

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.; requiring a
7 licensed facility to provide a cost estimate to a
8 patient under certain conditions; prohibiting a
9 licensed facility from charging a patient an amount
10 that exceeds such cost estimate by a set threshold;
11 requiring a licensed facility to provide a patient
12 with a written explanation of excess charges under
13 certain circumstances; requiring a licensed facility
14 to establish an internal grievance process for
15 patients to dispute charges; requiring a facility to
16 make available information necessary for initiating a
17 grievance; requiring a facility to respond to a
18 patient grievance within a specified timeframe;
19 creating s. 395.3011, F.S.; prohibiting certain
20 collection activities by a licensed facility;
21 providing an effective date.

22
23 Be It Enacted by the Legislature of the State of Florida:

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25 Section 1. Section 222.26, Florida Statutes, is created to

26 read:

27 222.26 Additional exemptions from legal process concerning
 28 medical debt.—If a debt is owed for medical services provided by
 29 a facility licensed under chapter 395, the following property is
 30 exempt from attachment, garnishment, or other legal process:

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

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

37 Section 2. Subsection (6) of section 395.301, Florida
 38 Statutes, is renumbered as subsection (7), paragraph (b) of
 39 subsection (1) is amended, and a new subsection (6) is added to
 40 that section, to read:

41 395.301 Price transparency; itemized patient statement or
 42 bill; patient admission status notification.—

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

51 (b)1. ~~Upon request, and before providing any nonemergency~~
52 ~~medical services,~~ Each licensed facility shall provide in
53 writing or by electronic means a good faith estimate of
54 reasonably anticipated charges by the facility for the treatment
55 of a the patient's or prospective patient's specific condition.
56 Such estimate must be provided to the patient or prospective
57 patient upon scheduling a medical service or upon admission to
58 the facility, or before the provision of nonemergency medical
59 services on an outpatient basis, as applicable. The facility
60 ~~must provide the estimate to the patient or prospective patient~~
61 ~~within 7 business days after the receipt of the request and is~~
62 not required to adjust the estimate for any potential insurance
63 coverage. The estimate may be based on the descriptive service
64 bundles developed by the agency under s. 408.05(3)(c) unless the
65 patient or prospective patient requests a more personalized and
66 specific estimate that accounts for the specific condition and
67 characteristics of the patient or prospective patient. The
68 facility shall inform the patient or prospective patient that he
69 or she may contact his or her health insurer or health
70 maintenance organization for additional information concerning
71 cost-sharing responsibilities. The facility may not charge the
72 patient more than 110 percent of the estimate. However, if the
73 facility determines that such charges are warranted due to
74 unforeseen circumstances or the provision of additional
75 services, the facility must provide the patient with a written

76 explanation of the excess charges as part of the detailed,
77 itemized statement or bill to the patient.

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

83 3. The estimate shall clearly identify any facility fees
84 and, if applicable, include a statement notifying the patient or
85 prospective patient that a facility fee is included in the
86 estimate, the purpose of the fee, and that the patient may pay
87 less for the procedure or service at another facility or in
88 another health care setting.

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

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

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

98 6.7. Failure to ~~timely~~ provide the estimate within the
99 timeframe required in subparagraph 1. pursuant to this paragraph
100 shall result in a daily fine of \$1,000 until the estimate is

101 provided to the patient or prospective patient. The total fine
102 may not exceed \$10,000.

103

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

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

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

119 395.3011 Billing and collection activities.—

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

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

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

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

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

- 134 1. Placing a lien on the individual's property;
- 135 2. Foreclosing on the individual's real property;
- 136 3. Attaching or seizing the individual's bank account or
 137 any other personal property;
- 138 4. Commencing a civil action against the individual;
- 139 5. Causing the individual's arrest; or
- 140 6. Garnishing the individual's wages.

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

144 (a) Before the facility has made reasonable efforts to
 145 determine whether the individual is eligible for assistance
 146 under its financial assistance policy for the care provided.

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

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

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

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

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