

1 A bill to be entitled
 2 An act relating to medical billing; creating s.
 3 222.26, F.S.; providing additional personal property
 4 exemptions from legal process for medical debts
 5 resulting from services provided in certain licensed
 6 facilities; amending s. 395.301, F.S.; requiring a
 7 licensed facility to provide a cost estimate to a
 8 patient under certain conditions; prohibiting a
 9 licensed facility from charging a patient an amount
 10 that exceeds such cost estimate by a set threshold;
 11 requiring a licensed facility to provide a patient
 12 with a written explanation of excess charges under
 13 certain circumstances; requiring a licensed facility
 14 to establish an internal grievance process for
 15 patients to dispute charges; requiring a facility to
 16 make available information necessary for initiating a
 17 grievance; requiring a facility to respond to a
 18 patient grievance within a specified timeframe;
 19 creating s. 395.3011, F.S.; prohibiting certain
 20 collection activities by a licensed facility;
 21 providing an effective date.

22
 23 Be It Enacted by the Legislature of the State of Florida:
 24

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

26 read:

27 222.26 Additional exemptions from legal process concerning
 28 medical debt.—If a debt is owed for medical services provided by
 29 a facility licensed under chapter 395, the following property is
 30 exempt from attachment, garnishment, or other legal process:

31 (1) A debtor's interest, not to exceed \$10,000 in value,
 32 in a single motor vehicle as defined in s. 320.01.

33 (2) A debtor's interest in personal property, not to
 34 exceed \$10,000, if the debtor does not claim or receive the
 35 benefits of a homestead exemption under s. 4, Art. X of the
 36 State Constitution.

37 Section 2. Subsection (6) of section 395.301, Florida
 38 Statutes, is renumbered as subsection (7), paragraph (b) of
 39 subsection (1) is amended, and a new subsection (6) is added to
 40 that section, to read:

41 395.301 Price transparency; itemized patient statement or
 42 bill; patient admission status notification.—

43 (1) A facility licensed under this chapter shall provide
 44 timely and accurate financial information and quality of service
 45 measures to patients and prospective patients of the facility,
 46 or to patients' survivors or legal guardians, as appropriate.
 47 Such information shall be provided in accordance with this
 48 section and rules adopted by the agency pursuant to this chapter
 49 and s. 408.05. Licensed facilities operating exclusively as
 50 state facilities are exempt from this subsection.

51 (b)1. ~~Upon request, and before providing any nonemergency~~
52 ~~medical services,~~ Each licensed facility shall provide in
53 writing or by electronic means a good faith estimate of
54 reasonably anticipated charges by the facility for the treatment
55 of a the patient's or prospective patient's specific condition.
56 Such estimate must be provided to the patient upon scheduling a
57 medical service or upon admission to the facility, or before the
58 provision of nonemergency medical services on an outpatient
59 basis, as applicable. The facility ~~must provide the estimate to~~
60 ~~the patient or prospective patient within 7 business days after~~
61 ~~the receipt of the request and~~ is not required to adjust the
62 estimate for any potential insurance coverage. The estimate may
63 be based on the descriptive service bundles developed by the
64 agency under s. 408.05(3)(c) unless the patient or prospective
65 patient requests a more personalized and specific estimate that
66 accounts for the specific condition and characteristics of the
67 patient or prospective patient. The facility shall inform the
68 patient or prospective patient that he or she may contact his or
69 her health insurer or health maintenance organization for
70 additional information concerning cost-sharing responsibilities.
71 The facility may not charge the patient more than 110 percent of
72 the estimate. However, if the facility determines that such
73 charges are warranted due to unforeseen circumstances or the
74 provision of additional services, the facility must provide the
75 patient with a written explanation of the excess charges as part

76 | of the detailed, itemized statement or bill to the patient.

77 | 2. In the estimate, the facility shall provide to the
78 | patient or prospective patient information on the facility's
79 | financial assistance policy, including the application process,
80 | payment plans, and discounts and the facility's charity care
81 | policy and collection procedures.

82 | 3. The estimate shall clearly identify any facility fees
83 | and, if applicable, include a statement notifying the patient or
84 | prospective patient that a facility fee is included in the
85 | estimate, the purpose of the fee, and that the patient may pay
86 | less for the procedure or service at another facility or in
87 | another health care setting.

88 | 4. ~~Upon request,~~ The facility shall notify the patient or
89 | prospective patient of any revision to the estimate.

90 | 5. In the estimate, the facility must notify the patient
91 | or prospective patient that services may be provided in the
92 | health care facility by the facility as well as by other health
93 | care providers that may separately bill the patient, if
94 | applicable.

95 | 6. ~~The facility shall take action to educate the public~~
96 | ~~that such estimates are available upon request.~~

97 | 6.7. Failure to ~~timely~~ provide the estimate within the
98 | timeframe required in subparagraph 1. ~~pursuant to this paragraph~~
99 | shall result in a daily fine of \$1,000 until the estimate is
100 | provided to the patient or prospective patient. The total fine

101 may not exceed \$10,000.

102

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

105 (6) Each facility shall establish an internal process for
106 reviewing and responding to grievances from patients. Such
107 process must allow patients to dispute charges that appear on
108 the patient's itemized statement or bill. The facility shall
109 prominently post on its website and indicate in bold print on
110 each itemized statement or bill the instructions for initiating
111 a grievance and the direct contact information required to
112 initiate the grievance process. The facility must provide an
113 initial response to a patient grievance within 7 business days
114 after the patient formally files a grievance disputing all or a
115 portion of an itemized statement or bill.

116 Section 3. Section 395.3011, Florida Statutes, is created
117 to read:

118 395.3011 Billing and collection activities.—

119 (1) As used in this section, the term "extraordinary
120 collection action" means any of the following actions taken by a
121 licensed facility against an individual in relation to obtaining
122 payment of a bill for care covered under the facility's
123 financial assistance policy:

124 (a) Selling the individual's debt to another party.

125 (b) Reporting adverse information about the individual to

126 consumer credit reporting agencies or credit bureaus.

127 (c) Deferring, denying, or requiring a payment before
128 providing medically necessary care because of the individual's
129 nonpayment of one or more bills for previously provided care
130 covered under the facility's financial assistance policy.

131 (d) Actions that require a legal or judicial process,
132 including, but not limited to:

- 133 1. Placing a lien on the individual's property;
- 134 2. Foreclosing on the individual's real property;
- 135 3. Attaching or seizing the individual's bank account or
136 any other personal property;
- 137 4. Commencing a civil action against the individual;
- 138 5. Causing the individual's arrest; or
- 139 6. Garnishing the individual's wages.

140 (2) A facility shall not engage in an extraordinary
141 collection action against an individual to obtain payment for
142 services:

143 (a) Before the facility has made reasonable efforts to
144 determine whether the individual is eligible for assistance
145 under its financial assistance policy for the care.

146 (b) Before the facility has provided the individual with
147 an itemized statement or bill.

148 (c) During an ongoing grievance process as described in s.
149 395.301(6).

150 (d) Before billing any applicable insurer and allowing the

151 | insurer to adjudicate a claim.

152 | (e) For 30 days after notifying the patient in writing, by
153 | certified mail or other traceable delivery method, that a
154 | collection action will commence absent additional action by the
155 | patient.

156 | Section 4. This act shall take effect July 1, 2019.