HB 379 2014

1 A bill to be entitled 2 An act relating to damages for medical or health care services; creating s. 768.755, F.S.; providing that 3 4 damages for medical or health care services provided 5 or to be provided to a claimant in personal injury or 6 wrongful death are limited in certain circumstances; 7 providing different limits depending on whether an 8 outstanding balance is due to the provider; providing 9 that damages are only recoverable for medically 10 necessary services; providing a limitation if 11 Medicaid, Medicare, or a payor regulated under the Florida Insurance Code has covered or is an insurer 12 covering the claimant's medical or health care 13 services and has given notice of assertion of a lien 14 15 or a claim of subrogation for past medical expenses; providing for applicability of collateral sources 16 17 provisions; providing for applicability; providing an effective date. 18

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

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Section 1. Section 768.755, Florida Statutes, is created to read:

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768.755 Damages recoverable for medical or health care services.—In an action to which this part applies, damages for medical or health care services provided or to be provided to a

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claimant are recoverable only as specified in this section.

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- (1) With respect to a medical or health care service provided to the claimant for which an outstanding balance is not due to the provider, the actual amounts remitted to the provider are the maximum amounts recoverable. In such circumstances, a difference between the amounts originally billed by the provider and the actual amounts remitted to the provider are not recoverable or admissible into evidence.
- (2) With respect to any medical or health care services provided to the claimant for which an outstanding balance is claimed to be due to the provider, the provider is entitled to the usual and customary charges for similar services received in the community where the services were provided based on evidence including, but not limited to, amounts accepted by providers from licensed commercial health insurers licensed under the Florida Insurance Code, Medicaid, and Medicare; amounts received from private individuals on a self-payment basis; and amounts that the provider received in compensation, if any, for the sale of an agreement between the provider and the claimant or the claimant's representative under which the medical or health care services were provided to the claimant. This subsection also applies to a lien or claim of subrogation asserted for medical or health care services in the action, except for a lien or claim of subrogation described in subsection (4).
- (3) Damages for medical or health care services provided or to be provided to a claimant are recoverable only for those

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services determined, by a preponderance of the evidence, to be medically necessary. A defendant is not liable for medical or health care services determined to be medically unnecessary.

- (4) Notwithstanding any other provision of this section, if Medicaid, Medicare, or a payor regulated under the Florida Insurance Code has covered or is an insurer covering the claimant's medical or health care services and has given notice of assertion of a lien or a claim of subrogation for past medical expenses in the action, the amount of the lien or claim of subrogation, plus the amount of copayments or deductibles paid or payable by the claimant, is the maximum amount recoverable and admissible into evidence with respect to the covered services.
- (5) After damages in compliance with this section are awarded to a claimant, the court shall apply s. 768.76 and reduce the amount of the award, as appropriate.
- (6) This section applies only to actions for personal injury or wrongful death of the claimant and has no other applicability to or effect on compensation paid to providers for medical or health care services.
- Section 2. This act applies to causes of action arising on or after the effective date of this act.
 - Section 3. This act shall take effect upon becoming a law.