

1 A bill to be entitled
 2 An act relating to health care price disclosure; amending
 3 s. 395.301, F.S.; requiring certain licensed facilities to
 4 provide prospective patients certain information relating
 5 to billing and collection policies; requiring notice of
 6 certain interest charged and its rate and of the right to
 7 appeal charges; requiring facilities to provide certain
 8 information relating to alternative treatments;
 9 prohibiting facilities from requiring a patient to sign a
 10 form requiring certain payments or waiving right to
 11 appeal; providing circumstances in which additional
 12 itemized charges may be imposed; requiring provision of
 13 certain records to a designee of the patient within a
 14 specified period of time, under certain circumstances;
 15 requiring facilities to establish an appeal methodology;
 16 requiring facilities to provide public Internet access to
 17 certain information; providing an effective date.

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

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 21 Section 1. Section 395.301, Florida Statutes, is amended
 22 to read:

23 395.301 Itemized patient bill; form and content prescribed
 24 by the agency.--

25 (1) A licensed facility not operated by the state shall
 26 notify each patient prior to ~~during~~ admission and at discharge
 27 of his or her right to receive an itemized bill and a copy of
 28 the facility's billing and collection policies ~~upon request.~~

29 Within 7 days following the patient's discharge or release from
30 a licensed facility not operated by the state, the licensed
31 facility providing the service shall, upon request, submit to
32 the patient, or to the patient's survivor or legal guardian as
33 may be appropriate, an itemized statement detailing in language
34 comprehensible to an ordinary layperson the specific nature of
35 charges or expenses incurred by the patient, which in the
36 initial billing shall contain a statement of specific services
37 received and expenses incurred for such items of service,
38 enumerating in detail the constituent components of the services
39 received within each department of the licensed facility and
40 including unit price data on rates charged by the licensed
41 facility, as prescribed by the agency.

42 (2)(a) Each such statement submitted pursuant to this
43 section:

44 1. May ~~not~~ include charges of hospital-based physicians if
45 billed separately.

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

48 3. Shall list drugs by brand or generic name and not refer
49 to drug code numbers when referring to drugs of any sort.

50 4. Shall specifically identify therapy treatment as to the
51 date, type, and length of treatment when therapy treatment is a
52 part of the statement.

53 5. Shall conspicuously display a notice of the right of a
54 patient or designee to appeal any of the charges itemized in the
55 patient's bill, and whether interest will be charged on the

56 amount not covered by a third-party payor, and the interest rate
57 charged, if applicable.

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

61 (3) On each itemized statement submitted pursuant to
62 subsection (1) there shall appear the words "A FOR-PROFIT (or
63 NOT-FOR-PROFIT or PUBLIC) HOSPITAL (or AMBULATORY SURGICAL
64 CENTER) LICENSED BY THE STATE OF FLORIDA" or substantially
65 similar words sufficient to identify clearly and plainly the
66 ownership status of the licensed facility. Each itemized
67 statement must prominently display the phone number of the
68 medical facility's patient liaison who is responsible for
69 expediting the resolution of any billing dispute between the
70 patient, or his or her representative, and the billing
71 department.

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

74 (5) In any billing for services subsequent to the initial
75 billing for such services, the patient, or the patient's
76 survivor or legal guardian, may elect, at his or her option, to
77 receive a copy of the detailed statement of specific services
78 received and expenses incurred for each such item of service as
79 provided in subsection (1).

80 (6) No physician, dentist, podiatric physician, or
81 licensed facility may add to the price charged by any third
82 party except for a service or handling charge representing a
83 cost actually incurred as an item of expense; however, the

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84 physician, dentist, podiatric physician, or licensed facility is
85 entitled to fair compensation for all professional services
86 rendered. The amount of the service or handling charge, if any,
87 shall be set forth clearly in the bill to the patient.

88 (7) Each licensed facility not operated by the state shall
89 provide, prior to provision of any nonemergency medical
90 services, a written good faith estimate of reasonably
91 anticipated charges for the facility to treat the patient's
92 condition upon ~~written~~ request of a prospective patient. A
93 licensed facility shall also provide information relating to
94 alternative treatments for the medical condition, including, but
95 not limited to, outpatient services or drug therapies, that the
96 patient may want to discuss with his or her physician. The
97 estimate shall be provided to the prospective patient within 7
98 business days after the receipt of the request. ~~The estimate may~~
99 ~~be the average charges for that diagnosis related group or the~~
100 ~~average charges for that procedure. Upon request,~~ The facility
101 shall notify the patient of any revision to the good faith
102 estimate. Such estimate shall not preclude the actual charges
103 from exceeding the estimate. The facility shall place a notice
104 in the reception area that such information is available.
105 Failure to provide the estimate within the provisions
106 established pursuant to this section shall result in a fine of
107 \$500 for each instance of the facility's failure to provide the
108 requested information.

109 (8)(a) A licensed facility shall not, as a condition of
110 admission or the provision of service, require a patient to sign
111 any form that requires the patient to make an unspecified or

112 unlimited financial payment to the facility or to waive the
 113 patient's right to appeal charges billed.

114 (b) In the event of any unanticipated complications, a
 115 licensed facility may charge the patient for additional
 116 treatment, services, or supplies rendered in connection with the
 117 complication and such charges must be itemized on the patient's
 118 bill.

119 (9)(8) A licensed facility shall make available to a
 120 patient or designee all records necessary for verification of
 121 the accuracy of the patient's bill within 30 business days after
 122 the request for such records. The verification information must
 123 be made available in the facility's offices. Such records shall
 124 be available to the patient or designee prior to and after
 125 payment of the bill or claim. The facility may not charge the
 126 patient or designee for making such verification records
 127 available; however, the facility may charge its usual fee for
 128 providing copies of records as specified in s. 395.3025.

129 (10)(9) Each licensed facility shall establish a method
 130 for the patient to appeal any charge on the patient's bill. Each
 131 facility shall establish a method for reviewing and responding
 132 to an appeal submitted by a patient ~~questions from patients~~
 133 concerning the patient's itemized bill that includes:-

134 (a) Review by an individual who was not involved in the
 135 initial billing.

136 (b) A written decision with a clear explanation of the
 137 grounds for the decision which shall be provided to the patient
 138 who made the appeal ~~Such response shall be provided~~ within 30
 139 days after the date an appeal ~~a question~~ is received. If the

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140 patient is not satisfied with the decision ~~response~~, the
141 facility must provide the patient with the address of the agency
142 to which the issue may be sent for review.

143 ~~(11)(10)~~ Each licensed facility shall make available on
144 its Internet website a link to the performance outcome and
145 financial data that is published by the Agency for Health Care
146 Administration pursuant to s. 408.05(3)(1) and a copy of the
147 facility's billing and collection policies. The facility shall
148 place a notice in the reception area indicating that the
149 information is available electronically and the facility's
150 Internet website address.

151 Section 2. This act shall take effect July 1, 2005.