

By Senator Collins

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1 A bill to be entitled
2 An act relating to payments for health care services;
3 amending s. 95.11, F.S.; establishing a 3-year statute
4 of limitations for an action to collect medical debt
5 for services rendered by certain health care
6 facilities; 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 certain licensed facilities
11 to post on their respective websites a consumer-
12 friendly list of standard charges for a minimum number
13 of shoppable health care services; requiring the
14 facilities to provide such information in an
15 alternative format as requested by the patient;
16 defining terms; requiring licensed facilities to
17 provide a good faith estimate of reasonably
18 anticipated charges to the patient's health insurer
19 and the patient, prospective patient, or patient's
20 legal guardian within specified timeframes; requiring
21 such facilities to provide the estimate in the manner
22 selected by the patient, prospective patient, or
23 patient's legal guardian; revising notification
24 requirements for such estimates to include
25 notification of a patient's legal guardian, if any;
26 deleting the requirement that licensed facilities
27 educate the public on the availability of such
28 estimates upon request; revising a penalty; deleting
29 construction; requiring licensed facilities to

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30 establish an internal grievance process for patients
31 to submit grievances, including to dispute charges;
32 requiring licensed facilities to make available on
33 their respective websites information necessary for
34 initiating a grievance; requiring licensed facilities
35 to respond to a patient grievance within a specified
36 timeframe; requiring licensed facilities to disclose
37 certain information to patients, prospective patients,
38 and patients' legal guardians, as applicable;
39 providing a civil penalty; creating s. 395.3011, F.S.;
40 defining the term "extraordinary collection action";
41 prohibiting licensed facilities from engaging in
42 extraordinary collection actions against individuals
43 to obtain payment for services under specified
44 circumstances; amending s. 624.27, F.S.; revising the
45 definition of the term "health care provider" for
46 purposes of direct health care agreements; creating s.
47 627.446, F.S.; defining the term "health insurer";
48 requiring health insurers to provide an insured with
49 an advanced explanation of benefits after receiving a
50 patient estimate from a facility for scheduled
51 services; providing requirements for the advanced
52 explanation of benefits; creating s. 627.447, F.S.;
53 prohibiting health insurers from prohibiting providers
54 from disclosing certain information to an insured;
55 defining the term "discounted cash price"; amending s.
56 627.6387, F.S.; revising the definition of the terms
57 "health insurer" and "shared savings incentive" to
58 conform to changes made by the act; requiring, rather

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59 than authorizing, health insurers to offer a shared
60 savings incentive program under certain circumstances;
61 requiring that a certain notification required of
62 health insurers include specified information;
63 providing that a shared savings incentive offered by a
64 health insurer constitutes a medical expense for
65 purposes of rate development and rate filing; amending
66 ss. 627.6648 and 641.31076, F.S.; providing that a
67 shared savings incentive offered by a health insurer
68 or health maintenance organization, respectively,
69 constitutes a medical expense for rate development and
70 rate filing purposes; amending ss. 475.01, 475.611,
71 517.191, 768.28, and 787.061, F.S.; conforming cross-
72 references; providing an effective date.

73

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

75

76 Section 1. Present subsections (4) through (12) of section
77 95.11, Florida Statutes, are redesignated as subsections (5)
78 through (13), respectively, a new subsection (4) is added to
79 that section, and paragraph (b) of subsection (2), paragraph (n)
80 of subsection (3), paragraphs (f) and (g) of present subsection
81 (5), and present subsection (10) of that section are amended, to
82 read:

83 95.11 Limitations other than for the recovery of real
84 property.—Actions other than for recovery of real property shall
85 be commenced as follows:

86 (2) WITHIN FIVE YEARS.—

87 (b) A legal or equitable action on a contract, obligation,

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88 or liability founded on a written instrument, except for an
89 action to enforce a claim against a payment bond, which shall be
90 governed by the applicable provisions of paragraph (6) (e)
91 ~~(5) (e)~~, s. 255.05(10), s. 337.18(1), or s. 713.23(1) (e), and
92 except for an action for a deficiency judgment governed by
93 paragraph (6) (h) ~~(5) (h)~~.

94 (3) WITHIN FOUR YEARS.—

95 (n) An action for assault, battery, false arrest, malicious
96 prosecution, malicious interference, false imprisonment, or any
97 other intentional tort, except as provided in subsections ~~(4)~~,
98 (5), (6), and (8) ~~(7)~~.

99 (4) WITHIN THREE YEARS.—An action to collect medical debt
100 for services rendered by a facility licensed under chapter 395,
101 provided that the period of limitations runs from the date on
102 which the facility completes written notification of the medical
103 debt, either through the mail or via electronic means with
104 evidence of receipt, in the delivery manner selected by the
105 affected patient or the patient's legal representative or the
106 date on which the facility refers the medical debt to a third
107 party for collection, whichever date is later.

108 (6) ~~(5)~~ WITHIN ONE YEAR.—

109 (f) Except for actions described in subsection (9) ~~(8)~~, a
110 petition for extraordinary writ, other than a petition
111 challenging a criminal conviction, filed by or on behalf of a
112 prisoner as defined in s. 57.085.

113 (g) Except for actions described in subsection (9) ~~(8)~~, an
114 action brought by or on behalf of a prisoner, as defined in s.
115 57.085, relating to the conditions of the prisoner's
116 confinement.

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117 ~~(11)(10)~~ FOR INTENTIONAL TORTS RESULTING IN DEATH FROM ACTS
118 DESCRIBED IN S. 782.04 OR S. 782.07.—Notwithstanding paragraph
119 (5)(e) ~~(4)(e)~~, an action for wrongful death seeking damages
120 authorized under s. 768.21 brought against a natural person for
121 an intentional tort resulting in death from acts described in s.
122 782.04 or s. 782.07 may be commenced at any time. This
123 subsection shall not be construed to require an arrest, the
124 filing of formal criminal charges, or a conviction for a
125 violation of s. 782.04 or s. 782.07 as a condition for filing a
126 civil action.

127 Section 2. Section 222.26, Florida Statutes, is created to
128 read:

129 222.26 Additional exemptions from legal process concerning
130 medical debt.—If a debt is owed for medical services provided by
131 a facility licensed under chapter 395, the following property is
132 exempt from attachment, garnishment, or other legal process in
133 an action on such debt:

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

136 (2) A debtor's interest in personal property, not to exceed
137 \$10,000 in value, if the debtor does not claim or receive the
138 benefits of a homestead exemption under s. 4, Art. X of the
139 State Constitution.

140 Section 3. Present paragraphs (b), (c), and (d) of
141 subsection (1) of section 395.301, Florida Statutes, are
142 redesignated as paragraphs (c), (d), and (e), respectively,
143 present subsection (6) is redesignated as subsection (8), a new
144 paragraph (b) is added to subsection (1), a new subsection (6)
145 and subsection (7) are added to that section, and present

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146 paragraph (b) of subsection (1) of that section is amended, to
147 read:

148 395.301 Price transparency; itemized patient statement or
149 bill; patient admission status notification.—

150 (1) A facility licensed under this chapter shall provide
151 timely and accurate financial information and quality of service
152 measures to patients and prospective patients of the facility,
153 or to patients' survivors or legal guardians, as appropriate.
154 Such information shall be provided in accordance with this
155 section and rules adopted by the agency pursuant to this chapter
156 and s. 408.05. Licensed facilities operating exclusively as
157 state facilities are exempt from this subsection.

158 (b) Each licensed facility shall post on its website a
159 consumer-friendly list of standard charges for at least 300
160 shoppable health care services. If a facility provides fewer
161 than 300 distinct shoppable health care services, it must make
162 available on its website the standard charges for each service
163 it provides. A facility shall provide the information in an
164 alternative format as requested by the patient. As used in this
165 paragraph, the term:

166 1. "Shoppable health care service" means a service that can
167 be scheduled by a health care consumer in advance. The term
168 includes, but is not limited to, the services described in s.
169 627.6387(2)(e) and any services defined in regulations or
170 guidance issued by the United States Department of Health and
171 Human Services.

172 2. "Standard charge" has the same meaning as the definition
173 of that term in regulations or guidance issued by the United
174 States Department of Health and Human Services for purposes of

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175 hospital price transparency.

176 (c)1.(b)1. ~~Upon request, and~~ Before providing any
177 nonemergency medical services, each licensed facility shall
178 provide in writing or by electronic means, in the manner
179 requested by the patient, prospective patient, or patient's
180 legal guardian, a good faith estimate of reasonably anticipated
181 charges by the facility for the treatment of the patient's or
182 prospective patient's specific condition. Such estimate must be
183 provided to the patient, prospective patient, or patient's legal
184 guardian upon scheduling a medical service. The facility ~~must~~
185 ~~provide the estimate to the patient or prospective patient~~
186 ~~within 7 business days after the receipt of the request and is~~
187 not required to adjust the estimate for any potential insurance
188 coverage. The facility shall provide the estimate to the
189 patient's health insurer, as defined in s. 627.446(1), and the
190 patient or the patient's legal guardian at least 3 business days
191 before a service is to be furnished, but no later than 1
192 business day after the service is scheduled or, in the case of a
193 service scheduled at least 10 business days in advance, no later
194 than 3 business days after the service is scheduled. The
195 estimate may be based on the descriptive service bundles
196 developed by the agency under s. 408.05(3)(c) unless the
197 patient, ~~or~~ prospective patient, or patient's legal guardian
198 requests a more personalized and specific estimate that accounts
199 for the specific condition and characteristics of the patient or
200 prospective patient. The facility shall inform the patient, ~~or~~
201 prospective patient, or patient's legal guardian that he or she
202 may contact the patient's ~~his or her~~ health insurer ~~or health~~
203 ~~maintenance organization~~ for additional information concerning

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204 cost-sharing responsibilities.

205 2. In the estimate, the facility shall provide to the
206 patient, ~~or~~ prospective patient, or patient's legal guardian
207 information delivered in the patient's preferred format on the
208 facility's financial assistance policy, including the
209 application process, payment plans, and discounts and the
210 facility's charity care policy and collection procedures.

211 3. The estimate shall clearly identify any facility fees
212 and, if applicable, include a statement notifying the patient,
213 ~~or~~ prospective patient, or patient's legal guardian that a
214 facility fee is included in the estimate, the purpose of the
215 fee, and that the patient may pay less for the procedure or
216 service at another facility or in another health care setting.

217 4. ~~Upon request,~~ The facility shall notify the patient, ~~or~~
218 prospective patient, or patient's legal guardian of any revision
219 to the estimate.

220 5. In the estimate, the facility must notify the patient,
221 ~~or~~ prospective patient, or patient's legal guardian that
222 services may be provided in the health care facility by the
223 facility as well as by other health care providers that may
224 separately bill the patient, if applicable.

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

227 7. ~~Failure to timely provide the estimate pursuant to this~~
228 ~~paragraph shall result in a daily fine of \$1,000 until the~~
229 ~~estimate is provided to the patient, ~~or~~ prospective patient, ~~or~~~~
230 ~~patient's legal guardian and the health insurer.~~ The total fine
231 per patient estimate may not exceed \$10,000.
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233 ~~The provision of an estimate does not preclude the actual~~
234 ~~charges from exceeding the estimate.~~

235 (6) Each facility shall establish an internal process for
236 reviewing and responding to grievances from patients. Such
237 process must allow patients to dispute charges that appear on
238 the patient's itemized statement or bill. The facility shall
239 prominently post on its website and indicate in bold print on
240 each itemized statement or bill the instructions for initiating
241 a grievance and the direct contact information required to
242 initiate the grievance process. The facility shall provide an
243 initial response to a patient grievance within 7 business days
244 after the patient formally files a grievance disputing all or a
245 portion of an itemized statement or bill.

246 (7) Each licensed facility shall disclose to a patient,
247 prospective patient, or a patient's legal guardian whether a
248 cost-sharing obligation for a particular covered health care
249 service or item exceeds the charge that applies to an individual
250 who pays cash or the cash equivalent for the same health care
251 service or item in the absence of health insurance coverage. The
252 facility's failure to provide a disclosure compliant with this
253 section may result in a fine not to exceed \$500 per incident.

254 Section 4. Section 395.3011, Florida Statutes, is created
255 to read:

256 395.3011 Billing and collection activities.—

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

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- 262 (a) Selling the individual's debt to another party.
- 263 (b) Reporting adverse information about the individual to
264 consumer credit reporting agencies or credit bureaus.
- 265 (c) Deferring, denying, or requiring a payment before
266 providing medically necessary care because of the individual's
267 nonpayment of one or more bills for previously provided care
268 covered under the facility's financial assistance policy.
- 269 (d) Actions that require a legal or judicial process,
270 including, but not limited to:
- 271 1. Placing a lien on the individual's property;
- 272 2. Foreclosing on the individual's real property;
- 273 3. Attaching or seizing the individual's bank account or
274 any other personal property;
- 275 4. Commencing a civil action against the individual;
- 276 5. Causing the individual's arrest; or
- 277 6. Garnishing the individual's wages.
- 278 (2) A facility may not engage in an extraordinary
279 collection action against an individual to obtain payment for
280 services:
- 281 (a) Before the facility has made reasonable efforts to
282 determine whether the individual is eligible for assistance
283 under its financial assistance policy for the care provided and,
284 if eligible, before a decision is made by the facility on the
285 patient's application for such financial assistance.
- 286 (b) Before the facility has provided the individual with an
287 itemized statement or bill.
- 288 (c) During an ongoing grievance process as described in s.
289 395.301(6) or an ongoing appeal of a claim adjudication.
- 290 (d) Before billing any applicable insurer and allowing the

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291 insurer to adjudicate a claim.

292 (e) For 30 calendar days after notifying the patient in
293 writing, by certified mail or by other traceable delivery
294 method, that a collection action will commence absent additional
295 action by the patient.

296 (f) While the individual:

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

299 2. Complies with all terms of a payment plan with the
300 facility.

301 Section 5. Paragraph (b) of subsection (1) of section
302 624.27, Florida Statutes, is amended to read:

303 624.27 Direct health care agreements; exemption from code.-

304 (1) As used in this section, the term:

305 (b) "Health care provider" means a health care provider
306 licensed under chapter 458, chapter 459, chapter 460, chapter
307 461, chapter 464, ~~or~~ chapter 466, chapter 490, or chapter 491,
308 or a health care group practice, who provides health care
309 services to patients.

310 Section 6. Section 627.446, Florida Statutes, is created to
311 read:

312 627.446 Advanced explanation of benefits.-

313 (1) As used in this section, the term "health insurer"
314 means an authorized insurer issuing individual or group coverage
315 under this chapter or a health maintenance organization issuing
316 coverage through an individual or a group contract under chapter
317 641.

318 (2) Each health insurer shall prepare an advanced
319 explanation of benefits upon receiving a patient estimate from a

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320 facility pursuant to s. 395.301(1). The health insurer must
321 provide the advanced explanation of benefits to the insured no
322 later than 1 business day after receiving the patient estimate
323 from the facility or, in the case of a service scheduled at
324 least 10 business days in advance, no later than 3 business days
325 after receiving such estimate.

326 (3) At a minimum, the advanced explanation of benefits must
327 include detailed coverage and cost-sharing information pursuant
328 to 42 U.S.C. s. 300gg-111 (2020) and the regulations and
329 guidance adopted thereunder.

330 Section 7. Section 627.447, Florida Statutes, is created to
331 read:

332 627.447 Disclosure of discounted cash prices.—A health
333 insurer may not prohibit a provider from disclosing to an
334 insured the option to pay the provider's discounted cash price
335 for health care services. For purposes of this section, the term
336 "discounted cash price" has the following meanings:

337 (1) With respect to a hospital facility, the term has the
338 same meaning as provided in 45 C.F.R. s. 180.20. The term does
339 not include the amount charged to an individual pursuant to a
340 facility's financial assistance policy.

341 (2) With respect to a provider that is not a hospital, the
342 term means the charge that is applied to an individual who paid
343 for a health care service without filing an insurance claim.

344 Section 8. Paragraphs (b) and (c) of subsection (2),
345 subsection (3), and paragraph (a) of subsection (4) of section
346 627.6387, Florida Statutes, are amended to read:

347 627.6387 Shared savings incentive program.—

348 (2) As used in this section, the term:

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349 (b) "Health insurer" means an authorized insurer offering
350 health insurance as defined in s. 627.446 ~~s. 624.603~~.

351 (c) "Shared savings incentive" means a voluntary and
352 optional financial incentive that a health insurer provides ~~may~~
353 ~~provide~~ to an insured for choosing certain shoppable health care
354 services under a shared savings incentive program, which ~~and~~ may
355 include, but is not limited to, the incentives described in s.
356 626.9541(4)(a).

357 (3) A health insurer must ~~may~~ offer a shared savings
358 incentive program to provide incentives to an insured when the
359 insured obtains a shoppable health care service from the health
360 insurer's shared savings list. An insured may not be required to
361 participate in a shared savings incentive program. A health
362 insurer ~~that offers a shared savings incentive program~~ must:

363 (a) Establish the program as a component part of the policy
364 or certificate of insurance provided by the health insurer and
365 notify the insureds and the office at least 30 days before
366 program termination.

367 (b) File a description of the program on a form prescribed
368 by commission rule. The office must review the filing and
369 determine whether the shared savings incentive program complies
370 with this section.

371 (c) Notify an insured annually and at the time of renewal,
372 and an applicant for insurance at the time of enrollment, of the
373 availability of the shared savings incentive program and the
374 procedure to participate in the program and that participation
375 by the insured is voluntary and optional.

376 (d) Publish on a web page easily accessible to insureds and
377 to applicants for insurance a list of shoppable health care

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378 services and health care providers and the shared savings
379 incentive amount applicable for each service. A shared savings
380 incentive may not be less than 25 percent of the savings
381 generated by the insured's participation in any shared savings
382 incentive offered by the health insurer. The baseline for the
383 savings calculation is the average in-network amount paid for
384 that service in the most recent 12-month period or some other
385 methodology established by the health insurer and approved by
386 the office.

387 (e) At least quarterly, credit or deposit the shared
388 savings incentive amount to the insured's account as a return or
389 reduction in premium, or credit the shared savings incentive
390 amount to the insured's flexible spending account, health
391 savings account, or health reimbursement account, or reward the
392 insured directly with cash or a cash equivalent.

393 (f) Submit an annual report to the office within 90
394 business days after the close of each plan year. At a minimum,
395 the report must include the following information:

396 1. The number of insureds who participated in the program
397 during the plan year and the number of instances of
398 participation.

399 2. The total cost of services provided as a part of the
400 program.

401 3. The total value of the shared savings incentive payments
402 made to insureds participating in the program and the values
403 distributed as premium reductions, credits to flexible spending
404 accounts, credits to health savings accounts, or credits to
405 health reimbursement accounts.

406 4. An inventory of the shoppable health care services

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407 offered by the health insurer.

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

410 1. Is not an administrative expense for rate development or
411 rate filing purposes and shall be counted as a medical expense
412 for such purposes.

413 2. Does not constitute an unfair method of competition or
414 an unfair or deceptive act or practice under s. 626.9541 and is
415 presumed to be appropriate unless credible data clearly
416 demonstrates otherwise.

417 Section 9. Paragraph (a) of subsection (4) of section
418 627.6648, Florida Statutes, is amended to read:

419 627.6648 Shared savings incentive program.—

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

422 1. Is not an administrative expense for rate development or
423 rate filing purposes and shall be counted as a medical expense
424 for such purposes.

425 2. Does not constitute an unfair method of competition or
426 an unfair or deceptive act or practice under s. 626.9541 and is
427 presumed to be appropriate unless credible data clearly
428 demonstrates otherwise.

429 Section 10. Paragraph (a) of subsection (4) of section
430 641.31076, Florida Statutes, is amended to read:

431 641.31076 Shared savings incentive program.—

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

434 (a) Is not an administrative expense for rate development
435 or rate filing purposes and shall be counted as a medical

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436 expense for such purposes.

437 Section 11. Paragraphs (a) and (j) of subsection (1) of
438 section 475.01, Florida Statutes, are amended to read:

439 475.01 Definitions.—

440 (1) As used in this part:

441 (a) "Broker" means a person who, for another, and for a
442 compensation or valuable consideration directly or indirectly
443 paid or promised, expressly or impliedly, or with an intent to
444 collect or receive a compensation or valuable consideration
445 therefor, appraises, auctions, sells, exchanges, buys, rents, or
446 offers, attempts or agrees to appraise, auction, or negotiate
447 the sale, exchange, purchase, or rental of business enterprises
448 or business opportunities or any real property or any interest
449 in or concerning the same, including mineral rights or leases,
450 or who advertises or holds out to the public by any oral or
451 printed solicitation or representation that she or he is engaged
452 in the business of appraising, auctioning, buying, selling,
453 exchanging, leasing, or renting business enterprises or business
454 opportunities or real property of others or interests therein,
455 including mineral rights, or who takes any part in the procuring
456 of sellers, purchasers, lessors, or lessees of business
457 enterprises or business opportunities or the real property of
458 another, or leases, or interest therein, including mineral
459 rights, or who directs or assists in the procuring of prospects
460 or in the negotiation or closing of any transaction which does,
461 or is calculated to, result in a sale, exchange, or leasing
462 thereof, and who receives, expects, or is promised any
463 compensation or valuable consideration, directly or indirectly
464 therefor; and all persons who advertise rental property

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465 information or lists. A broker renders a professional service
466 and is a professional within the meaning of s. 95.11(5)(b) ~~s.~~
467 ~~95.11(4)(b)~~. Where the term "appraise" or "appraising" appears
468 in the definition of the term "broker," it specifically excludes
469 those appraisal services which must be performed only by a
470 state-licensed or state-certified appraiser, and those appraisal
471 services which may be performed by a registered trainee
472 appraiser as defined in part II. The term "broker" also includes
473 any person who is a general partner, officer, or director of a
474 partnership or corporation which acts as a broker. The term
475 "broker" also includes any person or entity who undertakes to
476 list or sell one or more timeshare periods per year in one or
477 more timeshare plans on behalf of any number of persons, except
478 as provided in ss. 475.011 and 721.20.

479 (j) "Sales associate" means a person who performs any act
480 specified in the definition of "broker," but who performs such
481 act under the direction, control, or management of another
482 person. A sales associate renders a professional service and is
483 a professional within the meaning of s. 95.11(5)(b) ~~s.~~
484 ~~95.11(4)(b)~~.

485 Section 12. Paragraph (h) of subsection (1) of section
486 475.611, Florida Statutes, is amended to read:

487 475.611 Definitions.—

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

489 (h) "Appraiser" means any person who is a registered
490 trainee real estate appraiser, a licensed real estate appraiser,
491 or a certified real estate appraiser. An appraiser renders a
492 professional service and is a professional within the meaning of
493 s. 95.11(5)(b) ~~s. 95.11(4)(b)~~.

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494 Section 13. Subsection (7) of section 517.191, Florida
495 Statutes, is amended to read:

496 517.191 Injunction to restrain violations; civil penalties;
497 enforcement by Attorney General.—

498 (7) Notwithstanding s. 95.11(5)(f) ~~s. 95.11(4)(f)~~, an
499 enforcement action brought under this section based on a
500 violation of any provision of this chapter or any rule or order
501 issued under this chapter shall be brought within 6 years after
502 the facts giving rise to the cause of action were discovered or
503 should have been discovered with the exercise of due diligence,
504 but not more than 8 years after the date such violation
505 occurred.

506 Section 14. Subsection (14) of section 768.28, Florida
507 Statutes, is amended to read:

508 768.28 Waiver of sovereign immunity in tort actions;
509 recovery limits; civil liability for damages caused during a
510 riot; limitation on attorney fees; statute of limitations;
511 exclusions; indemnification; risk management programs.—

512 (14) Every claim against the state or one of its agencies
513 or subdivisions for damages for a negligent or wrongful act or
514 omission pursuant to this section shall be forever barred unless
515 the civil action is commenced by filing a complaint in the court
516 of appropriate jurisdiction within 4 years after such claim
517 accrues; except that an action for contribution must be
518 commenced within the limitations provided in s. 768.31(4), and
519 an action for damages arising from medical malpractice or
520 wrongful death must be commenced within the limitations for such
521 actions in s. 95.11(5) ~~s. 95.11(4)~~.

522 Section 15. Subsection (4) of section 787.061, Florida

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523 Statutes, is amended to read:

524 787.061 Civil actions by victims of human trafficking.—

525 (4) STATUTE OF LIMITATIONS.—The statute of limitations as
526 specified in s. 95.11(8) or (10) ~~s. 95.11(7) or (9)~~, as
527 applicable, governs an action brought under this section.

528 Section 16. This act shall take effect October 1, 2024.