By Senator Hill

	1-00675-10 20101274
1	A bill to be entitled
2	An act relating to staffing of health care facilities;
3	amending s. 395.301, F.S.; requiring acute care
4	hospitals to make information concerning staffing
5	levels at the hospital available to the public upon
6	request; providing an effective date.
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8	Be It Enacted by the Legislature of the State of Florida:
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10	Section 1. Section 395.301, Florida Statutes, is amended to
11	read:
12	395.301 Itemized patient bill; form and content prescribed
13	by the agency; hospital staffing disclosure
14	(1) A licensed facility not operated by the state shall
15	notify each patient during admission and at discharge of his or
16	her right to receive an itemized bill upon request. Within 7
17	days following the patient's discharge or release from a
18	licensed facility not operated by the state, the licensed
19	facility providing the service shall, upon request, submit to
20	the patient, or to the patient's survivor or legal guardian as
21	may be appropriate, an itemized statement detailing in language
22	comprehensible to an ordinary layperson the specific nature of
23	charges or expenses incurred by the patient, which in the
24	initial billing shall contain a statement of specific services
25	received and expenses incurred for such items of service,
26	enumerating in detail the constituent components of the services
27	received within each department of the licensed facility and
28	including unit price data on rates charged by the licensed
29	facility, as prescribed by the agency.

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1-00675-10 20101274 30 (2) (a) Each such statement submitted pursuant to this 31 section: 32 1. May not include charges of hospital-based physicians if 33 billed separately. 34 2. May not include any generalized category of expenses such as "other" or "miscellaneous" or similar categories. 35 36 3. Shall list drugs by brand or generic name and not refer 37 to drug code numbers when referring to drugs of any sort. 4. Shall specifically identify therapy treatment as to the 38 39 date, type, and length of treatment when therapy treatment is a part of the statement. 40 41 (b) Any person receiving a statement pursuant to this 42 section shall be fully and accurately informed as to each charge 43 and service provided by the institution preparing the statement. 44 (3) On each itemized statement submitted pursuant to 45 subsection (1) there shall appear the words "A FOR-PROFIT (or 46 NOT-FOR-PROFIT or PUBLIC) HOSPITAL (or AMBULATORY SURGICAL 47 CENTER) LICENSED BY THE STATE OF FLORIDA" or substantially similar words sufficient to identify clearly and plainly the 48 49 ownership status of the licensed facility. Each itemized 50 statement must prominently display the phone number of the medical facility's patient liaison who is responsible for 51 expediting the resolution of any billing dispute between the 52 patient, or his or her representative, and the billing 53 54 department. 55 (4) An itemized bill shall be provided once to the 56 patient's physician at the physician's request, at no charge. 57 (5) In any billing for services subsequent to the initial

58 billing for such services, the patient, or the patient's

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1-00675-10 20101274 59 survivor or legal guardian, may elect, at his or her option, to 60 receive a copy of the detailed statement of specific services 61 received and expenses incurred for each such item of service as 62 provided in subsection (1). (6) A No physician, dentist, podiatric physician, or 63 licensed facility may not add to the price charged by any third 64 party except for a service or handling charge representing a 65 66 cost actually incurred as an item of expense; however, the physician, dentist, podiatric physician, or licensed facility is 67 68 entitled to fair compensation for all professional services rendered. The amount of the service or handling charge, if any, 69 70 shall be set forth clearly in the bill to the patient. 71 (7) Each licensed facility not operated by the state shall 72 provide, prior to provision of any nonemergency medical 73 services, a written good faith estimate of reasonably 74 anticipated charges for the facility to treat the patient's 75 condition upon written request of a prospective patient. The 76 estimate shall be provided to the prospective patient within 7 77 business days after the receipt of the request. The estimate may 78 be the average charges for that diagnosis related group or the average charges for that procedure. Upon request, the facility 79 shall notify the patient of any revision to the good faith 80 81 estimate. Such estimate does shall not preclude the actual charges from exceeding the estimate. The facility shall place a 82 83 notice in the reception area that such information is available. 84 Failure to provide the estimate within the provisions 85 established pursuant to this section shall result in a fine of 86 \$500 for each instance of the facility's failure to provide the 87 requested information.

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1-00675-10 20101274 88 (8) Each licensed facility that is not operated by the 89 state shall provide any uninsured person seeking planned nonemergency elective admission a written good faith estimate of 90 91 reasonably anticipated charges for the facility to treat such 92 person. The estimate must be provided to the uninsured person 93 within 7 business days after the person notifies the facility 94 and the facility confirms that the person is uninsured. The 95 estimate may be the average charges for that diagnosis-related group or the average charges for that procedure. Upon request, 96 97 the facility shall notify the person of any revision to the good faith estimate. Such estimate does not preclude the actual 98 99 charges from exceeding the estimate. The facility shall also 100 provide to the uninsured person a copy of any facility discount 101 and charity care discount policies for which the uninsured 102 person may be eligible. The facility shall place a notice in the 103 reception area where such information is available. Failure to 104 provide the estimate as required by this subsection shall result 105 in a fine of \$500 for each instance of the facility's failure to provide the requested information. 106

107 (9) A licensed facility shall make available to a patient all records necessary for verification of the accuracy of the 108 109 patient's bill within 30 business days after the request for such records. The verification information must be made 110 available in the facility's offices. Such records shall be 111 112 available to the patient prior to and after payment of the bill 113 or claim. The facility may not charge the patient for making such verification records available; however, the facility may 114 115 charge its usual fee for providing copies of records as 116 specified in s. 395.3025.

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117	(10) Each facility shall establish a method for reviewing
118	and responding to questions from patients concerning the
119	patient's itemized bill. Such response shall be provided within
120	30 days after the date a question is received. If the patient is
121	not satisfied with the response, the facility must provide the
122	patient with the address of the agency to which the issue may be
123	sent for review.
124	(11) Each licensed facility shall make available on its
125	Internet website a link to the performance outcome and financial
126	data that is published by the Agency for Health Care
127	Administration pursuant to s. 408.05(3)(k). The facility shall
128	place a notice in the reception area that the information is
129	available electronically and the facility's Internet website
130	address.
131	(12) An acute care hospital shall provide to any person,
132	within 48 hours after receiving a written request, a report of
133	the daily staffing level of the direct care nursing staff,
134	registered nurses, licensed practical nurses, and certified
135	nursing assistants in each patient care unit for each shift and
136	each day of the month preceding the request, the daily census by
137	patient care unit for each shift and each day of the month
138	preceding the request, and the projected schedule and
139	anticipated average daily census by patient care unit of the
140	hospital for a minimum period of 30 days following the date of
141	the request.
142	Section 2. This act shall take effect July 1, 2010.

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