

Amendment No. sa1

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WITHDRAWN	_____	(Y/N)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 Wood offered the following:

3
 4 **Substitute Amendment for Amendment (399391) by**
 5 **Representative Trujillo (with title amendment)**

6 Remove everything after the enacting clause and insert:

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

9 395.003 Licensure; denial, suspension, and revocation.—

10 (5)

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

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

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

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

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

23 (b) A statement that:

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

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

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

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

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

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

45 (2)

46 (h) Either the contracted or noncontracted provider or the
47 health plan may make an offer to settle the claim dispute when
48 it submits a request for a claim dispute and supporting
49 documentation. The offer to settle the claim dispute must state
50 its total amount, and the party to whom it is directed has 15
51 days to accept the offer once it is received. If the offer to
52 settle the claim dispute is not accepted and the final order is
53 within 10 percent of the offer, the entity that did not accept
54 the offer shall pay the final order amount plus all accrued
55 interest and shall be considered a nonprevailing party for
56 purposes of this section. If the offer to settle the claim
57 dispute is made by the contracted or noncontracted provider, the
58 total amount in the offer to settle the presumed underpayment
59 may not be within 10 percent of the reimbursement amount
60 received by the contracted or noncontracted provider. If the
61 offer to settle the claim dispute is made by the health plan,
62 the offer to settle the presumed overpayment may not be within
63 10 percent of the overpayment amount sought from the contracted
64 or noncontracted provider.

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

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

71 456.072 Grounds for discipline; penalties; enforcement.—

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

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

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

87 459.015 Grounds for disciplinary action; action by the
88 board and department.—

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

91 (vv) Failing to comply with s. 627.64194 or s. 641.513
92 with such frequency as to indicate a general business practice.

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

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95 626.9541 Unfair methods of competition and unfair or
96 deceptive acts or practices defined.—

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

100 (gg) Out-of-network reimbursement.—Failing to comply with
101 s. 627.64194 with such frequency as to indicate a general
102 business practice.

103 Section 8. Section 627.64194, Florida Statutes, is created
104 to read:

105 627.64194 Coverage requirements for services provided by
106 nonparticipating providers; payment collection limitations.—

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

108 (a) "Emergency services" means the services and care to
109 treat an emergency medical condition as defined in s. 395.002.

110 (b) "Facility" means a licensed facility as defined in s.
111 395.002(16) and an urgent care center as defined in s.
112 395.002(30).

113 (c) "Insured" means a person who is covered under an
114 individual or group health insurance policy.

115 (d) "Nonemergency services" means the services and care to
116 treat a condition other than an emergency medical condition as
117 defined in s. 395.002.

118 (e) "Nonparticipating provider" means a provider who is
119 not a preferred provider as defined in s. 627.6471 or a provider
120 who is not an exclusive provider as defined in s. 627.6472. (f)

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121 "Participating provider" means a preferred provider as defined
122 in s. 627.6471 or an exclusive provider as defined in s.
123 627.6472.

124 (2) An insurer is solely liable for payment of fees to a
125 nonparticipating provider of covered emergency services provided
126 to an insured in accordance with the coverage terms of the
127 health insurance policy, and such insured is not liable for
128 payment of fees for covered services to a nonparticipating
129 provider of emergency services, other than applicable copayments
130 and deductibles. An insurer must provide coverage for emergency
131 services that:

132 (a) May not require prior authorization.

133 (b) Must be provided regardless of whether the service is
134 furnished by a participating provider or a nonparticipating
135 provider.

136 (c) May impose a coinsurance amount, copayment, or
137 limitation of benefits requirement for a nonparticipating
138 provider only if the same requirement applies to a participating
139 provider.

140

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

142 (3) An insurer is solely liable for payment of fees to a
143 nonparticipating provider of covered nonemergency services
144 provided to an insured in accordance with the coverage terms of
145 the health insurance policy, and such insured is not liable for
146 payment of fees to a nonparticipating provider, other than

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147 applicable copayments and deductibles, for covered nonemergency
148 services that are:

149 (a) Provided in a facility that has a contract for the
150 nonemergency services with the insurer which the facility would
151 be otherwise obligated to provide under contract with the
152 insurer; and

153 (b) Provided when the insured does not have the ability
154 and opportunity to choose a participating provider at the
155 facility.

156
157 The provisions of s. 627.638 apply to this subsection.

158 (4) An insurer must reimburse a nonparticipating provider
159 of services under subsections (2) and (3) within the applicable
160 timeframe provided in s. 627.6131.

161 (5) A nonparticipating provider of emergency services as
162 provided in subsection (2) or a nonparticipating provider of
163 nonemergency services as provided in subsection (3) may not be
164 reimbursed an amount greater than the amount provided in
165 subsection (4) and may not collect or attempt to collect from
166 the insured, directly or indirectly, any excess amount, other
167 than copayments and deductibles. This section does not prohibit
168 a nonparticipating provider of nonemergency services from
169 collecting or attempting to collect from the insured an amount
170 due for the provision of noncovered services.

171 (6) Any dispute with regard to the reimbursement to the
172 nonparticipating provider of emergency or nonemergency services

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173 as provided in subsection (4) shall be resolved in a court of
174 competent jurisdiction or through the voluntary dispute
175 resolution process in s. 408.7057.

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

178 627.6471 Contracts for reduced rates of payment;
179 limitations; coinsurance and deductibles.-

180 (2) Any insurer issuing a policy of health insurance in
181 this state, which insurance includes coverage for the services
182 of a preferred provider, must provide each policyholder and
183 certificateholder with a current list of preferred providers and
184 must make the list available on its website. The list must
185 include, when applicable and reported, organized by specialty:
186 the names, addresses, and telephone numbers of all preferred
187 providers and, for physicians, their board certifications,
188 languages spoken, and facility affiliations; and the names,
189 addresses, and telephone numbers of all preferred provider
190 facilities. Information posted on the insurer's website must be
191 updated each calendar month and include additions or
192 terminations of preferred providers and preferred provider
193 facilities in the preferred provider's network or changes in a
194 preferred provider's facility affiliations ~~for public~~
195 ~~inspection during regular business hours at the principal office~~
196 ~~of the insurer within the state.~~

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

200 627.6471 Contracts for reduced rates of payment;
201 limitations; coinsurance and deductibles.-

202 (7) Any policy issued under this section after January 1,
203 2017, must include the following disclosure: "WARNING: LIMITED
204 BENEFITS WILL BE PAID WHEN NONPARTICIPATING PROVIDERS ARE USED.
205 You should be aware that when you elect to utilize the services
206 of a nonparticipating provider for a covered nonemergency
207 service, benefit payments to the provider are not based upon the
208 amount the provider charges. The basis of the payment will be
209 determined according to your policy's out-of-network
210 reimbursement benefit. Nonparticipating providers may bill
211 insureds for any difference in the amount. YOU MAY BE REQUIRED
212 TO PAY MORE THAN THE COINSURANCE OR COPAYMENT AMOUNT.
213 Participating providers have agreed to accept discounted
214 payments for services with no additional billing to you other
215 than coinsurance and deductible amounts. You may obtain further
216 information about the providers who have contracted with your
217 insurance plan by consulting your insurer's website or
218 contacting your insurer or agent directly."

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

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221 627.662 Other provisions applicable.—The following
222 provisions apply to group health insurance, blanket health
223 insurance, and franchise health insurance:

224 (15) Section 627.64194, relating to coverage requirements
225 for services provided by nonparticipating providers and payment
226 collection limitations.

227 Section 12. Except as otherwise expressly provided in this
228 act and except for this section, which shall take effect upon
229 this act becoming a law, this act shall take effect October 1,
230 2016.

231

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

234 Remove everything before the enacting clause and insert:

235 A bill to be entitled

236 An relating to out-of-network health insurance
237 coverage; amending s. 395.003, F.S.; requiring
238 hospitals, ambulatory surgical centers, specialty
239 hospitals, and urgent care centers to comply with
240 certain provisions as a condition of licensure;
241 amending s. 395.301, F.S.; requiring a hospital to
242 post on its website certain information regarding its
243 contracts with health insurers, health maintenance
244 organizations, and health care practitioners and
245 practice groups and specified notice to patients and
246 prospective patients; amending s. 408.7057, F.S.;

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247 providing a claim dispute resolution process for
248 certain providers and health plans; requiring a final
249 order to be subject to judicial review; amending ss.
250 456.072, 458.331, and 459.015, F.S.; providing
251 additional acts that constitute grounds for denial of
252 a license or disciplinary action, to which penalties
253 apply; amending s. 626.9541, F.S.; specifying an
254 additional unfair method of competition and unfair or
255 deceptive act or practice; creating s. 627.64194,
256 F.S.; defining terms; specifying requirements for
257 coverage provided by an insurer for emergency
258 services; providing that an insurer is solely liable
259 for payment of certain fees to a nonparticipating
260 provider; providing limitations and requirements for
261 reimbursements by an insurer to a nonparticipating
262 provider; providing that certain disputes relating to
263 reimbursement of a nonparticipating provider shall be
264 resolved in a court of competent jurisdiction or
265 through a specified voluntary dispute resolution
266 process; amending s. 627.6471, F.S.; requiring an
267 insurer that issues a policy including coverage for
268 the services of a preferred provider to post on its
269 website certain information about participating
270 providers and physicians; requiring that specified
271 notice be included in policies issued after a
272 specified date which provide coverage for the services

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 221 (2016)

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273 | of a preferred provider; amending s. 627.662, F.S.;

274 | providing applicability of provisions relating to

275 | coverage for emergency services and payment collection

276 | limitations to group health insurance, blanket health

277 | insurance, and franchise health insurance; providing

278 | effective dates.