professionals, licensed health care facilities, managed care

 organizations, and other health services regulated or funded by

 the state physicians, dentists, nurses, and other health

 professionals, by specialty and type of practice and acute,

 long-term care and other institutional care facility supplies

 and specific services provided by hospitals, nursing homes, home

 health agencies, and other health care facilities.
- (b) (f) Utilization of health resources care by type of provider.
- (c) (g) Health care costs and financing, including Medicaid claims and encounter data and data from other public and private payors trends in health care prices and costs, the sources of payment for health care services, and federal, state, and local expenditures for health care.
 - (h) Family formation, growth, and dissolution.
- $\underline{\text{(d)}}$ The extent, source, and type of public and private health insurance coverage in this state.
- (e) (j) The data necessary for measuring value and quality of care provided by various health care providers, including applicable credentials, accreditation status, use, revenues and expenses, outcomes, site visits, and other regulatory reports, and the results of administrative and civil litigation related

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287 to health care.

- (3) <u>COORDINATION</u> <u>COMPREHENSIVE HEALTH INFORMATION SYSTEM.</u>
 In order to <u>collect comprehensive</u> <u>produce comparable and uniform</u>
 health information and statistics <u>and to disseminate such</u>
 <u>information to for the public, as well as for the development of policy recommendations, the agency shall perform the following functions:</u>
- (a) Collect and compile data from all agencies and programs that provide, regulate, and pay for health services

 Coordinate the activities of state agencies involved in the design and implementation of the comprehensive health information system.
- (b) Promote data sharing through the Undertake research, development, dissemination, and evaluation of state-collected health data and by making such data available, transferable, and readily usable respecting the comprehensive health information system.
- (c) Review the statistical activities of state agencies to ensure that they are consistent with the comprehensive health information system.
- (c) (d) Develop written agreements with local, state, and federal agencies for the sharing of health-care-related data or using the facilities and services of such agencies. State agencies, local health councils, and other agencies under state contract shall assist the agency center in obtaining, compiling, and transferring health-care-related data maintained by state

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and local agencies. Written agreements must specify the types, methods, and periodicity of data exchanges and specify the types of data that will be transferred to the center.

- (d) (e) Enable and facilitate the sharing and use of all state-collected health data to the maximum extent allowed by law Establish by rule the types of data collected, compiled, processed, used, or shared. Decisions regarding center data sets should be made based on consultation with the State Consumer Health Information and Policy Advisory Council and other public and private users regarding the types of data which should be collected and their uses. The center shall establish standardized means for collecting health information and statistics under laws and rules administered by the agency.
- (f) Establish minimum health-care-related data sets which are necessary on a continuing basis to fulfill the collection requirements of the center and which shall be used by state agencies in collecting and compiling health-care-related data. The agency shall periodically review ongoing health care data collections of the Department of Health and other state agencies to determine if the collections are being conducted in accordance with the established minimum sets of data.
- (g) Establish advisory standards to ensure the quality of health statistical and epidemiological data collection, processing, and analysis by local, state, and private organizations.
 - (e) (h) Monitor data collection procedures, test data

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quality, and take such corrective actions as are necessary to ensure that data and information disseminated under the initiative are accurate, valid, reliable, and complete Prescribe standards for the publication of health-care-related data reported pursuant to this section which ensure the reporting of accurate, valid, reliable, complete, and comparable data. Such standards should include advisory warnings to users of the data regarding the status and quality of any data reported by or available from the center.

- (f) (i) Initiate and maintain activities necessary to collect, edit, verify, archive, and retrieve data compiled pursuant to this section Prescribe standards for the maintenance and preservation of the center's data. This should include methods for archiving data, retrieval of archived data, and data editing and verification.
- (j) Ensure that strict quality control measures are maintained for the dissemination of data through publications, studies, or user requests.
- (k) Develop, in conjunction with the State Consumer Health Information and Policy Advisory Council, and implement a long-range plan for making available health care quality measures and financial data that will allow consumers to compare health care services. The health care quality measures and financial data the agency must make available include, but are not limited to, pharmaceuticals, physicians, health care facilities, and health plans and managed care entities. The agency shall update the

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plan and report on the status of its implementation annually.

The agency shall also make the plan and status report available to the public on its Internet website. As part of the plan, the agency shall identify the process and timeframes for implementation, barriers to implementation, and recommendations of changes in the law that may be enacted by the Legislature to eliminate the barriers. As preliminary elements of the plan, the agency shall:

1. Make available patient-safety indicators, inpatient quality indicators, and performance outcome and patient charge data collected from health care facilities pursuant to s. 408.061(1)(a) and (2). The terms "patient-safety indicators" and "inpatient quality indicators" have the same meaning as that ascribed by the Centers for Medicare and Medicaid Services, an accrediting organization whose standards incorporate comparable regulations required by this state, or a national entity that establishes standards to measure the performance of health care providers, or by other states. The agency shall determine which conditions, procedures, health care quality measures, and patient charge data to disclose based upon input from the council. When determining which conditions and procedures are be disclosed, the council and the agency shall consider variation in costs, variation in outcomes, and magnitude of variations and other relevant information. When determining which health care quality measures to disclose, the agency: Shall consider such factors as volume of cases; average

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patient charges; average length of stay; complication rates; mortality rates; and infection rates, among others, which shall be adjusted for case mix and severity, if applicable.

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

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

2. Make available performance measures, benefit design, and premium cost data from health plans licensed pursuant to chapter 627 or chapter 641. The agency shall determine which health care quality measures and member and subscriber cost data to disclose, based upon input from the council. When determining which data to disclose, the agency shall consider information

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that may be required by either individual or group purchasers to assess the value of the product, which may include membership satisfaction, quality of care, current enrollment or membership, coverage areas, accreditation status, premium costs, plan costs, premium increases, range of benefits, copayments and deductibles, accuracy and speed of claims payment, credentials of physicians, number of providers, names of network providers, and hospitals in the network. Health plans shall make available to the agency such data or information that is not currently reported to the agency or the office.

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

4. Publish on its website undiscounted charges for no fewer than 150 of the most commonly performed adult and pediatric procedures, including outpatient, inpatient,

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diagnostic, and preventative procedures.

(4) TECHNICAL ASSISTANCE.-

- (a) The center shall provide technical assistance to persons or organizations engaged in health planning activities in the effective use of statistics collected and compiled by the center. The center shall also provide the following additional technical assistance services:
- 1. Establish procedures identifying the circumstances under which, the places at which, the persons from whom, and the methods by which a person may secure data from the center, including procedures governing requests, the ordering of requests, timeframes for handling requests, and other procedures necessary to facilitate the use of the center's data. To the extent possible, the center should provide current data timely in response to requests from public or private agencies.
- 2. Provide assistance to data sources and users in the areas of database design, survey design, sampling procedures, statistical interpretation, and data access to promote improved health-care-related data sets.
- 3. Identify health care data gaps and provide technical assistance to other public or private organizations for meeting documented health care data needs.
- 4. Assist other organizations in developing statistical abstracts of their data sets that could be used by the center.
- 5. Provide statistical support to state agencies with regard to the use of databases maintained by the center.

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

- 7. Maintain detailed information on data maintained by other local, state, federal, and private agencies in order to advise those who use the center of potential sources of data which are requested but which are not available from the center.
- 8. Respond to requests for data which are not available in published form by initiating special computer runs on data sets available to the center.
- 9. Monitor innovations in health information technology, informatics, and the exchange of health information and maintain a repository of technical resources to support the development of a health information network.
- (b) The agency shall administer, manage, and monitor grants to not-for-profit organizations, regional health information organizations, public health departments, or state agencies that submit proposals for planning, implementation, or training projects to advance the development of a health information network. Any grant contract shall be evaluated to ensure the effective outcome of the health information project.
- (c) The agency shall initiate, oversee, manage, and evaluate the integration of health care data from each state agency that collects, stores, and reports on health care issues and make that data available to any health care practitioner through a state health information network.

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

- (a) The center shall publish and make available periodically to agencies and individuals health statistics publications of general interest, including health plan consumer reports and health maintenance organization member satisfaction surveys; publications providing health statistics on topical health policy issues; publications that provide health status profiles of the people in this state; and other topical health statistics publications.
- (b) The center shall publish, make available, and disseminate, promptly and as widely as practicable, the results of special health surveys, health care research, and health care evaluations conducted or supported under this section. Any publication by the center must include a statement of the limitations on the quality, accuracy, and completeness of the data.
- (c) The center shall provide indexing, abstracting, translation, publication, and other services leading to a more effective and timely dissemination of health care statistics.
- (d) The center shall be responsible for publishing and disseminating an annual report on the center's activities.
- (e) The center shall be responsible, to the extent resources are available, for conducting a variety of special

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studies and surveys to expand the health care information and statistics available for health policy analyses, particularly for the review of public policy issues. The center shall develop a process by which users of the center's data are periodically surveyed regarding critical data needs and the results of the survey considered in determining which special surveys or studies will be conducted. The center shall select problems in health care for research, policy analyses, or special data collections on the basis of their local, regional, or state importance; the unique potential for definitive research on the problem; and opportunities for application of the study findings.

- (4) (6) PROVIDER DATA REPORTING.—This section does not confer on the agency the power to demand or require that a health care provider or professional furnish information, records of interviews, written reports, statements, notes, memoranda, or data other than as expressly required by law.
 - (5) (7) HEALTH INFORMATION ENTERPRISE BUDGET; FEES.—
- (a) The agency shall implement the comprehensive health information system in a manner that recognizes state-collected data as an asset and rewards taxpayer investment in information collection and management Legislature intends that funding for the Florida Center for Health Information and Policy Analysis be appropriated from the General Revenue Fund.
- (b) The <u>agency</u> Florida Center for Health Information and Policy Analysis may apply for, and receive, and accept grants,

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gifts, and other payments, including property and services, from a any governmental or other public or private entity or person and make arrangements for as to the use of such funds same, including the undertaking of special studies and other projects relating to health-care-related topics. Funds obtained pursuant to this paragraph may not be used to offset annual appropriations from the General Revenue Fund.

- a contract with the state under this section does not inhibit or impede public access to state-collected health data and information center may charge such reasonable fees for services as the agency prescribes by rule. The established fees may not exceed the reasonable cost for such services. Fees collected may not be used to offset annual appropriations from the General Revenue Fund.
- (8) STATE CONSUMER HEALTH INFORMATION AND POLICY ADVISORY
 COUNCIL.
- Health Information and Policy Advisory Council to assist the center in reviewing the comprehensive health information system, including the identification, collection, standardization, sharing, and coordination of health-related data, fraud and abuse data, and professional and facility licensing data among federal, state, local, and private entities and to recommend improvements for purposes of public health, policy analysis, and transparency of consumer health care information. The council

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shall consist of the following members:

- 1. An employee of the Executive Office of the Governor, to be appointed by the Governor.
- 2. An employee of the Office of Insurance Regulation, to be appointed by the director of the office.
- 3. An employee of the Department of Education, to be appointed by the Commissioner of Education.
- 4. Ten persons, to be appointed by the Secretary of Health Care Administration, representing other state and local agencies, state universities, business and health coalitions, local health councils, professional health-care-related associations, consumers, and purchasers.
- (b) Each member of the council shall be appointed to serve for a term of 2 years following the date of appointment, except the term of appointment shall end 3 years following the date of appointment for members appointed in 2003, 2004, and 2005. A vacancy shall be filled by appointment for the remainder of the term, and each appointing authority retains the right to reappoint members whose terms of appointment have expired.
- (c) The council may meet at the call of its chair, at the request of the agency, or at the request of a majority of its membership, but the council must meet at least quarterly.
 - (d) Members shall elect a chair and vice chair annually.
- (e) A majority of the members constitutes a quorum, and the affirmative vote of a majority of a quorum is necessary to take action.

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599	(I) The council shall maintain minutes of each meeting and
600	shall make such minutes available to any person.
601	(g) Members of the council shall serve without
602	compensation but shall be entitled to receive reimbursement for
603	per diem and travel expenses as provided in s. 112.061.
604	(h) The council's duties and responsibilities include, but
605	are not limited to, the following:
606	1. To develop a mission statement, goals, and a plan of
607	action for the identification, collection, standardization,
608	sharing, and coordination of health-related data across federal,
609	state, and local government and private sector entities.
610	2. To develop a review process to ensure cooperative
611	planning among agencies that collect or maintain health-related
612	data.
613	3. To create ad hoc issue-oriented technical workgroups on
614	an as-needed basis to make recommendations to the council.
615	(9) APPLICATION TO OTHER AGENCIES.—Nothing in this section
616	shall limit, restrict, affect, or control the collection,
617	analysis, release, or publication of data by any state agency
618	pursuant to its statutory authority, duties, or
619	responsibilities.
620	Section 6. The Office of Program Policy Analysis and
621	Government Accountability (OPPAGA) shall monitor the Agency for
622	Health Care Administration's implementation of s. 408.05,
623	Florida Statutes, as amended by this act. No later than 1 year
624	after the agency completes implementation, OPPAGA shall provide

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a report to the President of the Senate and the Speaker of the

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626	House of Representatives containing recommendations regarding
627	the application of data practices made pursuant to s. 408.05,
628	Florida Statutes, to other executive branch agencies.
629	Section 7. For the purpose of incorporating the amendment
630	made by this act to section 257.36, Florida Statutes, in a
631	reference thereto, subsection (8) of section 120.54, Florida
632	Statutes, is reenacted to read:
633	120.54 Rulemaking
634	(8) RULEMAKING RECORD.—In all rulemaking proceedings the
635	agency shall compile a rulemaking record. The record shall

(a) All notices given for the proposed rule.

include, if applicable, copies of:

- (b) Any statement of estimated regulatory costs for the rule.
 - (c) A written summary of hearings on the proposed rule.
 - (d) The written comments and responses to written comments as required by this section and s. 120.541.
 - (e) All notices and findings made under subsection (4).
 - (f) All materials filed by the agency with the committee under subsection (3).
 - (g) All materials filed with the Department of State under subsection (3).
 - (h) All written inquiries from standing committees of the Legislature concerning the rule.

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Each state agency shall retain the record of rulemaking as long as the rule is in effect. When a rule is no longer in effect, the record may be destroyed pursuant to the records-retention schedule developed under s. 257.36(6).

Section 8. Subsection (3) of section 20.42, Florida

Statutes, is amended to read:

20.42 Agency for Health Care Administration.—

(3) The department is shall be the chief health policy and planning entity for the state. The department is responsible for health facility licensure, inspection, and regulatory enforcement; investigation of consumer complaints related to health care facilities and managed care plans; the

implementation of the certificate of need program; the operation
of the Florida Center for Health Information and Policy
Analysis; the administration of the Medicaid program; the
administration of the contracts with the Florida Healthy Kids
Corporation; the certification of health maintenance
organizations and prepaid health clinics as set forth in part

669 III of chapter 641; and any other duties prescribed by statute or agreement.

Section 9. Paragraph (c) of subsection (4) of section 381.026, Florida Statutes, is amended to read:

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

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

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(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 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 charges for the medical services that the provider offers to patients. The schedule must include the prices charged to an uninsured person paying for such services by cash, check, credit card, or debit card. The schedule must be posted in a conspicuous place in the reception area of the provider's office and must include, but is not limited to, the 50 services most frequently provided by the primary care provider. The schedule may group services by three price levels, listing services in each price level. The posting must be at least 15 square feet in size. A primary care provider who publishes and maintains a schedule of charges for medical services is exempt from the license fee requirements for a single period of renewal of a

professional license under chapter 456 for that licensure term and is exempt from the continuing education requirements of chapter 456 and the rules implementing those requirements for a single 2-year period.

- 4. If a primary care provider publishes a schedule of charges pursuant to subparagraph 3., the provider shall he or she must continually post it at all times for the duration of active licensure in this state when primary care services are provided to patients. If a primary care provider fails to post the schedule of charges in accordance with this subparagraph, the provider shall be required to pay any license fee and comply with any continuing education requirements for which an exemption was received.
- 5. A health care provider or a health care facility shall, upon request, furnish a person, before the provision of medical services, a reasonable estimate of charges for such services. The health care provider or the health care facility shall provide an uninsured person, before the provision of a planned nonemergency medical service, a reasonable estimate of charges for such service and information regarding the provider's or facility's discount or charity policies for which the uninsured person may be eligible. Such estimates by a primary care provider must be consistent with the schedule posted under subparagraph 3. To the extent possible, estimates shall, to the extent possible, be written in language comprehensible to an ordinary layperson. Such reasonable estimate does not preclude

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the health care provider or health care facility from exceeding the estimate or making additional charges based on changes in the patient's condition or treatment needs.

- 6. Each licensed facility not operated by the state shall make available to the public on its Internet website or by other electronic means a description of and a link to the performance outcome and financial data that is published by the agency pursuant to s. 408.05(3)(k). The facility shall place in its reception area a notice stating that the in the reception area that such information is available electronically and providing the facility's website address. The licensed facility may indicate that the pricing information is based on a compilation of charges for the average patient and that each patient's bill may vary from the average depending upon the severity of illness and individual resources consumed. The licensed facility may also indicate that the price of service is negotiable for eligible patients based upon the patient's ability to pay.
- 7. A patient has the right to receive a copy of an itemized bill and upon request. A patient has a right to be given an explanation of charges upon request.
- Section 10. Subsection (11) of section 395.301, Florida Statutes, is amended to read:
- 395.301 Itemized patient bill; form and content prescribed by the agency.—
- (11) Each licensed facility shall make available on its

 Internet* website a link to the performance outcome and financial

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data that is published by the Agency for Health Care Administration pursuant to s. 408.05(3)(k). The facility shall place in its reception area a notice stating in the reception area that the information is available electronically and providing the facility's Internet website address.

Section 11. Paragraph (e) of subsection (2) of section 395.602, Florida Statutes, is amended to read:

395.602 Rural hospitals.—

- (2) DEFINITIONS.—As used in this part:
- (e) "Rural hospital" means an acute care hospital licensed under this chapter, having 100 or fewer licensed beds and an emergency room, which is:
- 1. The sole provider within a county with a population density of no greater than 100 persons per square mile;
- 2. An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from any other acute care hospital within the same county;
- 3. A hospital supported by a tax district or subdistrict whose boundaries encompass a population of 100 persons or fewer per square mile;
- 4. A hospital in a constitutional charter county with a population of <u>more than over 1</u> million persons that has imposed a local option health service tax pursuant to law and in an area that was directly impacted by a catastrophic event on August 24,

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1992, for which the Governor of Florida declared a state of emergency pursuant to chapter 125, and has 120 beds or less that serves an agricultural community with an emergency room utilization of no less than 20,000 visits and a Medicaid inpatient utilization rate greater than 15 percent;

- 5. A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this subparagraph, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the agency's hospital inpatient discharge database in the Florida Center for Health Information and Policy Analysis at the agency; or
- 6. A hospital designated as a critical access hospital, as defined in s. 408.07.

Population densities used in this paragraph must be based upon the most recently completed United States census. A hospital that received funds under s. 409.9116 for a quarter beginning no later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2015, if the hospital continues to have 100 or fewer licensed beds and an emergency room, or meets the criteria of subparagraph 4. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this paragraph shall be granted such designation upon

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application, including supporting documentation, to the agency. A hospital that was licensed as a rural hospital during the 2010-2011 or 2011-2012 fiscal year shall continue to be a rural hospital from the date of designation through June 30, 2015, if the hospital continues to have 100 or fewer licensed beds and an emergency room.

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Section 12. Section 395.6025, Florida Statutes, is amended to read:

Rural hospital replacement facilities.-395.6025 Notwithstanding the provisions of s. 408.036, a hospital defined as a statutory rural hospital in accordance with s. 395.602, or a not-for-profit operator of rural hospitals, is not required to obtain a certificate of need for the construction of a new hospital located in a county with a population of at least 15,000 but no more than 18,000 and a density of less than 30 persons per square mile, or a replacement facility, if provided that the replacement, or new, facility is located within 10 miles of the site of the currently licensed rural hospital and within the current primary service area. As used in this section, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the Agency for Health Care Administration's hospital inpatient discharge database in the Florida Center for Health Information and Policy Analysis at the Agency for Health Care Administration.

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Section 13. Subsection (43) of section 408.07, Florida Statutes, is amended to read:

- 408.07 Definitions.—As used in this chapter, with the exception of ss. 408.031-408.045, the term:
- (43) "Rural hospital" means an acute care hospital licensed under chapter 395, having 100 or fewer licensed beds and an emergency room, and which is:
- (a) The sole provider within a county with a population density of no greater than 100 persons per square mile;
- (b) An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from another acute care hospital within the same county;
- (c) A hospital supported by a tax district or subdistrict whose boundaries encompass a population of 100 persons or fewer per square mile;
- (d) A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this paragraph, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the Agency for Health Care

 Administration's hospital inpatient discharge database in the Florida Center for Health Information and Policy Analysis at the Agency for Health Care Administration; or

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(e) A critical access hospital.

Population densities used in this subsection must be based upon the most recently completed United States census. A hospital that received funds under s. 409.9116 for a quarter beginning no later than July 1, 2002, is deemed to have been and shall continue to be a rural hospital from that date through June 30, 2015, if the hospital continues to have 100 or fewer licensed beds and an emergency room, or meets the criteria of s. 395.602(2)(e)4. An acute care hospital that has not previously been designated as a rural hospital and that meets the criteria of this subsection shall be granted such designation upon application, including supporting documentation, to the Agency for Health Care Administration.

Section 14. Paragraph (a) of subsection (4) of section 408.18, Florida Statutes, is amended to read:

- 408.18 Health Care Community Antitrust Guidance Act; antitrust no-action letter; market-information collection and education.—
- (4) (a) Members of the health care community who seek antitrust guidance may request a review of their proposed business activity by the Attorney General's office. In conducting its review, the Attorney General's office may seek whatever documentation, data, or other material it deems necessary from the Agency for Health Care Administration, the Florida Center for Health Information and Policy Analysis, and

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the Office of Insurance Regulation of the Financial Services Commission.

Section 15. Section 465.0244, Florida Statutes, is amended to read:

465.0244 Information disclosure.—Every pharmacy shall make available on its Internet website a link to the performance outcome and financial data that is published by the Agency for Health Care Administration pursuant to s. 408.05(3)(k) and shall place in the area where customers receive filled prescriptions notice that such information is available electronically and the address of its Internet website.

Section 16. Subsection (2) of section 627.6499, Florida Statutes, is amended to read:

627.6499 Reporting by insurers and third-party administrators.—

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

Section 17. Subsection (7) of section 641.54, Florida Statutes, is amended to read:

641.54 Information disclosure.

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(7) Each health maintenance organization shall make
available on its Internet website a link to the performance
outcome and financial data that is published by the Agency for
Health Care Administration pursuant to s. $408.05(3)(k)$ and shall
include in every policy delivered or issued for delivery to any
person in the state or $\frac{1}{2}$ materials provided as required by s.
627.64725 notice that such information is available
electronically and the address of its Internet website.
Costion 10 This act shall take offect Tuly 1 2014

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