	LEGISLATIVE ACTION	N
Senate	•	House
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The Committee on Health	ı Policy (Garcia) r	recommended the
following:		
Senate Amendment ((with title amendme	ent)
Delete line 126		
and insert:		
	subsection (7) of	
		ection (8) and amended,
and a new subsection (7) is added to that	section, to read:
627 6171 Contracts		_
027.0471 CONCLACES	for reduced rates	of payment;

(7) Notwithstanding s. 627.64194, an insurer issuing a

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health insurance policy in this state, upon request by an insured, must apply payments for a service provided by a nonpreferred provider toward an insured's deductible and out-ofpocket maximum as if the service had been provided by a preferred network provider, if:

- (a) The service provided to the insured by the nonpreferred provider is within the scope of services covered by the policy; and
- (b) The nonpreferred provider's billed amount for the service is equal to or less than the allowed amount for the service for preferred providers under the plan or the statewide average for the service as listed on the Florida Health Price Finder website administered by the Agency for Health Care Administration.
- (8) (7) Any policy issued under this section after January 1, 2023 2017, must include the following disclosure: "WARNING: LIMITED BENEFITS MAY WILL BE PAID WHEN NONPARTICIPATING PROVIDERS ARE USED. You should be aware that when you elect to utilize the services of a nonparticipating provider for a covered nonemergency service, benefit payments to the provider may are not be based upon the amount the provider charges. Unless you request otherwise, the basis of the payment will be determined according to your policy's out-of-network reimbursement benefit. Nonparticipating providers may bill insureds for any difference in the amount. YOU MAY BE REQUIRED TO PAY MORE THAN THE COINSURANCE OR COPAYMENT AMOUNT. Participating providers have agreed to accept discounted payments for services with no additional billing to you other than coinsurance, copayment, and deductible amounts. You may



40 obtain further information about the providers who have contracted with your insurance plan by consulting your insurer's 41 42 website or contacting your insurer or agent directly." Section 5. Section 627.65701, Florida Statutes, is created 43 to read: 44 45 627.65701 Services provided by nonpreferred providers.-Notwithstanding s. 627.64194, an insurer issuing a group, 46 47 blanket, or franchise health insurance policy in this state, 48 upon request by an insured, must apply payments for a service 49 provided by a nonpreferred provider toward an insured's 50 deductible and out-of-pocket maximum as if the service had been 51 provided by a preferred network provider, if: 52 (1) The service provided to the insured by the nonpreferred 53 provider is within the scope of services covered by the policy; 54 and 55 (2) The nonpreferred provider's billed amount for the 56 service is equal to or less than the allowed amount for the 57 service for preferred providers under the plan or the statewide 58 average for the service as listed on the Florida Health Price 59 Finder website administered by the Agency for Health Care 60 Administration. 61 Section 6. This act shall take effect January 1, 2023. 62 ======= T I T L E A M E N D M E N T ========= 6.3 64 And the title is amended as follows: Delete line 27 65 66 and insert: 67 express written consent of the creditor; amending s. 68 627.6471, F.S.; requiring certain health insurers to

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apply payments for services provided by nonpreferred providers toward insureds' deductibles and out-ofpocket maximums if certain conditions are met; revising the required disclosure for certain policies; creating s. 627.65701, F.S.; requiring certain group, blanket, or franchise health insurers to apply payments for services provided by nonpreferred providers toward an insureds' deductibles and out-ofpocket maximums if certain conditions are met; providing an