By Senator Collins

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A bill to be entitled An act relating to health care expenses; amending s. 95.11, F.S.; establishing a 3-year statute of limitations for an action to collect medical debt for services rendered by a health care provider or facility; 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 post on its website a consumer-friendly list of standard charges for a minimum number of shoppable health care services; defining terms; requiring a licensed facility to provide an estimate to a patient or prospective patient and the patient's health insurer within specified timeframes; requiring a licensed facility to establish an internal grievance process for patients to dispute charges; requiring a facility to make available information necessary for initiating a grievance; requiring a facility to respond to a patient grievance within a specified timeframe; creating s. 395.3011, F.S.; prohibiting certain collection activities by a licensed facility; creating s. 627.446, F.S.; defining the term "health insurer"; requiring each health insurer to provide an insured with an advanced explanation of benefits after receiving a patient estimate from a facility for scheduled services; providing requirements for the advanced explanation of benefits; amending ss.

627.6387, 627.6648, and 641.31076, F.S.; providing that a shared savings incentive offered by a health insurer or health maintenance organization constitutes a medical expense for rate development and rate filing purposes; amending ss. 475.01, 475.611, 517.191, 768.28, and 787.061, F.S.; conforming cross-references; providing an effective date.

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

 Section 1. Present subsections (4) through (12) of section 95.11, Florida Statutes, are redesignated as subsections (5) through (13), respectively, a new subsection (4) is added to that section, and paragraph (b) of subsection (2), paragraph (n) of subsection (3), paragraphs (f) and (g) of present subsection (5), and present subsection (10) of that section are amended, to read:

95.11 Limitations other than for the recovery of real property.—Actions other than for recovery of real property shall be commenced as follows:

 (2) WITHIN FIVE YEARS.-

(b) A legal or equitable action on a contract, obligation, or liability founded on a written instrument, except for an action to enforce a claim against a payment bond, which shall be governed by the applicable provisions of paragraph (6)(e) (5)(e), s. 255.05(10), s. 337.18(1), or s. 713.23(1)(e), and except for an action for a deficiency judgment governed by

(3) WITHIN FOUR YEARS.-

paragraph (6) (h) $\frac{(5)(h)}{\cdot}$.

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(n) An action for assault, battery, false arrest, malicious prosecution, malicious interference, false imprisonment, or any other intentional tort, except as provided in subsections $\frac{(4)}{(7)}$.

- (4) WITHIN THREE YEARS.—An action to collect medical debt for services rendered by a facility licensed under chapter 395, provided that the period of limitations shall run from the date on which the facility refers the medical debt to a third party for collection.
 - (6) $\overline{(5)}$ WITHIN ONE YEAR.—
- (f) Except for actions described in subsection (9) (8), a petition for extraordinary writ, other than a petition challenging a criminal conviction, filed by or on behalf of a prisoner as defined in s. 57.085.
- (g) Except for actions described in subsection (9) (8), an action brought by or on behalf of a prisoner, as defined in s. 57.085, relating to the conditions of the prisoner's confinement.
- (11) (10) FOR INTENTIONAL TORTS RESULTING IN DEATH FROM ACTS DESCRIBED IN S. 782.04 OR S. 782.07.—Notwithstanding paragraph (5) (e) (4) (e), an action for wrongful death seeking damages authorized under s. 768.21 brought against a natural person for an intentional tort resulting in death from acts described in s. 782.04 or s. 782.07 may be commenced at any time. This subsection shall not be construed to require an arrest, the filing of formal criminal charges, or a conviction for a violation of s. 782.04 or s. 782.07 as a condition for filing a civil action.
 - Section 2. Section 222.26, Florida Statutes, is created to

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 in an action on such debt:

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

Section 3. Present paragraphs (b), (c), and (d) of subsection (1) of section 395.301, Florida Statutes, are redesignated as paragraphs (c), (d), and (e), respectively, present subsection (6) is redesignated as subsection (7), a new paragraph (b) is added to subsection (1), a new subsection (6) is added to that section, and present paragraph (b) of subsection (1) is amended, 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.

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(b) Each licensed facility shall post on its website a consumer-friendly list of standard charges for at least 300 shoppable health care services. If a facility provides fewer than 300 distinct shoppable health care services, it shall make available on its website the standard charges for each service it provides. As used in this paragraph, the term:

- 1. "Shoppable health care service" means a service that can be scheduled by a healthcare consumer in advance. The term includes, but is not limited to, the services described in s. 627.6387(2)(e) and any services defined in regulations or guidance issued by the United States Department of Health and Human Services.
- 2. "Standard charge" has the same meaning as that term is defined in regulations or guidance issued by the United States

 Department of Health and Human Services for purposes of hospital price transparency.
- (c)1. (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 of <u>a</u> the patient's or prospective patient's specific condition. Such estimate must be provided to the patient or prospective patient upon scheduling a medical service. The facility must provide the estimate to the patient or prospective patient within 7 business days after the receipt of the request and is not required to adjust the estimate for any potential insurance coverage. The facility must provide the estimate to the patient's health insurer, as defined in s. 627.446(1), and the patient at least 3 business days before a service is to be

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furnished, but no later than 1 business day after the service is scheduled or, in the case of a service scheduled at least 10 business days in advance, no later than 3 business days after the service is scheduled. 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.

- 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 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.

7. Failure to timely provide the estimate pursuant to this paragraph shall result in a daily fine of \$1,000 until the estimate is provided to the patient or prospective patient and the health insurer. The total fine per patient estimate may not exceed \$10,000.

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

(6) Each facility shall establish an internal process for reviewing and responding to grievances from patients. Such process must 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 a grievance and the direct contact information required to initiate the grievance process. The facility must provide an initial response to a patient grievance within 7 business days after the patient formally files a grievance disputing all or a portion of an itemized statement or bill.

Section 4. Section 395.3011, Florida Statutes, is created to read:

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:

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- (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 may 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 provided and, if eligible, before a decision is made by the facility on the patient's application for such financial assistance.
- (b) Before the facility has provided the individual with an itemized statement or bill.
- (c) During an ongoing grievance process as described in s. 395.301(6) or an ongoing appeal of a claim adjudication.
 - (d) Before billing any applicable insurer and allowing the

insurer to adjudicate a claim.

- (e) For 30 days after notifying the patient in writing, by certified mail, or by other traceable delivery method, that a collection action will commence absent additional action by the patient.
 - (f) While the individual:
- 1. Negotiates in good faith the final amount of a bill for services rendered; or
- 2. Complies with all terms of a payment plan with the facility.
- Section 5. Section 627.446, Florida Statutes, is created to read:
 - 627.446 Advanced explanation of benefits.-
- (1) As used in this section, the term "health insurer" means a health insurer issuing individual or group coverage or a health maintenance organization issuing coverage through an individual or a group contract.
- explanation of benefits upon receiving a patient estimate from a facility pursuant to s. 395.301(1). The health insurer must provide the advanced explanation of benefits to the insured no later than 1 business day after receiving the patient estimate from the facility or, in the case of a service scheduled at least 10 business days in advance, no later than 3 business days after receiving such estimate.
- (3) At a minimum, the advanced explanation of benefits must include detailed coverage and cost-sharing information pursuant to the No Surprises Act, Title I of Division BB, Pub. L. No. 116-260.

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Section 6. Paragraph (a) of subsection (4) of section 627.6387, Florida Statutes, is amended to read:

- 627.6387 Shared savings incentive program.-
- (4) (a) A shared savings incentive offered by a health insurer in accordance with this section:
- 1. Is not an administrative expense for rate development or rate filing purposes and shall be counted as a medical expense for such purposes.
- 2. Does not constitute an unfair method of competition or an unfair or deceptive act or practice under s. 626.9541 and is presumed to be appropriate unless credible data clearly demonstrates otherwise.
- Section 7. Paragraph (a) of subsection (4) of section 627.6648, Florida Statutes, is amended to read:
 - 627.6648 Shared savings incentive program. -
- (4)(a) A shared savings incentive offered by a health insurer in accordance with this section:
- 1. Is not an administrative expense for rate development or rate filing purposes and shall be counted as a medical expense for such purposes.
- 2. Does not constitute an unfair method of competition or an unfair or deceptive act or practice under s. 626.9541 and is presumed to be appropriate unless credible data clearly demonstrates otherwise.
- Section 8. Paragraph (a) of subsection (4) of section 641.31076, Florida Statutes, is amended to read:
 - 641.31076 Shared savings incentive program.-
- (4) A shared savings incentive offered by a health maintenance organization in accordance with this section:

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(a) Is not an administrative expense for rate development or rate filing purposes and shall be counted as a medical expense for such purposes.

Section 9. Paragraphs (a) and (j) of subsection (1) of section 475.01, Florida Statutes, are amended to read:

475.01 Definitions.-

- (1) As used in this part:
- (a) "Broker" means a person who, for another, and for a compensation or valuable consideration directly or indirectly paid or promised, expressly or impliedly, or with an intent to collect or receive a compensation or valuable consideration therefor, appraises, auctions, sells, exchanges, buys, rents, or offers, attempts or agrees to appraise, auction, or negotiate the sale, exchange, purchase, or rental of business enterprises or business opportunities or any real property or any interest in or concerning the same, including mineral rights or leases, or who advertises or holds out to the public by any oral or printed solicitation or representation that she or he is engaged in the business of appraising, auctioning, buying, selling, exchanging, leasing, or renting business enterprises or business opportunities or real property of others or interests therein, including mineral rights, or who takes any part in the procuring of sellers, purchasers, lessors, or lessees of business enterprises or business opportunities or the real property of another, or leases, or interest therein, including mineral rights, or who directs or assists in the procuring of prospects or in the negotiation or closing of any transaction which does, or is calculated to, result in a sale, exchange, or leasing thereof, and who receives, expects, or is promised any

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compensation or valuable consideration, directly or indirectly therefor; and all persons who advertise rental property information or lists. A broker renders a professional service and is a professional within the meaning of s. 95.11(5)(b) s. 95.11(4)(b). Where the term "appraise" or "appraising" appears in the definition of the term "broker," it specifically excludes those appraisal services which must be performed only by a state-licensed or state-certified appraiser, and those appraisal services which may be performed by a registered trainee appraiser as defined in part II. The term "broker" also includes any person who is a general partner, officer, or director of a partnership or corporation which acts as a broker. The term "broker" also includes any person or entity who undertakes to list or sell one or more timeshare periods per year in one or more timeshare plans on behalf of any number of persons, except as provided in ss. 475.011 and 721.20.

(j) "Sales associate" means a person who performs any act specified in the definition of "broker," but who performs such act under the direction, control, or management of another person. A sales associate renders a professional service and is a professional within the meaning of \underline{s} . 95.11(5)(b) \underline{s} . 95.11(4)(b).

Section 10. Paragraph (h) of subsection (1) of section 475.611, Florida Statutes, is amended to read:

475.611 Definitions.-

- (1) As used in this part, the term:
- (h) "Appraiser" means any person who is a registered trainee real estate appraiser, a licensed real estate appraiser, or a certified real estate appraiser. An appraiser renders a

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professional service and is a professional within the meaning of s. 95.11(5) (b) $\frac{95.11(4)(b)}{5}$.

Section 11. Subsection (7) of section 517.191, Florida Statutes, is amended to read:

517.191 Injunction to restrain violations; civil penalties; enforcement by Attorney General.—

(7) Notwithstanding <u>s. 95.11(5)(f)</u> <u>s. 95.11(4)(f)</u>, an enforcement action brought under this section based on a violation of any provision of this chapter or any rule or order issued under this chapter shall be brought within 6 years after the facts giving rise to the cause of action were discovered or should have been discovered with the exercise of due diligence, but not more than 8 years after the date such violation occurred.

Section 12. Subsection (14) of section 768.28, Florida Statutes, is amended to read:

768.28 Waiver of sovereign immunity in tort actions; recovery limits; civil liability for damages caused during a riot; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs.—

(14) Every claim against the state or one of its agencies or subdivisions for damages for a negligent or wrongful act or omission pursuant to this section shall be forever barred unless the civil action is commenced by filing a complaint in the court of appropriate jurisdiction within 4 years after such claim accrues; except that an action for contribution must be commenced within the limitations provided in s. 768.31(4), and an action for damages arising from medical malpractice or wrongful death must be commenced within the limitations for such

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| 378 | actions in $s. 95.11(5)$ $s. 95.11(4)$. |
| 379 | Section 13. Subsection (4) of section 787.061, Florida |
| 380 | Statutes, is amended to read: |
| 381 | 787.061 Civil actions by victims of human trafficking |
| 382 | (4) STATUTE OF LIMITATIONS.—The statute of limitations as |
| 383 | specified in <u>s. 95.11(8)</u> or (10) s. 95.11(7) or (9) , as |
| 384 | applicable, governs an action brought under this section. |
| 385 | Section 14. This act shall take effect October 1, 2024. |