By Senator Albritton

26-01633-19 20191514

A bill to be entitled An act relating to medical billing; creating s. 222.26, F.S.; providing additional personal property exemptions from legal process for medical debts resulting from services provided in certain licensed facilities; amending s. 395.301, F.S.; requiring a licensed facility to provide a cost estimate to a patient within a specified timeframe after recommending a specific course of treatment or set of services; prohibiting a licensed facility from charging a patient an amount that exceeds such cost estimate by a set threshold; requiring a licensed facility to provide a patient with a written explanation of excess charges under certain circumstances; requiring a licensed facility to establish an appeal process for patients to dispute charges; requiring a facility to make available information necessary for initiating an appeal; requiring a facility to respond to a patient appeal within a specified timeframe; creating s. 395.3011, F.S.; defining the term "extraordinary collection action"; prohibiting licensed facilities, under certain circumstances, from engaging in extraordinary collection actions against individuals; providing an effective date.

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

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Section 1. Section 222.26, Florida Statutes, is created to

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read:

222.26 Additional exemptions from legal process concerning medical debt.—If a debt is owed for medical services provided by a facility licensed under chapter 395, the following property is exempt from attachment, garnishment, or other legal process:

- (1) A debtor's interest, not to exceed \$10,000 in value, in a single motor vehicle as defined in s. 320.01.
- (2) A debtor's interest in personal property, not to exceed \$10,000, if the debtor does not claim or receive the benefits of a homestead exemption under s. 4, Art. X of the State Constitution.

Section 2. Present subsection (6) of section 395.301, Florida Statutes, is redesignated as subsection (7), paragraph (b) of subsection (1) is amended, and a new subsection (6) is added to that section, to read:

395.301 Price transparency; itemized patient statement or bill; patient admission status notification.—

- (1) A facility licensed under this chapter shall provide timely and accurate financial information and quality of service measures to patients and prospective patients of the facility, or to patients' survivors or legal guardians, as appropriate. Such information shall be provided in accordance with this section and rules adopted by the agency pursuant to this chapter and s. 408.05. Licensed facilities operating exclusively as state facilities are exempt from this subsection.
- (b)1. Upon request, and Before providing any nonemergency medical services, each licensed facility shall provide in writing or by electronic means a good faith estimate of reasonably anticipated charges by the facility for the treatment

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of the patient's or prospective patient's specific condition. The facility must provide the estimate to the patient or prospective patient within 7 business days after recommending a specific course of treatment or set of services the receipt of the request and is not required to adjust the estimate for any potential insurance coverage. The estimate may be based on the descriptive service bundles developed by the agency under s. 408.05(3)(c) unless the patient or prospective patient requests a more personalized and specific estimate that accounts for the specific condition and characteristics of the patient or prospective patient. The facility shall inform the patient or prospective patient that he or she may contact his or her health insurer or health maintenance organization for additional information concerning cost-sharing responsibilities. The facility may not charge the patient more than 110 percent of the estimate. However, if the facility determines that such charges are warranted due to unforeseen circumstances or the provision of additional services, the facility must provide the patient with a written explanation of the excess charges as part of the detailed, itemized statement or bill.

- 2. In the estimate, the facility shall provide to the patient or prospective patient information on the facility's financial assistance policy, including the application process, payment plans, and discounts and the facility's charity care policy and collection procedures.
- 3. The estimate shall clearly identify any facility fees and, if applicable, include a statement notifying the patient or prospective patient that a facility fee is included in the estimate, the purpose of the fee, and that the patient may pay

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less for the procedure or service at another facility or in another health care setting.

- 4. Upon request, The facility shall notify the patient or prospective patient of any revision to the estimate.
- 5. In the estimate, the facility must notify the patient or prospective patient that services may be provided in the health care facility by the facility as well as by other health care providers that may separately bill the patient, if applicable.
- 6. The facility shall take action to educate the public that such estimates are available upon request.
- <u>6.7.</u> Failure to timely provide the estimate within the timeframe required in subparagraph 1. pursuant to this paragraph shall result in a daily fine of \$1,000 until the estimate is provided to the patient or prospective patient. The total fine may not exceed \$10,000.

The provision of an estimate does not preclude the actual charges from exceeding the estimate.

- designed to allow patients to dispute charges that appear on the patient's itemized statement or bill. The facility shall prominently post on its website, and indicate in bold print on each itemized statement or bill, the instructions for initiating an appeal and the direct contact information needed to initiate the appeal process. The facility must provide an initial response to a patient appeal within 7 business days after the patient formally files an appeal disputing all or a portion of an itemized statement or bill.
 - Section 3. Section 395.3011, Florida Statutes, is created

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- 395.3011 Billing and collection activities.-
- (1) As used in this section, the term "extraordinary collection action" means any of the following actions taken by a licensed facility against an individual in relation to obtaining payment of a bill for care covered under the facility's financial assistance policy:
 - (a) Selling the individual's debt to another party.
- (b) Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.
- (c) Deferring, denying, or requiring a payment before providing medically necessary care because of the individual's nonpayment of one or more bills for previously provided care covered under the facility's financial assistance policy.
- (d) Actions that require a legal or judicial process, including, but not limited to:
 - 1. Placing a lien on the individual's property;
 - 2. Foreclosing on the individual's real property;
- 3. Attaching or seizing the individual's bank account or any other personal property;
 - 4. Commencing a civil action against the individual;
 - 5. Causing the individual's arrest; or
 - 6. Garnishing the individual's wages.
- (2) A facility shall not engage in an extraordinary collection action against an individual to obtain payment for services:
- (a) Before the facility has made reasonable efforts to determine whether the individual is eligible for assistance under its financial assistance policy for the care;

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146	(b) Before the facility has provided the individual with a
147	requested itemized statement or bill;
148	(c) During an ongoing appeal process as described in s.
149	395.301(6); or
150	(d) For 30 days after notifying the patient in writing, by
151	certified mail or other traceable delivery method, that a
152	collection action will commence absent additional action by the
153	patient.
154	Section 4. This act shall take effect July 1, 2019.

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