

Health and Safety Code Section 1339.50, Chapter 2 of Division 2

AB 1045 (Chapter 532, Statutes of 2005) revised the Payers' Bill of Rights established by AB 1627 (Statutes of 2003). A consolidated version of the Payer's Bill of Rights is below, where text in ~~red-strikeout~~ represents repealed language, *blue italics* represent added or amended language, and black text indicates no change.

Article II. Payers' Bill of Rights

1339.50. This article shall be known and may be cited as the Payers' Bill of Rights.

1339.51. (a) (1) Beginning July 1, 2004, a hospital, as defined in paragraph (2) of subdivision (b), shall make a written or electronic copy of its charge description master available, either by posting an electronic copy of the charge description master on the hospital's Internet Web site, or by making one written or electronic copy available at the hospital location.

(2) A small and rural hospital, as defined in Section 124840, shall be exempt from paragraph (1).

(b) For purposes of this article, the following definitions shall apply:

(1) "Charge description master" means a uniform schedule of charges represented by the hospital as its gross billed charge for a given service or item, regardless of payer type.

(2) "Hospital" means a hospital, as defined in subdivision (a), (b), or (f) of Section 1250, that uses a charge description master.

(3) "Office" means the Office of Statewide Health Planning and Development.

(c) The hospital shall post a clear and conspicuous notice in its emergency department, if any, in its admissions office, and in its billing office that informs patients that the hospital's charge description master is available in the manner described in subdivision (a).

(d) Any information about charges provided pursuant to subdivision (a) shall include information about where to obtain information regarding hospital quality, including hospital outcome studies available from the office and hospital survey information available from the Joint Commission for Accreditation of Healthcare Organizations.

1339.52. A hospital may not condition acceptance of a contract with a health care service plan or health insurer upon the health care service plan or health insurer waiving any provision of this article.

1339.54. Any person may file a claim with the department alleging a violation of this article. The department shall investigate and inform the complaining person of its determination whether a violation has occurred and what action it will take.

1339.55. (a) Beginning July 1, 2004, each hospital shall file a copy of its charge description master annually with the office, in a format determined by the office.

(b) Each hospital shall calculate an estimate of the percentage increase in the hospital's gross revenue due to any price increase for charges for patient services during the 12-month period beginning with the effective date of the charge description master filed with the office. Each hospital shall file the calculation and supporting documentation with the office, in a form prescribed by the office, at the time that the charge description master is filed. The office may compile and publish this information on its Internet Web site.

1339.56. (a) Each hospital shall compile a list of ~~the charges for 25 services or procedures commonly charged to patients. Beginning July 1, 2004, each hospital shall make this list available to any person upon request. Each hospital shall file this list annually with the office, in a form prescribed by the office, along with the charge description master.~~ *25 common outpatient procedures and shall submit annually to the office a list of its average charges for those procedures, in a method determined by the office. After reviewing hospital filings, the office may develop a uniform reporting form for the 25 services or procedures most commonly charged to patients, may require hospitals to file this form with the office in a form prescribed by the office, and may require hospitals to provide patients with the charges for these 25 services or procedures. The office may develop a uniform reporting form for the purposes of this subdivision and may require hospitals to file this completed form with the office. The office shall publish this information on its Internet Web site.*

(b) *The office shall establish a list of the 25 most commonly performed inpatient procedures in California hospitals, as grouped by Medicare diagnostic-related group. The office shall develop a list of each hospital's average charges for those procedures, if applicable, and shall update the list at least annually. The office shall publish this information on its Internet Web site.*

(c) *Each hospital shall provide a copy of the lists described in subdivisions (a) and (b) to any person upon request.*

~~**1339.57.** The office may compile a list of the 10 most common Medicare diagnostic related groups (DRGs) and the average charge for each of these DRGs per hospital. The office may publish this information on its Internet Web site.~~

1339.58. Any information provided by the office on its Internet Web site pursuant to Section 1339.56 or 1339.57 may inform persons where quality of care information about hospitals may be obtained, including hospital outcome studies available from the office and hospital survey information available from the Joint Commission for Accreditation of Healthcare Organizations.

1339.585. Upon the request of a person without health coverage, a hospital shall provide the person with a written estimate of the amount the hospital will require the person to pay for the health care services, procedures, and supplies that are reasonably expected to be provided to the person by the hospital, based upon an average length of stay and services provided for the person's diagnosis. The hospital may provide this estimate during normal business office hours. In addition to the estimate, the hospital shall provide information about its financial assistance and charity care policies and contact information for a hospital employee or office from which the person may obtain further information about these policies. If requested, the hospital shall also provide the person with an application form for financial assistance or charity care. This section shall not apply to emergency services provided to a person pursuant to Section 1317.

1339.59. (a) A hospital shall be in violation of this article if it knowingly or negligently fails to comply with the requirements of this article.

(b) A hospital that does not file with the office the information required by this article may be liable for civil penalties as specified in Section 128770.