

1                   A bill to be entitled  
2           An act relating to health care expenses; 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 post on its website a consumer-  
8           friendly list of standard charges for a minimum number  
9           of shoppable health care services; providing  
10          definitions; requiring a licensed facility to  
11          establish an internal grievance process for patients  
12          to dispute charges; requiring a facility to make  
13          available information necessary for initiating a  
14          grievance; requiring a facility to respond to a  
15          patient grievance within a specified timeframe;  
16          requiring a licensed facility to provide a cost  
17          estimate to a patient or prospective patient and the  
18          patient's health insurer within specified timeframes;  
19          prohibiting a licensed facility from charging a  
20          patient an amount that exceeds such cost estimate by a  
21          set threshold; requiring a licensed facility to  
22          provide a patient with a written explanation of excess  
23          charges under certain circumstances; revising a  
24          penalty for failure to timely provide the estimate;  
25          prohibiting a facility from billing or collecting any

26 amount of charges from the patient or patient's health  
 27 insurer for treatment under certain circumstances;  
 28 creating s. 395.3011, F.S.; prohibiting certain  
 29 collection activities by a licensed facility; creating  
 30 s. 627.445, F.S.; providing a definition; requiring  
 31 each health insurer to provide an insured with an  
 32 advance explanation of benefits after receiving a  
 33 patient estimate from a facility for scheduled  
 34 services; providing requirements for the advanced  
 35 explanation of benefits; amending ss. 627.6387,  
 36 627.6648, and 641.31076, F.S.; providing that a shared  
 37 savings incentive offered by a health insurer or  
 38 health maintenance organization constitutes a medical  
 39 expense for rate development and rate filing purposes;  
 40 providing effective dates.

41

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

43

44 Section 1. Section 222.26, Florida Statutes, is created to  
 45 read:

46 222.26 Additional exemptions from legal process concerning  
 47 medical debt.—If a debt is owed for medical services provided by  
 48 a facility licensed under chapter 395, the following property is  
 49 exempt from attachment, garnishment, or other legal process in  
 50 an action on such debt:

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

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

57           Section 2. Paragraphs (b) through (d) of subsection (1) of  
 58 section 395.301, Florida Statutes, are redesignated as  
 59 paragraphs (c) through (e), respectively, subsection (6) is  
 60 renumbered as subsection (7), and a new paragraph (b) is added  
 61 to subsection (1) and a new subsection (6) is added to that  
 62 section, to read:

63           395.301 Price transparency; itemized patient statement or  
 64 bill; patient admission status notification.—

65           (1) A facility licensed under this chapter shall provide  
 66 timely and accurate financial information and quality of service  
 67 measures to patients and prospective patients of the facility,  
 68 or to patients' survivors or legal guardians, as appropriate.  
 69 Such information shall be provided in accordance with this  
 70 section and rules adopted by the agency pursuant to this chapter  
 71 and s. 408.05. Licensed facilities operating exclusively as  
 72 state facilities are exempt from this subsection.

73           (b) Each licensed facility shall post on its website a  
 74 consumer-friendly list of standard charges for at least 300  
 75 shoppable health care services. If a facility provides fewer

76 | than 300 distinct shoppable health care services, it shall make  
77 | available on its website the standard charges for each service  
78 | it provides. As used in this paragraph, the term:

79 |       1. "Shoppable health care service" means a service that  
80 | can be scheduled by a healthcare consumer in advance. The term  
81 | includes, but is not limited to, the services described in s.  
82 | 627.6387(2)(e) and any services defined in regulations or  
83 | guidance issued by the United States Department of Health and  
84 | Human Services.

85 |       2. "Standard charge" has the same meaning as that term is  
86 | defined in regulations or guidance issued by the United States  
87 | Department of Health and Human Services for purposes of hospital  
88 | price transparency.

89 |       (6) Each facility shall establish an internal process for  
90 | reviewing and responding to grievances from patients. Such  
91 | process must allow patients to dispute charges that appear on  
92 | the patient's itemized statement or bill. The facility shall  
93 | prominently post on its website and indicate in bold print on  
94 | each itemized statement or bill the instructions for initiating  
95 | a grievance and the direct contact information required to  
96 | initiate the grievance process. The facility must provide an  
97 | initial response to a patient grievance within 7 business days  
98 | after the patient formally files a grievance disputing all or a  
99 | portion of an itemized statement or bill.

100 |       Section 3. Effective July 1, 2022, paragraph (c) of

101 subsection (1) of section 395.301, Florida Statutes, as amended  
 102 by this act, is amended to read:

103 395.301 Price transparency; itemized patient statement or  
 104 bill; patient admission status notification.—

105 (1) A facility licensed under this chapter shall provide  
 106 timely and accurate financial information and quality of service  
 107 measures to patients and prospective patients of the facility,  
 108 or to patients' survivors or legal guardians, as appropriate.  
 109 Such information shall be provided in accordance with this  
 110 section and rules adopted by the agency pursuant to this chapter  
 111 and s. 408.05. Licensed facilities operating exclusively as  
 112 state facilities are exempt from this subsection.

113 (c)1. ~~Upon request, and~~ Before providing any nonemergency  
 114 medical services, each licensed facility shall provide in  
 115 writing or by electronic means a good faith estimate of  
 116 reasonably anticipated charges by the facility for the treatment  
 117 of a the patient's or prospective patient's specific condition.  
 118 Such estimate must be provided to the patient or prospective  
 119 patient after scheduling a medical service. The facility ~~must~~  
 120 ~~provide the estimate to the patient or prospective patient~~  
 121 ~~within 7 business days after the receipt of the request and is~~  
 122 not required to adjust the estimate for any potential insurance  
 123 coverage. However, the facility must provide the estimate to the  
 124 patient's health insurer, as defined in s. 627.445(1), and the  
 125 patient at least 3 business days before a service is to be

126 furnished, but no later than 1 business day after the service is  
127 scheduled, or, in the case of a service scheduled at least 10  
128 business days in advance, no later than 3 business days after  
129 the service is scheduled. The estimate may be based on the  
130 descriptive service bundles developed by the agency under s.  
131 408.05(3)(c) unless the patient or prospective patient requests  
132 a more personalized and specific estimate that accounts for the  
133 specific condition and characteristics of the patient or  
134 prospective patient. The facility shall inform the patient or  
135 prospective patient that he or she may contact his or her health  
136 insurer ~~or health maintenance organization~~ for additional  
137 information concerning cost-sharing responsibilities. The  
138 facility may not charge the patient more than 110 percent of the  
139 estimate. However, if the facility determines that such charges  
140 are warranted due to unforeseen circumstances or the provision  
141 of additional services, the facility must provide the patient  
142 with a written explanation of the excess charges as part of the  
143 detailed, itemized statement or bill to the patient.

144 2. In the estimate, the facility shall provide to the  
145 patient or prospective patient information on the facility's  
146 financial assistance policy, including the application process,  
147 payment plans, and discounts and the facility's charity care  
148 policy and collection procedures.

149 3. The estimate shall clearly identify any facility fees  
150 and, if applicable, include a statement notifying the patient or

151 prospective patient that a facility fee is included in the  
152 estimate, the purpose of the fee, and that the patient may pay  
153 less for the procedure or service at another facility or in  
154 another health care setting.

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

157 5. In the estimate, the facility must notify the patient  
158 or prospective patient that services may be provided in the  
159 health care facility by the facility as well as by other health  
160 care providers that may separately bill the patient, if  
161 applicable.

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

164 6.7. Failure to timely provide the estimate pursuant to  
165 this paragraph shall result in a daily fine of \$1,000 until the  
166 estimate is provided to the patient or prospective patient and  
167 the health insurer. The total fine per patient estimate may not  
168 exceed \$10,000.

169 7. If the facility fails to provide the estimate more than  
170 24 hours before beginning the treatment that is the subject of  
171 the estimate required by this section, the facility may not bill  
172 the patient or the patient's health insurer or collect any  
173 amount of charges from any source for such treatment.

174  
175 ~~The provision of an estimate does not preclude the actual~~

176 | ~~charges from exceeding the estimate.~~

177 | Section 4. Section 395.3011, Florida Statutes, is created  
178 | to read:

179 | 395.3011 Billing and collection activities.—

180 | (1) As used in this section, the term "extraordinary  
181 | collection action" means any of the following actions taken by a  
182 | licensed facility against an individual in relation to obtaining  
183 | payment of a bill for care covered under the facility's  
184 | financial assistance policy:

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

186 | (b) Reporting adverse information about the individual to  
187 | consumer credit reporting agencies or credit bureaus.

188 | (c) Deferring, denying, or requiring a payment before  
189 | providing medically necessary care because of the individual's  
190 | nonpayment of one or more bills for previously provided care  
191 | covered under the facility's financial assistance policy.

192 | (d) Actions that require a legal or judicial process,  
193 | including, but not limited to:

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

195 | 2. Foreclosing on the individual's real property;

196 | 3. Attaching or seizing the individual's bank account or  
197 | any other personal property;

198 | 4. Commencing a civil action against the individual;

199 | 5. Causing the individual's arrest; or

200 | 6. Garnishing the individual's wages.

201        (2) A facility shall not engage in an extraordinary  
 202 collection action against an individual to obtain payment for  
 203 services:

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

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

209        (c) During an ongoing grievance process as described in s.  
 210 395.301(6).

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

213        (e) For 30 days after notifying the patient in writing, by  
 214 certified mail or other traceable delivery method, that a  
 215 collection action will commence absent additional action by the  
 216 patient.

217        Section 5. Effective July 1, 2022, section 627.445,  
 218 Florida Statutes, is created to read:

219        627.445 Advanced explanation of benefits.-

220        (1) As used in this section, the term "health insurer"  
 221 means a health insurer issuing individual or group coverage or a  
 222 health maintenance organization issuing coverage through an  
 223 individual or group contract.

224        (2) Each health insurer shall prepare an advanced  
 225 explanation of benefits upon receiving a patient estimate from a

226 facility pursuant to s. 395.301(1). The health insurer must  
 227 provide the advanced explanation of benefits to the insured no  
 228 later than 1 business day after receiving the patient estimate  
 229 from the facility, or, in the case of a service scheduled at  
 230 least 10 business days in advance, no later than 3 business days  
 231 after receiving such estimate.

232 (3) At a minimum, the advanced explanation of benefits  
 233 must include detailed coverage and cost-sharing information  
 234 pursuant to the No Surprises Act, Title I of Division BB, Pub.  
 235 L. No. 116-260.

236 Section 6. Paragraph (a) of subsection (4) of section  
 237 627.6387, Florida Statutes, is amended to read:

238 627.6387 Shared savings incentive program.—

239 (4) (a) A shared savings incentive offered by a health  
 240 insurer in accordance with this section:

241 1. Is not an administrative expense for rate development  
 242 or rate filing purposes and shall be counted as a medical  
 243 expense for such purposes.

244 2. Does not constitute an unfair method of competition or  
 245 an unfair or deceptive act or practice under s. 626.9541 and is  
 246 presumed to be appropriate unless credible data clearly  
 247 demonstrates otherwise.

248 Section 7. Paragraph (a) of subsection (4) of section  
 249 627.6648, Florida Statutes, is amended to read:

250 627.6648 Shared savings incentive program.—

251 (4) (a) A shared savings incentive offered by a health  
252 insurer in accordance with this section:

253 1. Is not an administrative expense for rate development  
254 or rate filing purposes and shall be counted as a medical  
255 expense for such purposes.

256 2. Does not constitute an unfair method of competition or  
257 an unfair or deceptive act or practice under s. 626.9541 and is  
258 presumed to be appropriate unless credible data clearly  
259 demonstrates otherwise.

260 Section 8. Paragraph (a) of subsection (4) of section  
261 641.31076, Florida Statutes, is amended to read:

262 641.31076 Shared savings incentive program.—

263 (4) A shared savings incentive offered by a health  
264 maintenance organization in accordance with this section:

265 (a) Is not an administrative expense for rate development  
266 or rate filing purposes and shall be counted as a medical  
267 expense for such purposes.

268 Section 9. Except as otherwise expressly provided in this  
269 act, this act shall take effect July 1, 2021.