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The 2016 Florida Statutes

[Title XXIX](#)

PUBLIC HEALTH

[Chapter 408](#)

HEALTH CARE ADMINISTRATION

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408.05 Florida Center for Health Information and Transparency. –

(1) ESTABLISHMENT.—The agency shall establish and maintain a Florida Center for Health Information and Transparency to collect, compile, coordinate, analyze, index, and disseminate health-related data and statistics. The center shall be staffed as necessary to carry out its functions.

(2) HEALTH-RELATED DATA.—The Florida Center for Health Information and Transparency shall identify available data sets, compile new data when specifically authorized, and promote the use of extant health-related data and statistics. The center must maintain any data sets in existence before July 1, 2016, unless such data sets duplicate information that is readily available from other credible sources, and may collect or compile data on:

(a) Health resources, including licensed health care practitioners, by specialty and type of practice. Such data must include information collected by the Department of Health pursuant to ss. [458.3191](#) and [459.0081](#).

(b) Health service inventories, including acute care, long-term care, and other institutional care facilities and specific services provided by hospitals, nursing homes, home health agencies, and other licensed health care facilities.

(c) Service utilization for licensed health care facilities.

(d) Health care costs and financing, including trends in health care prices and costs, the sources of payment for health care services, and federal, state, and local expenditures for health care.

(e) The extent of public and private health insurance coverage in this state.

(f) Specific quality-of-care initiatives involving various health care providers when extant data is not adequate to achieve the objectives of the initiative.

(3) HEALTH INFORMATION TRANSPARENCY.—In order to disseminate and facilitate the availability of comparable and uniform health information, the agency shall perform the following functions:

(a) Collect and compile information on and coordinate the activities of state agencies involved in providing health information to consumers.

(b) Promote data sharing through dissemination of state-collected health data by making such data available, transferable, and readily usable.

(c) Contract with a vendor to provide a consumer-friendly, Internet-based platform that allows a consumer to research the cost of health care services and procedures and allows for price comparison. The Internet-based platform must allow a consumer to search by condition or service bundles that are comprehensible to a layperson and may not require registration, a security password, or user identification. The vendor shall also establish and maintain a Florida-specific data set of health care claims information available to the public and any interested party. The agency shall actively oversee the vendor to ensure compliance with state law. The vendor may not be owned or operated by any health plan, health insurer, health maintenance organization, or any entity authorized to provide health

care coverage in any state or any director, employee, or other person who has the ability to direct or control a health plan, health insurer, health maintenance organization, or any entity authorized to provide health care coverage in any state. The vendor must be qualified under s. 1874 of the Social Security Act, 42 U.S.C. 1395kk, to receive Medicare claims data and receive claims, payment, and patient cost-share data from multiple private insurers nationwide. The agency shall select the vendor through a competitive procurement process. By October 1, 2016, a responsive vendor shall have:

1. A national database consisting of at least 15 billion claim lines of administrative claims data from multiple payors capable of being expanded by adding claims data, directly or through arrangements with extant data sources, from other third-party payors, including employers with health plans covered by the Employee Retirement Income Security Act of 1974 when those employers choose to participate.

2. A well-developed methodology for analyzing claims data within defined service bundles that are understandable by the general public.

3. A bundling methodology that is available in the public domain to allow for consistency and comparison of state and national benchmarks with local regions and specific providers.

- (d) Develop written agreements with local, state, and federal agencies to facilitate the sharing of data related to health care.

- (e) Establish by rule:

1. The types of data collected, compiled, processed, used, or shared.

2. Requirements for implementation of the consumer-friendly, Internet-based platform created by the contracted vendor under paragraph (c).

3. Requirements for the submission of data by insurers pursuant to s. 627.6385 and health maintenance organizations pursuant to s. 641.54 to the contracted vendor under paragraph (c).

4. Requirements governing the collection of data by the contracted vendor under paragraph (c).

5. How information is to be published on the consumer-friendly, Internet-based platform created under paragraph (c) for public use.

- (f) Consult with contracted vendors, the State Consumer Health Information and Policy Advisory Council, and other public and private users regarding the types of data that should be collected and the use of such data.

- (g) Monitor data collection procedures and test data quality to facilitate the dissemination of data that is accurate, valid, reliable, and complete.

- (h) Develop methods for archiving data, retrieval of archived data, and data editing and verification.

- (i) Make available health care quality measures that will allow consumers to compare outcomes and other performance measures for health care services.

- (j) Conduct and make available the results of special health surveys, health care research, and health care evaluations conducted or supported under this section. Each year the center shall select and analyze one or more research topics that can be investigated using the data available pursuant to paragraph (c). The selected topics must focus on producing actionable information for improving quality of care and reducing costs. The first topic selected by the center must address preventable hospitalizations.

- (4) 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. The agency may not establish an all-payor claims database or a comparable database without express legislative authority.

(5) BUDGET; FEES.—

(a) The Florida Center for Health Information and Transparency may apply for and receive and accept grants, gifts, and other payments, including property and services, from any governmental or other public or private entity or person and make arrangements as to the use of 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.

(b) The 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.

(6) STATE CONSUMER HEALTH INFORMATION AND POLICY ADVISORY COUNCIL.—

(a) There is established in the agency the State Consumer Health Information and Policy Advisory Council to assist the center. The council consists 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. 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.

(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.

(7) APPLICATION TO OTHER AGENCIES.—This section does not 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.

History.—s. 39, ch. 88-394; s. 1, ch. 90-347; s. 50, ch. 91-297; s. 5, ch. 91-429; s. 14, ch. 92-33; s. 4, ch. 95-201; s. 37, ch. 97-103; s. 10, ch. 98-89; s. 176, ch. 99-8; s. 1, ch. 99-393; s. 42, ch. 2000-153; s. 16, ch. 2000-305; s. 435, ch. 2003-261; s. 11, ch. 2004-297; s. 12, ch. 2004-390; s. 1, ch. 2005-231; s. 3, ch. 2006-261; s. 24, ch. 2007-105; s. 5, ch. 2008-47; s. 89, ch. 2010-5; s. 8, ch. 2013-93; s. 3, ch. 2016-234.

Note.—Former s. 381.0612; s. 381.0401.

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