

1                   A bill to be entitled  
 2           An act relating to health insurance; creating s.  
 3           627.6387, F.S.; providing a short title; providing  
 4           definitions; providing health insurer website  
 5           requirements; requiring an insurer to provide good  
 6           faith estimates of costs for certain health care  
 7           services upon request by an insured; requiring an  
 8           insurer to implement a shared savings incentive  
 9           program by a specified date; providing procedures and  
 10          requirements; providing notification requirements;  
 11          providing procedures for an insurer to obtain approval  
 12          for its program; providing reporting requirements;  
 13          providing penalties; requiring the Office of Insurance  
 14          Regulation to make and submit an annual report;  
 15          authorizing the office to adopt rules; providing an  
 16          effective date.

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

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 20          Section 1.   Section 627.6387, Florida Statutes, is created  
 21   to read:

22          627.6387 Shared savings incentive program.—

23          (1) This section may be cited as the "Patient Savings  
 24   Act."

25          (2) As used in this section, the term:

26        (a) "Average price" means the average amount paid to an  
 27 in-network health care provider for a shoppable health care  
 28 service within a 1-year period or as determined by another  
 29 method approved by the office.

30        (b) "Contracted amount" means the amount agreed to be paid  
 31 by the health insurer pursuant to a policy, contract, or  
 32 certificate of insurance to a health care provider for shoppable  
 33 health care services covered by the policy, contract, or  
 34 certificate of insurance, including any facility fees charged by  
 35 the provider.

36        (c) "Health care provider" means a hospital, ambulatory  
 37 surgical center, and other medical facility licensed under  
 38 chapter 395; a home health agency licensed under chapter 400; a  
 39 physician licensed under chapter 458; a physician assistant  
 40 licensed under chapter 458 or chapter 459; an osteopathic  
 41 physician licensed under chapter 459; a chiropractic physician  
 42 licensed under chapter 460; a podiatric physician licensed under  
 43 chapter 461; a naturopath licensed under chapter 462; a dentist  
 44 licensed under chapter 466; nurses licensed under part I of  
 45 chapter 464; a midwife licensed under chapter 467; an  
 46 occupational therapist licensed under chapter 468; radiological  
 47 personnel certified under chapter 468; a clinical laboratory  
 48 licensed under chapter 483; a physical therapist and a physical  
 49 therapist assistant licensed under chapter 486; a blood bank,  
 50 plasma center, industrial clinic, and renal dialysis facility;

51 or a professional association, partnership, corporation, joint  
52 venture, or other association for professional activity by  
53 health care providers.

54 (d) "Health insurer" means an authorized insurer offering  
55 health insurance as defined in s. 624.603 or a health  
56 maintenance organization as defined in s. 641.19(12).

57 (e) "Shared savings incentive program" means a cash  
58 incentive program established by a health insurer pursuant to  
59 this section.

60 (f) "Shoppable health care service" means a nonemergency  
61 health care service for which an insured may receive a cash  
62 payment under a shared savings incentive program. Shoppable  
63 health care services include:

- 64 1. Clinical laboratory services.
- 65 2. Infusion therapy.
- 66 3. Inpatient and outpatient surgical procedures.
- 67 4. Obstetrical and gynecological services.
- 68 5. Outpatient nonsurgical diagnostic tests and procedures.
- 69 6. Physical and occupational therapy services.
- 70 7. Radiology and imaging services.

71 (3) A health insurer's website must provide a method for  
72 an insured or prospective insured to request and obtain  
73 information on the contracted amount for a shoppable health care  
74 service from a health care provider and to compare the average  
75 price among health care providers. The website must provide

76 information relating to the quality of each shoppable health  
77 care service from each health care provider, if available.

78 (4) Upon the request of an insured, a health insurer must  
79 provide a good faith estimate of the contracted amount and the  
80 estimated amount of copayments, deductibles, and other cost-  
81 sharing responsibilities for health care services and procedures  
82 within 2 working days after the request for both in-network and  
83 out-of-network providers. The health insurer must notify the  
84 insured that the estimate may differ from the actual amount the  
85 insured will be responsible to pay due to unforeseen  
86 circumstances that arise out of the proposed nonemergency  
87 service or procedure.

88 (5) For the plan year beginning January 1, 2018, and for  
89 each plan year thereafter, a health insurer must implement a  
90 shared savings incentive program to provide a cash payment to an  
91 insured when the insured obtains a shoppable health care service  
92 at a price that is less than the average price for that service.

93 (a) The amount of the shared savings incentive program  
94 payment may be calculated as a percentage between the contracted  
95 amount and the average price, or by an alternative method  
96 approved by the office.

97 (b) The amount of the cash payment to the insured must be  
98 at least 50 percent of the health insurer's saved costs for each  
99 shoppable health care service paid to the health care provider  
100 as compared with the average price.

101 (c) If an insured elects to receive a shoppable health  
102 care service from an out-of-network health care provider for a  
103 price that is less than the average price, the health insurer  
104 must treat such service as if it is provided by an in-network  
105 health care provider for purposes of calculating the shared  
106 savings incentive program payment.

107 (d) A health insurer is not required to provide a cash  
108 payment under the shared savings incentive program to an insured  
109 when the health insurer's saved cost is less than \$50.

110 (e) A cash payment made by a health insurer in accordance  
111 with this section is not an administrative expense for rate  
112 development or rate filing purposes.

113 (6) The shared savings incentive program must be a  
114 component part of the policy, contract, or certificate of  
115 insurance provided by the health insurer. Annually and at the  
116 time of enrollment or renewal, a health insurer must notify each  
117 insured of the shared savings incentive program.

118 (7) A health insurer must file a description of the shared  
119 savings incentive program on a form prescribed by the office.  
120 The office must review the filing to determine if the program  
121 complies with the requirements of this section.

122 (8) A health insurer must file an annual report with the  
123 office of its shared savings incentive program. The report must  
124 include:

125 (a) The total number of cash payments made pursuant to

126 this section for the calendar year.

127 (b) Each shoppable health care service, by category, for  
128 which a cash payment was made.

129 (c) The average amount of cash payments.

130 (d) The total amount saved by the health insurer when  
131 compared with the average price for each shoppable health  
132 service category.

133 (e) The total number of insureds and the percentage of  
134 total insureds who participated.

135 (9)(a) The office may impose an administrative penalty of  
136 no more than \$5,000 per violation per day upon a health insurer  
137 for failure to comply with this section. A fine imposed under  
138 this section may be in addition to other penalties or fines  
139 authorized by the insurance code.

140 (b) If a health insurer fails to meet the filing  
141 requirements under this section and does not submit the filing  
142 within 30 days after the due date, the office may order the  
143 health insurer to discontinue issuing policies, contracts, or  
144 certificate of insurance until the filing requirements have been  
145 fulfilled.

146 (c) The office may revoke or suspend for at least 12  
147 months the health insurer's certificate of authority for failure  
148 to comply with this section.

149 (10) The office must submit an annual report to the  
150 President of the Senate and the Speaker of the House of

151 Representatives by April 1, 2019, and each year thereafter,  
152 which summarizes the reports required pursuant to subsection  
153 (8).

154 (11) The office may adopt rules necessary to implement and  
155 enforce this section.

156 Section 2. This act shall take effect upon becoming a law.