

## CHAPTER 407

## HEALTH CARE COST CONTAINMENT

## 407.61 Board studies.

**407.61 Board studies.**—The board is empowered to conduct data based studies and evaluations and to make recommendations to the Legislature and the Governor concerning exemptions, the effectiveness of limitations of referrals, restrictions on investment interests and compensation arrangements, and effectiveness of public disclosure. Such analysis may include, but not be limited to, utilization of services, cost of care, quality of care, and access to care.

(1) The board may require the submission by health care facilities, health care providers, and health insurers data necessary to carry out the board's duties.

(a) Such data may include, but are not limited to, ownership, Medicare and Medicaid, charity care, types of services offered to patients, revenues and expenses, patient encounter data, and such other data that are reasonably necessary to study utilization patterns and to study the impact of health care provider ownership interests in health-care-related entities on the cost, quality, and accessibility of health care.

(b) The board may collect such data from any health facility as a special study.

(2) Each facility identified in subsection (1) shall submit an accounting report to the board on forms prescribed in a rule and furnished by the board. The report shall include:

(a) A balance sheet detailing the assets, liabilities, and net worth.

(b) A statement of income and expenses.

(c) A statement of cash flows.

(d) Utilization and staffing and standard units of measure as prescribed by rules.

(3) The board shall report its findings to the Governor, the President of the Senate, the Speaker of the House of Representatives, the Senate Minority Leader, and the House Minority Leader by January 1, 1995. Such report shall include recommendations by the board regarding the need for additional legislation relating to health care provider self-referral practices.

**History.**—s. 12, ch. 92-178.

**Note.**—Sections 82 and 83, ch. 92-33, abolished the Health Care Cost Containment Board and transferred all powers, duties and functions, records, personnel, property, and unexpended balances of appropriations, allocations, or other funds of the board to the Agency for Health Care Administration.