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By the Committee on Appropriations; and Senator Grimsley

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A bill to be entitled

An act relating to a comprehensive health information system; amending s. 408.05, F.S.; renaming the Florida Center for Health Information and Policy Analysis as the Florida Health Information Transparency Initiative; providing a statement of purpose for the initiative; providing the duties of the Agency for Health Care Administration; revising the data and information required to be included in the health information system; revising the functions that the agency must perform in order to collect and disseminate health information and statistics; deleting provisions that require the center to provide technical assistance to persons and organizations engaged in health planning activities; deleting provisions that require the center to provide widespread dissemination of data; requiring the agency to implement the transparency initiative in a manner that recognizes state-collected data as an asset and rewards taxpayer investment in information collection and management; authorizing the agency to apply for, receive, and accept grants, gifts, and other payments, including property and services, from a governmental or other public or private entity or person; requiring the agency to ensure that certain vendors do not inhibit or impede consumer access to state-collected health data and information; abolishing the State Consumer Health Information and Policy Advisory Council; amending ss. 381.026, 395.301, 465.0244,

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627.6499, and 641.54, F.S.; conforming provisions to changes made by the act; providing an effective date.

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

Section 1. Section 408.05, Florida Statutes, is amended to read:

408.05 Florida Center for Health Information Transparency Initiative and Policy Analysis.

- (1) PURPOSE ESTABLISHMENT. The agency shall coordinate establish a Florida Center for Health Information and Policy Analysis. The center shall establish 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 provide for the collection, compilation, coordination, analysis, indexing, dissemination, and utilization of both purposefully collected and extant health-related data and statistics. The agency center shall be responsible for making data available in a manner that allows for and encourages multiple and innovative uses of data sets collected under the auspices of the state. Subject to the General Appropriations Act, the agency shall contract with one or more vendors to develop new methods of dissemination and to convert data into easily usable electronic formats 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 operated by the Florida Center for Health

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<u>and information</u> 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.
- (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</u> physicians, dentists, nurses, and other health professionals, <u>licensed</u> 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, managed care organizations, and other health services regulated or funded by the state.
- (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.

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- (h) Family formation, growth, and dissolution.
- (d) (i) 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, utilization, revenues and expenses, outcomes, site visits, and other regulatory reports, and the results of administrative and civil litigation.
- (3) COORDINATION COMPREHENSIVE HEALTH INFORMATION SYSTEM.—
 In order to collect and disseminate comprehensive produce
 comparable and uniform health information and statistics for the
 public as well as for the development of policy recommendations,
 the agency shall perform the following functions:
- (a) Collect and compile data from all state agencies and programs involved in providing, regulating, and paying 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.
- $\underline{\text{(c)}}$ (d) Develop written agreements with local, state, and federal agencies for the sharing of health-care-related data or

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using the facilities and services of such agencies. State agencies, local health councils, and other agencies under state contract shall assist the <u>agency center</u> in obtaining, compiling, and transferring health-care-related data maintained by state 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.

- 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.

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(e) (h) Monitor data collection procedures, test data quality, and take such corrective actions as may be 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 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 compiled pursuant to this section 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 shall include, but is not limited to, pharmaceuticals, physicians, health care facilities, and health plans and managed care entities. The agency shall update the plan and report on the status of its implementation annually. The agency shall also make the plan and status report

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available to the public on its Internet website. As part of the plan, the agency shall identify the process and timeframes for implementation, any 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" shall be as defined by the Centers for Medicare and Medicaid Services, 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. 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 to 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:

a. Shall consider such factors as volume of cases; average 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.

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b. May consider such additional measures that are adopted by the Centers for Medicare and Medicaid Studies, National Quality Forum, the Joint Commission on Accreditation of Healthcare Organizations, the Agency for Healthcare Research and Quality, 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.

211 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 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

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to the agency any 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, 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

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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.
- 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.

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(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.
- (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

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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 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 <u>agency shall implement the transparency initiative</u> in a manner that recognizes state-collected data as an asset and

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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, 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 <u>such funds</u> 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.
- (c) The agency shall ensure that a vendor who enters into a contract with the state under this section does not inhibit or impede consumer 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
- (a) There is established in the agency the State Consumer

 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

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378 federal, state, local, and private entities and to recommend 379 improvements for purposes of public health, policy analysis, and 380 transparency of consumer health care information. The council 381 shall consist of the following members: 382 1. An employee of the Executive Office of the Governor, to 383 be appointed by the Governor. 384 2. An employee of the Office of Insurance Regulation, to be 385 appointed by the director of the office. 386 3. An employee of the Department of Education, to be 387 appointed by the Commissioner of Education. 388 4. Ten persons, to be appointed by the Secretary of Health 389 Care Administration, representing other state and local agencies, state universities, business and health coalitions, 390 391 local health councils, professional health-care-related 392 associations, consumers, and purchasers. 393 (b) Each member of the council shall be appointed to serve 394 for a term of 2 years following the date of appointment, except 395 the term of appointment shall end 3 years following the date of 396 appointment for members appointed in 2003, 2004, and 2005. A 397 vacancy shall be filled by appointment for the remainder of the 398 term, and each appointing authority retains the right to 399 reappoint members whose terms of appointment have expired. 400 (c) The council may meet at the call of its chair, at the 401 request of the agency, or at the request of a majority of its 402 membership, but the council must meet at least quarterly. (d) Members shall elect a chair and vice chair annually. 403 404 (e) A majority of the members constitutes a quorum, and the affirmative vote of a majority of a quorum is necessary to take 405 action. 406

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(f) The council shall maintain minutes of each meeting and shall make such minutes available to any person.

- (g) Members of the council shall serve without compensation but shall be entitled to receive reimbursement for per diem and travel expenses as provided in s. 112.061.
- (h) The council's duties and responsibilities include, but are not limited to, the following:
- 1. To develop a mission statement, goals, and a plan of action for the identification, collection, standardization, sharing, and coordination of health-related data across federal, state, and local government and private sector entities.
- 2. To develop a review process to ensure cooperative planning among agencies that collect or maintain health-related data.
- 3. To create ad hoc issue-oriented technical workgroups on an as-needed basis to make recommendations to the council.
- (9) APPLICATION TO OTHER ACENCIES.—Nothing in this section shall limit, restrict, affect, or control the collection, analysis, release, or publication of data by any state agency pursuant to its statutory authority, duties, or responsibilities.
- Section 2. 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:
 - (c) Financial information and disclosure.-
 - 1. A patient has the right to be given, upon request, by

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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

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charges pursuant to subparagraph 3., 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 <u>must shall be required to</u> pay any license fee and comply with <u>any</u> 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 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 $\frac{1}{1}$ pursuant to s. $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ The facility shall place a notice in the reception area that such information is available

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electronically and the 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 upon request. A patient has a right to be given an explanation of charges upon request.

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

Section 4. 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

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notice that such information is available electronically and the address of its Internet website.

Section 5. 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 6. Subsection (7) of section 641.54, Florida Statutes, is amended to read:

641.54 Information disclosure.-

(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 any materials provided as required by s. 627.64725 notice that such information is available electronically and the address of its Internet website.

Section 7. This act shall take effect July 1, 2013.