

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u>    </u>	(Y/N)
ADOPTED AS AMENDED	<u>    </u>	(Y/N)
ADOPTED W/O OBJECTION	<u>    </u>	(Y/N)
FAILED TO ADOPT	<u>    </u>	(Y/N)
WITHDRAWN	<u>    </u>	(Y/N)
OTHER	<u>      </u>	

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1 Committee/Subcommittee hearing bill: Health & Human Services  
 2 Committee

3 Representative Melo offered the following:

4  
 5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:  
 7 Section 1. Subsection (3) of section 395.107, Florida  
 8 Statutes, is amended to read:

9 395.107 Facilities; publishing and posting schedule of  
 10 charges; penalties; cost-sharing obligation information.-

11 (3) (a) The schedule of charges must describe the medical  
 12 services in language comprehensible to a layperson. The  
 13 schedule must include the prices charged to an uninsured person  
 14 paying for such services by cash, check, credit card, or debit  
 15 card.

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16        (b) The schedule must be posted in a conspicuous place in  
17 the reception area and must include, but is not limited to, the  
18 50 services most frequently provided. The schedule may group  
19 services by three price levels, listing services in each price  
20 level. The posting may be a sign, which must be at least 15  
21 square feet in size, or may be through an electronic messaging  
22 board.

23        (c) If a facility is affiliated with a licensed hospital  
24 under this chapter, the schedule must include text that notifies  
25 the insured patients whether the charges for medical services  
26 received at the center will be the same as, or more than,  
27 charges for medical services received at the affiliated  
28 hospital.

29        (d) The text notifying the patient of the schedule of  
30 charges shall be in a font size equal to or greater than the  
31 font size used for prices and must be in a contrasting color.  
32 The text that notifies the insured patients whether the charges  
33 for medical services received at the center will be the same as,  
34 or more than, charges for medical services received at the  
35 affiliated hospital shall be included in all media and Internet  
36 advertisements for the center and in language comprehensible to  
37 a layperson.

38        (e) At the point-of-sale, each center shall disclose to  
39 the patient whether his or her cost-sharing obligation exceeds

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40 the retail price of services in the absence of health insurance  
41 coverage.

42 Section 2. Subsection (7) is added to section 395.301,  
43 Florida Statutes, to read:

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

46 (7) A licensed facility shall disclose to a patient or a  
47 prospective patient whether their cost-sharing obligation  
48 exceeds the retail price of facility services in the absence of  
49 health insurance coverage.

50 Section 3. Section 458.323, Florida Statutes, is amended  
51 to read:

52 458.323 Itemized patient billing; cost-sharing obligation  
53 information.—

54 (1) Whenever a physician licensed under this chapter  
55 renders professional services to a patient, the physician is  
56 required, upon request, to submit to the patient, the patient's  
57 insurer, or the administrative agency for any federal or state  
58 health program under which the patient is entitled to benefits  
59 an itemized statement of the specific services rendered and the  
60 charge for each, no later than the physician's next regular  
61 billing cycle which follows the fifth day after the rendering of  
62 professional services. A physician may not condition the  
63 furnishing of an itemized statement upon prior payment of the  
64 bill.

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65       (2) Upon request, and prior to or on the day of services  
66 being rendered, a physician shall provide an insured patient  
67 with information regarding the applicable CPT codes for the  
68 scheduled services and the physician's retail price in the  
69 absence of health insurance coverage for the scheduled services.

70       Section 4. Section 459.012, Florida Statutes, is amended  
71 to read:

72       459.012 Itemized patient statement; cost-sharing  
73 obligation information.—

74       (1) Whenever an osteopathic physician licensed under this  
75 chapter renders professional services to a patient, the  
76 osteopathic physician is required, upon request, to submit to  
77 the patient, the patient's insurer, or the administrative agency  
78 for any federal or state health program under which the patient  
79 is entitled to benefits an itemized statement of the specific  
80 services rendered and the charge for each, no later than the  
81 osteopathic physician's next regular billing cycle which follows  
82 the fifth day after the rendering of professional services. An  
83 osteopathic physician may not condition the furnishing of an  
84 itemized statement upon prior payment of the bill.

85       (2) Whenever the itemized statement is submitted to the  
86 patient's insurer or the administrative agency, a copy of the  
87 itemized statement shall simultaneously be provided to the  
88 patient. Such copy of the itemized statement which is sent to  
89 the patient shall, in boldfaced letters, state that: "THIS IS A

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90 DUPLICATE COPY OF A STATEMENT SUBMITTED TO YOUR INSURER OR OTHER  
91 AGENCY."

92 (3) Upon request, and prior to or on the day of services  
93 being rendered, an osteopathic physician shall provide an  
94 insured patient with information regarding the applicable CPT  
95 codes for the scheduled services and the physician's retail  
96 price in the absence of health insurance coverage for the  
97 scheduled services.

98 Section 5. Section 460.41, Florida Statutes, is amended to  
99 read:

100 460.41 Itemized patient billing; cost-sharing obligation  
101 information.-

102 (1) Whenever a chiropractic physician licensed under this  
103 chapter renders professional services to a patient, the  
104 chiropractic physician shall submit to the patient, the  
105 patient's insurer, or to the administrative agency for any  
106 federal or state health program under which the patient is  
107 entitled to benefits an itemized statement of the specific  
108 services rendered and the charge for each, no later than the  
109 chiropractic physician's next regular billing cycle which  
110 follows the fifth day after the rendering of professional  
111 services. A chiropractic physician may not condition the  
112 furnishing of an itemized statement upon prior payment of the  
113 bill.

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114       (2) At the point-of-sale, chiropractic physician shall  
115 disclose to the patient whether his or her cost-sharing  
116 obligation exceeds the retail price of professional services in  
117 the absence of health insurance coverage.

118       Section 6. Section 461.009, Florida Statutes, is amended  
119 to read:

120       461.009 Itemized patient billing; cost-sharing obligation  
121 information.-

122       (1) Whenever a podiatric physician licensed under this  
123 chapter renders professional services to a patient, the  
124 podiatric physician is required, upon request, to submit to the  
125 patient, to the patient's insurer, or to the administrative  
126 agency for any federal or state health program under which the  
127 patient is entitled to benefits, an itemized statement of the  
128 specific services rendered and the charge for each, no later  
129 than the podiatric physician's next regular billing cycle which  
130 follows the fifth day after the rendering of professional  
131 services. A podiatric physician may not condition the  
132 furnishing of an itemized statement upon prior payment of the  
133 bill.

134       (2) At the point-of-sale, a podiatric physician shall  
135 disclose to the patient whether his or her cost-sharing  
136 obligation exceeds the retail price of professional services in  
137 the absence of health insurance coverage.

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138 Section 7. Effective January 1, 2024, subsection (7) of  
139 section 627.6471, Florida Statutes, is renumbered as subsection  
140 (8), and a new subsection (7) is added to that section to read:

141 627.6471 Contracts for reduced rates of payment;  
142 limitations; coinsurance and deductibles.-

143 (7) An insurer issuing a health insurance policy in this  
144 state must apply the payment for a service that a nonpreferred  
145 provider provided to an insured toward the insured's deductible  
146 and out-of-pocket maximum as if the service had been provided by  
147 a preferred provider, if all of the following apply:

148 (a) The insured requests that the insurer apply the  
149 payment for the service that the nonpreferred provider provided  
150 to the insured toward the insured's deductible and out-of-pocket  
151 maximum.

152 (b) The service the nonpreferred provider provided to the  
153 insured is a service within the scope of services covered under  
154 the insured's policy.

155 (c) The amount the nonpreferred provider charged the  
156 insured for the service is the same or less than:

157 1. The lowest cost that the insured's preferred provider  
158 network charges for the service in the relevant rating area; or

159 2. The 25<sup>th</sup> percentile of the statewide average amount for  
160 the service, based on data reported on the Agency for Health  
161 Care Administration's Internet-based platform under s.

162 408.05(3)(c).

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163 Section 8. Except as otherwise expressly provided herein,  
164 this act shall take effect July 1, 2023.

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**T I T L E A M E N D M E N T**

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Remove lines 3-26 and insert:

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in health insurance; amending ss. 395.107, 395.301, 458.323,

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459.012, 460.41, and 461.009, F.S.; requiring certain licensed

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facilities and physicians to provide specific pricing and cost-

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obligation information to patients; amending s. 627.6471, F.S.;

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requiring a health insurer, effective January 1, 2024, to apply

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the payment for a service that a nonpreferred provider provided

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to an insured toward the insured's deductible and out-of-pocket

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maximum as if the service had been provided by a preferred

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provider, if specific conditions are met; providing an effective

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date.