

1 A bill to be entitled
2 An act relating to health care expenses; amending s.
3 95.11, F.S.; establishing a 3-year statute of
4 limitations for an action to collect medical debt for
5 services rendered by a health care provider or
6 facility; creating s. 222.26, F.S.; providing
7 additional personal property exemptions from legal
8 process for medical debts resulting from services
9 provided in certain licensed facilities; amending s.
10 395.301, F.S.; requiring a licensed facility to post
11 on its website a consumer-friendly list of standard
12 charges for a minimum number of shoppable health care
13 services; providing definitions; requiring a licensed
14 facility to provide an estimate to a patient or
15 prospective patient and the patient's health insurer
16 within specified timeframes; requiring a licensed
17 facility to establish an internal grievance process
18 for patients to dispute charges; requiring a facility
19 to make available information necessary for initiating
20 a grievance; requiring a facility to respond to a
21 patient grievance within a specified timeframe;
22 creating s. 395.3011, F.S.; prohibiting certain
23 collection activities by a licensed facility; creating
24 s. 627.445, F.S.; providing a definition; requiring
25 each health insurer to provide an insured with an

26 advanced explanation of benefits after receiving a
 27 patient estimate from a facility for scheduled
 28 services; providing requirements for the advanced
 29 explanation of benefits; amending ss. 627.6387,
 30 627.6648, and 641.31076, F.S.; providing that a shared
 31 savings incentive offered by a health insurer or
 32 health maintenance organization constitutes a medical
 33 expense for rate development and rate filing purposes;
 34 amending ss. 475.01, 475.611, 517.191, and 768.28,
 35 F.S.; conforming cross-references; providing an
 36 effective date.

37

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

39

40 Section 1. Subsection (4) of section 95.11, Florida
 41 Statutes, is renumbered as subsection (5), and a new subsection
 42 (4) is added to that section, to read:

43 95.11 Limitations other than for the recovery of real
 44 property.—Actions other than for recovery of real property shall
 45 be commenced as follows:

46 (4) WITHIN THREE YEARS.—An action to collect medical debt
 47 for services rendered by a facility licensed under chapter 395,
 48 provided that the period of limitations shall run from the date
 49 on which the facility refers the medical debt to a third party
 50 for collection.

51 Section 2. Section 222.26, Florida Statutes, is created to
 52 read:

53 222.26 Additional exemptions from legal process concerning
 54 medical debt.—If a debt is owed for medical services provided by
 55 a facility licensed under chapter 395, the following property is
 56 exempt from attachment, garnishment, or other legal process in
 57 an action on such debt:

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

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

64 Section 3. Paragraphs (b) through (d) of subsection (1) of
 65 section 395.301, Florida Statutes, are redesignated as
 66 paragraphs (c) through (e), respectively, subsection (6) is
 67 renumbered as subsection (7), present paragraph (b) of
 68 subsection (1) is amended, and a new paragraph (b) is added to
 69 subsection (1) 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 shall make
 85 available on its website the standard charges for each service
 86 it provides. As used in this paragraph, the term:

87 1. "Shoppable health care service" means a service that
 88 can be scheduled by a healthcare 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 2. "Standard charge" has the same meaning as that term is
 94 defined in regulations or guidance issued by the United States
 95 Department of Health and Human Services for purposes of hospital
 96 price transparency.

97 (c)-(b)1. Upon request, and Before providing any
 98 nonemergency medical services, each licensed facility shall
 99 provide in writing or by electronic means a good faith estimate
 100 of reasonably anticipated charges by the facility for the

101 treatment of a ~~the~~ patient's or prospective patient's specific
102 condition. Such estimate must be provided to the patient or
103 prospective patient upon scheduling a medical service. The
104 facility ~~must provide the estimate to the patient or prospective~~
105 ~~patient within 7 business days after the receipt of the request~~
106 ~~and~~ is not required to adjust the estimate for any potential
107 insurance coverage. The facility must provide the estimate to
108 the patient's health insurer, as defined in s. 627.445(1), and
109 the patient at least 3 business days before a service is to be
110 furnished, but no later than 1 business day after the service is
111 scheduled or, in the case of a service scheduled at least 10
112 business days in advance, no later than 3 business days after
113 the service is scheduled. The estimate may be based on the
114 descriptive service bundles developed by the agency under s.
115 408.05(3) (c) unless the patient or prospective patient requests
116 a more personalized and specific estimate that accounts for the
117 specific condition and characteristics of the patient or
118 prospective patient. The facility shall inform the patient or
119 prospective patient that he or she may contact his or her health
120 insurer ~~or health maintenance organization~~ for additional
121 information concerning cost-sharing responsibilities.

122 2. In the estimate, the facility shall provide to the
123 patient or prospective patient information on the facility's
124 financial assistance policy, including the application process,
125 payment plans, and discounts and the facility's charity care

126 policy and collection procedures.

127 3. The estimate shall clearly identify any facility fees
128 and, if applicable, include a statement notifying the patient or
129 prospective patient that a facility fee is included in the
130 estimate, the purpose of the fee, and that the patient may pay
131 less for the procedure or service at another facility or in
132 another health care setting.

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

135 5. In the estimate, the facility must notify the patient
136 or prospective patient that services may be provided in the
137 health care facility by the facility as well as by other health
138 care providers that may separately bill the patient, if
139 applicable.

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

142 6.7. Failure to timely provide the estimate pursuant to
143 this paragraph shall result in a daily fine of \$1,000 until the
144 estimate is provided to the patient or prospective patient and
145 the health insurer. The total fine per patient estimate may not
146 exceed \$10,000.

147
148 ~~The provision of an estimate does not preclude the actual~~
149 ~~charges from exceeding the estimate.~~

150 (6) Each facility shall establish an internal process for

151 reviewing and responding to grievances from patients. Such
 152 process must allow patients to dispute charges that appear on
 153 the patient's itemized statement or bill. The facility shall
 154 prominently post on its website and indicate in bold print on
 155 each itemized statement or bill the instructions for initiating
 156 a grievance and the direct contact information required to
 157 initiate the grievance process. The facility must provide an
 158 initial response to a patient grievance within 7 business days
 159 after the patient formally files a grievance disputing all or a
 160 portion of an itemized statement or bill.

161 Section 4. Section 395.3011, Florida Statutes, is created
 162 to read:

163 395.3011 Billing and collection activities.—

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

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

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

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

176 (d) Actions that require a legal or judicial process,
 177 including, but not limited to:
 178 1. Placing a lien on the individual's property;
 179 2. Foreclosing on the individual's real property;
 180 3. Attaching or seizing the individual's bank account or
 181 any other personal property;
 182 4. Commencing a civil action against the individual;
 183 5. Causing the individual's arrest; or
 184 6. Garnishing the individual's wages.
 185 (2) A facility may not engage in an extraordinary
 186 collection action against an individual to obtain payment for
 187 services:
 188 (a) Before the facility has made reasonable efforts to
 189 determine whether the individual is eligible for assistance
 190 under its financial assistance policy for the care provided and,
 191 if eligible, before a decision is made by the facility on the
 192 patient's application for such financial assistance.
 193 (b) Before the facility has provided the individual with
 194 an itemized statement or bill.
 195 (c) During an ongoing grievance process as described in s.
 196 395.301(6) or an ongoing appeal of a claim adjudication.
 197 (d) Before billing any applicable insurer and allowing the
 198 insurer to adjudicate a claim.
 199 (e) For 30 days after notifying the patient in writing, by
 200 certified mail, or by other traceable delivery method, that a

201 collection action will commence absent additional action by the
 202 patient.

203 (f) While the individual:

204 1. Negotiates in good faith the final amount of a bill for
 205 services rendered; or

206 2. Complies with all terms of a payment plan with the
 207 facility.

208 Section 5. Section 627.445, Florida Statutes, is created
 209 to read:

210 627.445 Advanced explanation of benefits.-

211 (1) As used in this section, the term "health insurer"
 212 means a health insurer issuing individual or group coverage or a
 213 health maintenance organization issuing coverage through an
 214 individual or a group contract.

215 (2) Each health insurer shall prepare an advanced
 216 explanation of benefits upon receiving a patient estimate from a
 217 facility pursuant to s. 395.301(1). The health insurer must
 218 provide the advanced explanation of benefits to the insured no
 219 later than 1 business day after receiving the patient estimate
 220 from the facility or, in the case of a service scheduled at
 221 least 10 business days in advance, no later than 3 business days
 222 after receiving such estimate.

223 (3) At a minimum, the advanced explanation of benefits
 224 must include detailed coverage and cost-sharing information
 225 pursuant to the No Surprises Act, Title I of Division BB, Pub.

226 L. No. 116-260.

227 Section 6. Paragraph (a) of subsection (4) of section
228 627.6387, Florida Statutes, is amended to read:

229 627.6387 Shared savings incentive program.—

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

232 1. Is not an administrative expense for rate development
233 or rate filing purposes and shall be counted as a medical
234 expense for such purposes.

235 2. Does not constitute an unfair method of competition or
236 an unfair or deceptive act or practice under s. 626.9541 and is
237 presumed to be appropriate unless credible data clearly
238 demonstrates otherwise.

239 Section 7. Paragraph (a) of subsection (4) of section
240 627.6648, Florida Statutes, is amended to read:

241 627.6648 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
245 or rate filing purposes and shall be counted as a medical
246 expense 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 8. Paragraph (a) of subsection (4) of section
 252 641.31076, Florida Statutes, is amended to read:

253 641.31076 Shared savings incentive program.—

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

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

259 Section 9. Paragraphs (a) and (j) of subsection (1) of
 260 section 475.01, Florida Statutes, are amended to read:

261 475.01 Definitions.—

262 (1) As used in this part:

263 (a) "Broker" means a person who, for another, and for a
 264 compensation or valuable consideration directly or indirectly
 265 paid or promised, expressly or impliedly, or with an intent to
 266 collect or receive a compensation or valuable consideration
 267 therefor, appraises, auctions, sells, exchanges, buys, rents, or
 268 offers, attempts or agrees to appraise, auction, or negotiate
 269 the sale, exchange, purchase, or rental of business enterprises
 270 or business opportunities or any real property or any interest
 271 in or concerning the same, including mineral rights or leases,
 272 or who advertises or holds out to the public by any oral or
 273 printed solicitation or representation that she or he is engaged
 274 in the business of appraising, auctioning, buying, selling,
 275 exchanging, leasing, or renting business enterprises or business

276 | opportunities or real property of others or interests therein,
277 | including mineral rights, or who takes any part in the procuring
278 | of sellers, purchasers, lessors, or lessees of business
279 | enterprises or business opportunities or the real property of
280 | another, or leases, or interest therein, including mineral
281 | rights, or who directs or assists in the procuring of prospects
282 | or in the negotiation or closing of any transaction which does,
283 | or is calculated to, result in a sale, exchange, or leasing
284 | thereof, and who receives, expects, or is promised any
285 | compensation or valuable consideration, directly or indirectly
286 | therefor; and all persons who advertise rental property
287 | information or lists. A broker renders a professional service
288 | and is a professional within the meaning of s. 95.11(5)(a) ~~s.~~
289 | ~~95.11(4)(a)~~. Where the term "appraise" or "appraising" appears
290 | in the definition of the term "broker," it specifically excludes
291 | those appraisal services which must be performed only by a
292 | state-licensed or state-certified appraiser, and those appraisal
293 | services which may be performed by a registered trainee
294 | appraiser as defined in part II. The term "broker" also includes
295 | any person who is a general partner, officer, or director of a
296 | partnership or corporation which acts as a broker. The term
297 | "broker" also includes any person or entity who undertakes to
298 | list or sell one or more timeshare periods per year in one or
299 | more timeshare plans on behalf of any number of persons, except
300 | as provided in ss. 475.011 and 721.20.

301 (j) "Sales associate" means a person who performs any act
 302 specified in the definition of "broker," but who performs such
 303 act under the direction, control, or management of another
 304 person. A sales associate renders a professional service and is
 305 a professional within the meaning of s. 95.11(5)(a) ~~s.~~
 306 ~~95.11(4)(a)~~.

307 Section 10. Paragraph (h) of subsection (1) of section
 308 475.611, Florida Statutes, is amended to read:

309 475.611 Definitions.—

310 (1) As used in this part, the term:

311 (h) "Appraiser" means any person who is a registered
 312 trainee real estate appraiser, a licensed real estate appraiser,
 313 or a certified real estate appraiser. An appraiser renders a
 314 professional service and is a professional within the meaning of
 315 s. 95.11(5)(a) ~~s. 95.11(4)(a)~~.

316 Section 11. Subsection (7) of section 517.191, Florida
 317 Statutes, is amended to read:

318 517.191 Injunction to restrain violations; civil
 319 penalties; enforcement by Attorney General.—

320 (7) Notwithstanding s. 95.11(5)(e) ~~s. 95.11(4)(e)~~, an
 321 enforcement action brought under this section based on a
 322 violation of any provision of this chapter or any rule or order
 323 issued under this chapter shall be brought within 6 years after
 324 the facts giving rise to the cause of action were discovered or
 325 should have been discovered with the exercise of due diligence,

326 | but not more than 8 years after the date such violation
 327 | occurred.

328 | Section 12. Subsection (14) of section 768.28, Florida
 329 | Statutes, is amended to read:

330 | 768.28 Waiver of sovereign immunity in tort actions;
 331 | recovery limits; civil liability for damages caused during a
 332 | riot; limitation on attorney fees; statute of limitations;
 333 | exclusions; indemnification; risk management programs.—

334 | (14) Every claim against the state or one of its agencies
 335 | or subdivisions for damages for a negligent or wrongful act or
 336 | omission pursuant to this section shall be forever barred unless
 337 | the civil action is commenced by filing a complaint in the court
 338 | of appropriate jurisdiction within 4 years after such claim
 339 | accrues; except that an action for contribution must be
 340 | commenced within the limitations provided in s. 768.31(4), and
 341 | an action for damages arising from medical malpractice or
 342 | wrongful death must be commenced within the limitations for such
 343 | actions in s. 95.11(5) ~~s. 95.11(4)~~.

344 | Section 13. This act shall take effect October 1, 2023.