

By Senator Rodrigues

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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 shoppable health  
9       care services; defining the term "shoppable health  
10      care service"; requiring a licensed facility to  
11      establish an internal grievance process for patients  
12      to dispute charges; requiring a facility to make  
13      available the information necessary for initiating a  
14      grievance; requiring a facility to respond to a  
15      patient grievance within a specified timeframe;  
16      revising a requirement that a licensed facility  
17      provide a cost estimate to a patient or prospective  
18      patient and the patient's health insurer within  
19      specified timeframes; prohibiting a licensed facility  
20      from charging a patient an amount that exceeds such  
21      cost estimate by a set threshold; requiring a licensed  
22      facility to provide a patient with a written  
23      explanation of excess charges under certain  
24      circumstances; requiring a facility to notify a  
25      patient of revisions to a cost estimate; deleting a  
26      requirement that a facility educate the public on the  
27      availability of such estimates upon request; revising  
28      a penalty for failure to timely provide the estimate;  
29      prohibiting a facility from billing or collecting any

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30 amount of charges from the patient or the patient's  
31 health insurer for treatment under certain  
32 circumstances; deleting a prohibition on charges that  
33 exceed a cost estimate; creating s. 395.3011, F.S.;  
34 defining the term "extraordinary collection action";  
35 prohibiting a licensed facility from engaging in  
36 extraordinary collection actions to obtain certain  
37 payments; creating s. 627.445, F.S.; defining the term  
38 "health insurer"; requiring each health insurer to  
39 provide an insured with an advance explanation of  
40 benefits after receiving a patient estimate from a  
41 facility for scheduled services; providing  
42 requirements for the advanced explanation of benefits;  
43 amending ss. 627.6387, 627.6648, and 641.31076, F.S.;  
44 providing that a shared savings incentive offered by a  
45 health insurer or a health maintenance organization  
46 must be counted as a medical expense for rate  
47 development and rate filing purposes; providing  
48 effective dates.

49  
50 Be It Enacted by the Legislature of the State of Florida:

51  
52 Section 1. Section 222.26, Florida Statutes, is created to  
53 read:

54 222.26 Additional exemptions from legal process concerning  
55 medical debt.—If a debt is owed for medical services provided by  
56 a facility licensed under chapter 395, the following property is  
57 exempt from attachment, garnishment, or other legal process:

58 (1) A debtor's interest, not to exceed \$10,000 in value, in

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59 a single motor vehicle as defined in s. 320.01(1).

60 (2) A debtor's interest in personal property, not to exceed  
61 \$10,000 in value, if the debtor does not claim or receive the  
62 benefits of a homestead exemption under s. 4, Art. X of the  
63 State Constitution.

64 Section 2. Present paragraphs (b), (c), and (d) of  
65 subsection (1) of section 395.301, Florida Statutes, are  
66 redesignated as paragraphs (c), (d), and (e), respectively,  
67 present subsection (6) of that section is redesignated as  
68 subsection (7), a new paragraph (b) is added to subsection (1)  
69 of that section, and a new subsection (6) is added to that  
70 section, to read:

71 395.301 Price transparency; itemized patient statement or  
72 bill; patient admission status notification.—

73 (1) A facility licensed under this chapter shall provide  
74 timely and accurate financial information and quality of service  
75 measures to patients and prospective patients of the facility,  
76 or to patients' survivors or legal guardians, as appropriate.  
77 Such information shall be provided in accordance with this  
78 section and rules adopted by the agency pursuant to this chapter  
79 and s. 408.05. Licensed facilities operating exclusively as  
80 state facilities are exempt from this subsection.

81 (b) Each licensed facility shall post on its website a  
82 consumer-friendly list of standard charges for at least 300  
83 shoppable health care services. If a facility provides fewer  
84 than 300 distinct shoppable health care services, it must make  
85 available on its website the standard charges for each service  
86 it provides. As used in this paragraph, the term "shoppable  
87 health care service" means a health care service that can be

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88 scheduled by a health care consumer in advance. The term  
89 includes, but is not limited to, the services described in s.  
90 627.6387(2)(e) and any services defined in regulations or  
91 guidance issued by the United States Department of Health and  
92 Human Services.

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

104 Section 3. Effective July 1, 2022, paragraph (c) of  
105 subsection (1) of section 395.301, Florida Statutes, as amended  
106 by this act, is amended to read:

107 395.301 Price transparency; itemized patient statement or  
108 bill; patient admission status notification.-

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

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117 (c)1. ~~Upon request, and before providing any nonemergency~~  
118 ~~medical services,~~ Each licensed facility shall provide in  
119 writing or by electronic means a good faith estimate of  
120 reasonably anticipated charges by the facility for the treatment  
121 of a the patient's or prospective patient's specific condition.  
122 Such estimate must be provided to the patient or prospective  
123 patient after scheduling a medical service. The facility ~~must~~  
124 ~~provide the estimate to the patient or prospective patient~~  
125 ~~within 7 business days after the receipt of the request and is~~  
126 not required to adjust the estimate for any potential insurance  
127 coverage. However, the facility must provide the estimate to the  
128 patient's health insurer, as defined in s. 627.445(1), and the  
129 patient at least 3 business days before a service is to be  
130 furnished, but no later than 1 business day after the service is  
131 scheduled, or, in the case of a service scheduled at least 10  
132 business days in advance, no later than 3 business days after  
133 the service is scheduled. The estimate may be based on the  
134 descriptive service bundles developed by the agency under s.  
135 408.05(3)(c) unless the patient or prospective patient requests  
136 a more personalized and specific estimate that accounts for the  
137 specific condition and characteristics of the patient or  
138 prospective patient. The facility shall inform the patient or  
139 prospective patient that he or she may contact his or her health  
140 insurer ~~or health maintenance organization~~ for additional  
141 information concerning cost-sharing responsibilities. The  
142 facility may not charge the patient more than 110 percent of the  
143 estimate. However, if the facility determines that such charges  
144 are warranted due to unforeseen circumstances or the provision  
145 of additional services, the facility must provide the patient

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146 with a written explanation of the excess charges as part of the  
147 detailed, itemized statement or bill to the patient.

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

153 3. The estimate shall clearly identify any facility fees  
154 and, if applicable, include a statement notifying the patient or  
155 prospective patient that a facility fee is included in the  
156 estimate, the purpose of the fee, and that the patient may pay  
157 less for the procedure or service at another facility or in  
158 another health care setting.

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

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

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

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

172 7. If the facility fails to provide the estimate more than  
173 24 hours before beginning the treatment that is the subject of  
174 the estimate required by this section, the facility may not bill

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175 the patient or the patient's health insurer or collect any  
176 amount of charges from any source for such treatment.

177

178 ~~The provision of an estimate does not preclude the actual~~  
179 ~~charges from exceeding the estimate.~~

180 Section 4. Section 395.3011, Florida Statutes, is created  
181 to read:

182 395.3011 Billing and collection activities.-

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

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

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

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

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

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

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

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

201 4. Commencing a civil action against the individual;

202 5. Causing the individual's arrest; or

203 6. Garnishing the individual's wages.

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204       (2) A facility may not engage in an extraordinary  
205 collection action against an individual to obtain payment for  
206 services:

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

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

212       (c) During an ongoing grievance process as described in s.  
213 395.301(6).

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

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

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

222       627.445 Advanced explanation of benefits.-

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

227       (2) Each health insurer shall prepare an advanced  
228 explanation of benefits upon receiving a patient estimate from a  
229 facility pursuant to s. 395.301(1). The health insurer must  
230 provide the advanced explanation of benefits to the insured no  
231 later than 1 business day after receiving the patient estimate  
232 from the facility, or, in the case of a service scheduled at

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233 least 10 business days in advance, no later than 3 business days  
234 after receiving such estimate.

235 (3) At a minimum, the advanced explanation of benefits must  
236 include detailed coverage and cost-sharing information pursuant  
237 to the No Surprises Act, Title I of Division BB, Pub. L. No.  
238 116-260.

239 Section 6. Paragraph (a) of subsection (4) of section  
240 627.6387, Florida Statutes, is amended to read:

241 627.6387 Shared savings incentive program.—

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

244 1. Is not an administrative expense for rate development or  
245 rate filing purposes and must be counted as a medical expense  
246 for such purposes.

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

251 Section 7. Paragraph (a) of subsection (4) of section  
252 627.6648, Florida Statutes, is amended to read:

253 627.6648 Shared savings incentive program.—

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

256 1. Is not an administrative expense for rate development or  
257 rate filing purposes and must be counted as a medical expense  
258 for such purposes.

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

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262 demonstrates otherwise.

263 Section 8. Paragraph (a) of subsection (4) of section  
264 641.31076, Florida Statutes, is amended to read:

265 641.31076 Shared savings incentive program.—

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

268 (a) Is not an administrative expense for rate development  
269 or rate filing purposes and must be counted as a medical expense  
270 for such purposes.

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