

Amendment No. 1

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WITHDRAWN	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>	

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

3 Representative Melo offered the following:

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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) At the point-of-sale, a physician shall disclose to
66 the patient whether his or her cost-sharing obligation exceeds
67 the retail price of professional services in the absence of
68 health insurance coverage.

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

71 459.012 Itemized patient statement; cost-sharing
72 obligation information.—

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

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

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

91 (3) At the point-of-sale, an osteopathic physician shall
92 disclose to the patient whether his or her cost-sharing
93 obligation exceeds the retail price of professional services in
94 the absence of health insurance coverage.

95 Section 5. Section 460.41, Florida Statutes, is amended to
96 read:

97 460.41 Itemized patient billing; cost-sharing obligation
98 information.-

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

111 (2) At the point-of-sale, chiropractic physician shall
112 disclose to the patient whether his or her cost-sharing

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113 obligation exceeds the retail price of professional services in
114 the absence of health insurance coverage.

115 Section 6. Section 461.009, Florida Statutes, is amended
116 to read:

117 461.009 Itemized patient billing; cost-sharing obligation
118 information.—

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

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

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

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138 627.6471 Contracts for reduced rates of payment;
139 limitations; coinsurance and deductibles.—

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

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

149 (b) The service the nonpreferred provider provided to the
150 insured is a service within the scope of services covered under
151 the insured's policy.

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

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

156 2. The 25th percentile of the statewide average amount for
157 the service, based on data reported on the Agency for Health
158 Care Administration's Internet-based platform under s.
159 408.05(3)(c).

160 Section 8. Except as otherwise expressly provided herein,
161 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

Remove lines 3-26 and insert:

in health insurance; amending ss. 395.107, 395.301, 458.323,
459.012, 460.41, and 461.009, F.S.; requiring certain licensed
facilities and physicians to provide specific pricing and cost-
obligation information to patients; amending s. 627.6471, F.S.;
requiring a health insurer, effective January 1, 2024, to apply
the payment for a service that a nonpreferred provider provided
to an insured toward the insured's deductible and out-of-pocket
maximum as if the service had been provided by a preferred
provider, if specific conditions are met; providing an effective
date.