

By Senator Albritton

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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.; revising
7 requirements for hospitals and certain other licensed
8 facilities in providing estimates of charges to
9 patients or prospective patients; prohibiting such
10 facilities from charging patients more than a
11 specified percentage of the estimate; providing an
12 exception and a requirement for the exception;
13 requiring such facilities to establish an internal
14 process for reviewing and responding to patient
15 grievances; providing requirements for the process;
16 requiring such facilities to respond to patient
17 grievances within a specified timeframe; creating s.
18 395.3011, F.S.; defining the term "extraordinary
19 collection action"; prohibiting hospitals and certain
20 other licensed facilities from engaging in
21 extraordinary collection actions to obtain payment for
22 services under certain circumstances; providing an
23 effective date.

24
25 Be It Enacted by the Legislature of the State of Florida:

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27 Section 1. Section 222.26, Florida Statutes, is created to
28 read:

29 222.26 Additional exemptions from legal process concerning

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30 medical debt.—If a debt is owed for medical services provided by
31 a facility licensed under chapter 395, the following property is
32 exempt from attachment, garnishment, or other legal process:

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

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

39 Section 2. Present subsection (6) of section 395.301,
40 Florida Statutes, is redesignated as subsection (7), a new
41 subsection (6) is added to that section, and paragraph (b) of
42 subsection (1) of that section is amended, to read:

43 395.301 Price transparency; itemized patient statement or
44 bill; patient admission status notification.—

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

53 (b)1. ~~Upon request, and before providing any nonemergency~~
54 ~~medical services,~~ Each licensed facility shall provide in
55 writing or by electronic means a good faith estimate of
56 reasonably anticipated charges by the facility for the treatment
57 of a ~~the~~ patient's or prospective patient's specific condition.
58 Such estimate must be provided to the patient or prospective

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59 patient upon scheduling a medical service or upon admission to
60 the facility, or before the provision of nonemergency medical
61 services on an outpatient basis, as applicable. The facility
62 ~~must provide the estimate to the patient or prospective patient~~
63 ~~within 7 business days after the receipt of the request and is~~
64 not required to adjust the estimate for any potential insurance
65 coverage. The estimate may be based on the descriptive service
66 bundles developed by the agency under s. 408.05(3)(c) unless the
67 patient or prospective patient requests a more personalized and
68 specific estimate that accounts for the specific condition and
69 characteristics of the patient or prospective patient. The
70 facility shall inform the patient or prospective patient that he
71 or she may contact his or her health insurer or health
72 maintenance organization for additional information concerning
73 cost-sharing responsibilities. The facility may not charge the
74 patient more than 110 percent of the estimate. However, if the
75 facility determines that such charges are warranted due to
76 unforeseen circumstances or the provision of additional
77 services, the facility must provide the patient with a written
78 explanation of the excess charges as part of the detailed,
79 itemized statement or bill to the patient.

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

85 3. The estimate shall clearly identify any facility fees
86 and, if applicable, include a statement notifying the patient or
87 prospective patient that a facility fee is included in the

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88 estimate, the purpose of the fee, and that the patient may pay
89 less for the procedure or service at another facility or in
90 another health care setting.

91 ~~4. Upon request,~~ The facility shall notify the patient or
92 prospective patient of any revision to the estimate.

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

97 ~~6. The facility shall take action to educate the public
98 that such estimates are available upon request.~~

99 6.7. Failure to ~~timely~~ provide the estimate within the
100 timeframe required in subparagraph 1. pursuant to this paragraph
101 shall result in a daily fine of \$1,000 until the estimate is
102 provided to the patient or prospective patient. The total fine
103 may not exceed \$10,000.

104

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

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

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117 portion of an itemized statement or bill.

118 Section 3. Section 395.3011, Florida Statutes, is created
119 to read:

120 395.3011 Billing and collection activities.—

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

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

127 (b) Reporting adverse information about the individual to
128 consumer credit reporting agencies or credit bureaus.

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

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

135 1. Placing a lien on the individual's property;

136 2. Foreclosing on the individual's real property;

137 3. Attaching or seizing the individual's bank account or
138 any other personal property;

139 4. Commencing a civil action against the individual;

140 5. Causing the individual's arrest; or

141 6. Garnishing the individual's wages.

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

145 (a) Before the facility has made reasonable efforts to

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146 determine whether the individual is eligible for assistance
147 under its financial assistance policy for the care provided.

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

150 (c) During an ongoing grievance process as described in s.
151 395.301(6).

152 (d) Before billing any applicable insurer and allowing the
153 insurer to adjudicate a claim.

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

158 Section 4. This act shall take effect July 1, 2020.