

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED \_\_\_\_\_ (Y/N)  
 ADOPTED AS AMENDED \_\_\_\_\_ (Y/N)  
 ADOPTED W/O OBJECTION \_\_\_\_\_ (Y/N)  
 FAILED TO ADOPT \_\_\_\_\_ (Y/N)  
 WITHDRAWN \_\_\_\_\_ (Y/N)  
 OTHER \_\_\_\_\_

1 Committee/Subcommittee hearing bill: Appropriations Committee  
 2 Representative Trujillo offered the following:

**Amendment (with title amendment)**

5 Remove everything after the enacting clause and insert:

6 Section 1. Paragraph (d) is added to subsection (5) of  
 7 section 395.003, Florida Statutes, to read:

8 395.003 Licensure; denial, suspension, and revocation.—

9 (5)

10 (d) A hospital, ambulatory surgical center, specialty  
 11 hospital, or urgent care center shall comply with ss. 627.64194  
 12 and 641.513 as a condition of licensure.

13 Section 2. Subsection (13) is added to section 395.301,  
 14 Florida Statutes, to read:

15 395.301 Itemized patient bill; form and content prescribed  
 16 by the agency; patient admission status notification.—

17 (13) A hospital shall post on its website:

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18        (a) The names and hyperlinks for direct access to the  
19 websites of all health insurers and health maintenance  
20 organizations for which the hospital contracts as a network  
21 provider or participating provider.

22        (b) A statement that:

23        1. Services provided in the hospital by health care  
24 practitioners may not be included in the hospital's charges;

25        2. Health care practitioners who provide services in the  
26 hospital may or may not participate in the same health insurance  
27 plans as the hospital;

28        3. Prospective patients should contact the health care  
29 practitioner arranging for the services to determine the health  
30 care plans in which the health care practitioner participates.

31        (c) As applicable, the names, mailing addresses, and  
32 telephone numbers of the health care practitioners and practice  
33 groups that the hospital has contracted with to provide services  
34 in the hospital and instructions on how to contact these health  
35 care practitioners and practice groups to determine the health  
36 insurers and health maintenance organizations for which the  
37 hospital contracts as a network provider or participating  
38 provider.

39        Section 3. Paragraph (h) is added to subsection (2) of  
40 section 408.7057, Florida Statutes, and subsection (4) of that  
41 section is amended, to read:

42        408.7057 Statewide provider and health plan claim dispute  
43 resolution program.—

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(2)

(h) Either the contracted or noncontracted provider or the health plan may make an offer to settle the claim dispute when it submits a request for a claim dispute and supporting documentation. The offer to settle the claim dispute must state its total amount, and the party to whom it is directed has 15 days to accept the offer once it is received. If the offer to settle the claim dispute is not accepted and the final order is within 10 percent of the offer, the entity that did not accept the offer shall pay the final order amount plus all accrued interest and shall be considered a nonprevailing party for purposes of this section. If the offer to settle the claim dispute is made by the contracted or noncontracted provider, the total amount in the offer to settle the presumed underpayment may not be within 10 percent of the reimbursement amount received by the contracted or noncontracted provider. If the offer to settle the claim dispute is made by the health plan, the offer to settle the presumed overpayment may not be within 10 percent of the overpayment amount sought from the contracted or noncontracted provider.

(4) Within 30 days after receipt of the recommendation of the resolution organization, the agency shall adopt the recommendation as a final order. The final order is subject to judicial review pursuant to s. 120.68.

Section 4. Paragraph (oo) is added to subsection (1) of section 456.072, Florida Statutes, to read:

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70 456.072 Grounds for discipline; penalties; enforcement.—

71 (1) The following acts shall constitute grounds for which  
72 the disciplinary actions specified in subsection (2) may be  
73 taken:

74 (oo) Willfully failing to comply with s. 627.64194 or s.  
75 641.513 with such frequency as to indicate a general business  
76 practice.

77 Section 5. Paragraph (tt) is added to subsection (1) of  
78 section 458.331, Florida Statutes, to read:

79 458.331 Grounds for disciplinary action; action by the  
80 board and department.—

81 (1) The following acts constitute grounds for denial of a  
82 license or disciplinary action, as specified in s. 456.072(2):

83 (tt) Willfully failing to comply with s. 627.64194 or s.  
84 641.513 with such frequency as to indicate a general business  
85 practice.

86 Section 6. Paragraph (vv) is added to subsection (1) of  
87 section 459.015, Florida Statutes, to read:

88 459.015 Grounds for disciplinary action; action by the  
89 board and department.—

90 (1) The following acts constitute grounds for denial of a  
91 license or disciplinary action, as specified in s. 456.072(2):

92 (vv) Willfully failing to comply with s. 627.64194 or s.  
93 641.513 with such frequency as to indicate a general business  
94 practice.

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95 Section 7. Paragraph (gg) is added to subsection (1) of  
96 section 626.9541, Florida Statutes, to read:

97 626.9541 Unfair methods of competition and unfair or  
98 deceptive acts or practices defined.—

99 (1) UNFAIR METHODS OF COMPETITION AND UNFAIR OR DECEPTIVE  
100 ACTS.—The following are defined as unfair methods of competition  
101 and unfair or deceptive acts or practices:

102 (gg) Out-of-network reimbursement.—Willfully failing to  
103 comply with s. 627.64194 with such frequency as to indicate a  
104 general business practice.

105 Section 8. Section 627.64194, Florida Statutes, is created  
106 to read:

107 627.64194 Coverage requirements for services provided by  
108 nonparticipating providers; payment collection limitations.—

109 (1) As used in this section, the term:

110 (a) "Emergency services" means the services and care to  
111 treat an emergency medical condition as defined in s. 641.47(8).

112 (b) "Facility" means a licensed facility as defined in s.  
113 395.002(16) and an urgent care center as defined in s.  
114 395.002(30).

115 (c) "Insured" means a person who is covered under an  
116 individual or group health insurance policy delivered or issued  
117 for delivery in this state by an insurer authorized to transact  
118 business in this state.

119 (d) "Nonemergency services" means the services and care to  
120 treat a condition other than an emergency medical condition.

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121 (e) "Nonparticipating provider" means a provider who is  
122 not a preferred provider as defined in s. 627.6471 or a provider  
123 who is not an exclusive provider as defined in s. 627.6472. A  
124 facility licensed under chapter 395 is not a nonparticipating  
125 provider. A provider is also considered a nonparticipating  
126 provider for the purposes of any emergency physician services  
127 performed if:

128 1. The provider is employed by a facility licensed under  
129 chapter 395 that has a contract with the insurer to provide  
130 emergency services; and

131 2. The provider is not a preferred provider as defined in  
132 s. 627.6471 or the provider is not an exclusive provider as  
133 defined in s. 627.6472.

134 (f) "Participating provider" means a preferred provider as  
135 defined in s. 627.6471 or an exclusive provider as defined in s.  
136 627.6472, but does not mean a facility licensed under chapter  
137 395.

138 (2) An insurer is solely liable for payment of fees to a  
139 nonparticipating provider of covered emergency services provided  
140 to an insured in accordance with the coverage terms of the  
141 health insurance policy, and such insured is not liable for  
142 payment of fees for covered services to a nonparticipating  
143 provider of emergency services, other than applicable copayments  
144 and deductibles. An insurer must provide coverage for emergency  
145 services that:

146 (a) May not require prior authorization.

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147 (b) Must be provided regardless of whether the service is  
148 furnished by a participating provider or a nonparticipating  
149 provider.

150 (c) May impose a coinsurance amount, copayment, or  
151 limitation of benefits requirement for a nonparticipating  
152 provider only if the same requirement applies to a participating  
153 provider.

154

155 The provisions of s. 627.638 apply to this subsection.

156 (3) An insurer is solely liable for payment of fees to a  
157 nonparticipating provider of covered nonemergency services  
158 provided to an insured in accordance with the coverage terms of  
159 the health insurance policy, and such insured is not liable for  
160 payment of fees to a nonparticipating provider, other than  
161 applicable copayments and deductibles, for covered nonemergency  
162 services that are:

163 (a) Provided in a facility that has a contract for the  
164 nonemergency services with the insurer which the facility would  
165 be otherwise obligated to provide under contract with the  
166 insurer; and

167 (b) Provided when the insured does not have the ability  
168 and opportunity to choose a participating provider at the  
169 facility who is available to treat the insured.

170

171 The provisions of s. 627.638 apply to this subsection.

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172 (4) An insurer must reimburse a nonparticipating provider  
173 of services under subsections (2) and (3) as specified in s.  
174 641.513(5) within the applicable timeframe provided in s.  
175 627.6131.

176 (5) A nonparticipating provider of emergency services as  
177 provided in subsection (2) or a nonparticipating provider of  
178 nonemergency services as provided in subsection (3) may not be  
179 reimbursed an amount greater than the amount provided in  
180 subsection (4) and may not collect or attempt to collect from  
181 the insured, directly or indirectly, any excess amount, other  
182 than copayments and deductibles. This section does not prohibit  
183 a nonparticipating provider from collecting or attempting to  
184 collect from the insured an amount due for the provision of  
185 noncovered services.

186 (6) Any dispute with regard to the reimbursement to the  
187 nonparticipating provider of emergency or nonemergency services  
188 as provided in subsection (4) shall be resolved in a court of  
189 competent jurisdiction or through the voluntary dispute  
190 resolution process in s. 408.7057.

191 Section 9. Subsection (2) of section 627.6471, Florida  
192 Statutes, is amended to read:

193 627.6471 Contracts for reduced rates of payment;  
194 limitations; coinsurance and deductibles.—

195 (2) Any insurer issuing a policy of health insurance in  
196 this state, which insurance includes coverage for the services  
197 of a preferred provider, must provide each policyholder and



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198 certificateholder with a current list of preferred providers and  
199 must make the list available on its website. The list must  
200 include, when applicable and reported, a listing by specialty of  
201 the names, addresses, and telephone numbers of all participating  
202 providers, including facilities, and, in the case of physicians,  
203 must also include board certifications, languages spoken, and  
204 any affiliations with participating hospitals. Information  
205 posted on the insurer's website must be updated on at least a  
206 calendar-month basis with additions or terminations of providers  
207 from the insurer's network or reported changes in physicians'  
208 hospital affiliations ~~for public inspection during regular~~  
209 ~~business hours at the principal office of the insurer within the~~  
210 ~~state.~~

211 Section 10. Effective upon this act becoming a law,  
212 subsection (7) is added to section 627.6471, Florida Statutes,  
213 to read:

214 627.6471 Contracts for reduced rates of payment;  
215 limitations; coinsurance and deductibles.—

216 (7) Any policy issued under this section after January 1,  
217 2017, must include the following disclosure: "WARNING: LIMITED  
218 BENEFITS WILL BE PAID WHEN NONPARTICIPATING PROVIDERS ARE USED.  
219 You should be aware that when you elect to utilize the services  
220 of a nonparticipating provider for a covered nonemergency  
221 service, benefit payments to the provider are not based upon the  
222 amount the provider charges. The basis of the payment will be  
223 determined according to your policy's out-of-network

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224 reimbursement benefit. Nonparticipating providers may bill  
225 insureds for any difference in the amount. YOU MAY BE REQUIRED  
226 TO PAY MORE THAN THE COINSURANCE OR COPAYMENT AMOUNT.  
227 Participating providers have agreed to accept discounted  
228 payments for services with no additional billing to you other  
229 than coinsurance and deductible amounts. You may obtain further  
230 information about the providers who have contracted with your  
231 insurance plan by consulting your insurer's website or  
232 contacting your insurer or agent directly."

233 Section 11. Subsection (15) is added to section 627.662,  
234 Florida Statutes, to read:

235 627.662 Other provisions applicable.—The following  
236 provisions apply to group health insurance, blanket health  
237 insurance, and franchise health insurance:

238 (15) Section 627.64194, relating to coverage requirements  
239 for services provided by nonparticipating providers and payment  
240 collection limitations.

241 Section 12. Except as otherwise expressly provided in this  
242 act and except for this section, which shall take effect upon  
243 this act becoming a law, this act shall take effect October 1,  
244 2016.

245

246

247 **T I T L E A M E N D M E N T**

248 Remove everything before the enacting clause and insert:

249 A bill to be entitled

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250 An relating to out-of-network health insurance  
251 coverage; amending s. 395.003, F.S.; requiring  
252 hospitals, ambulatory surgical centers, specialty  
253 hospitals, and urgent care centers to comply with  
254 certain provisions as a condition of licensure;  
255 amending s. 395.301, F.S.; requiring a hospital to  
256 post on its website certain information regarding its  
257 contracts with health insurers, health maintenance  
258 organizations, and health care practitioners and  
259 practice groups and specified notice to patients and  
260 prospective patients; amending s. 408.7057, F.S.;  
261 providing a claim dispute resolution process for  
262 certain providers and health plans; requiring a final  
263 order to be subject to judicial review; amending ss.  
264 456.072, 458.331, and 459.015, F.S.; providing  
265 additional acts that constitute grounds for denial of  
266 a license or disciplinary action, to which penalties  
267 apply; amending s. 626.9541, F.S.; specifying an  
268 additional unfair method of competition and unfair or  
269 deceptive act or practice; creating s. 627.64194,  
270 F.S.; defining terms; specifying requirements for  
271 coverage provided by an insurer for emergency  
272 services; providing that an insurer is solely liable  
273 for payment of certain fees to a nonparticipating  
274 provider; providing limitations and requirements for  
275 reimbursements by an insurer to a nonparticipating

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276 provider; providing that certain disputes relating to  
277 reimbursement of a nonparticipating provider shall be  
278 resolved in a court of competent jurisdiction or  
279 through a specified voluntary dispute resolution  
280 process; amending s. 627.6471, F.S.; requiring an  
281 insurer that issues a policy including coverage for  
282 the services of a preferred provider to post on its  
283 website certain information about participating  
284 providers and physicians; requiring that specified  
285 notice be included in policies issued after a  
286 specified date which provide coverage for the services  
287 of a preferred provider; amending s. 627.662, F.S.;  
288 providing applicability of provisions relating to  
289 coverage for emergency services and payment collection  
290 limitations to group health insurance, blanket health  
291 insurance, and franchise health insurance; providing  
292 effective dates.