

By the Committee on Fiscal Policy; and 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 definitions 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 applicability; providing an
73 effective date.

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

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

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

87 (2) WITHIN FIVE YEARS.—

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

95 (3) WITHIN FOUR YEARS.—

96 (n) An action for assault, battery, false arrest, malicious
97 prosecution, malicious interference, false imprisonment, or any
98 other intentional tort, except as provided in subsections ~~(4)~~,
99 (5), (6), and (8) ~~(7)~~.

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

109 (6) ~~(5)~~ WITHIN ONE YEAR.—

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

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

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117 confinement.

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

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

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

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

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

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

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146 and subsection (7) are added to that section, and present
147 paragraph (b) of subsection (1) of that section is amended, to
148 read:

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

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

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

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

173 2. "Standard charge" has the same meaning as the definition
174 of that term in regulations or guidance issued by the United

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175 States Department of Health and Human Services for purposes of
176 hospital price transparency.

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

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204 ~~maintenance organization~~ for additional information concerning
205 cost-sharing responsibilities.

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

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

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

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

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

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

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

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

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

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

395.3011 Billing and collection activities.—

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

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262 financial assistance policy:

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

264 (b) Reporting adverse information about the individual to

265 consumer credit reporting agencies or credit bureaus.

266 (c) Deferring, denying, or requiring a payment before

267 providing medically necessary care because of the individual's

268 nonpayment of one or more bills for previously provided care

269 covered under the facility's financial assistance policy.

270 (d) Actions that require a legal or judicial process,

271 including, but not limited to:

272 1. Placing a lien on the individual's property;

273 2. Foreclosing on the individual's real property;

274 3. Attaching or seizing the individual's bank account or

275 any other personal property;

276 4. Commencing a civil action against the individual;

277 5. Causing the individual's arrest; or

278 6. Garnishing the individual's wages.

279 (2) A facility may not engage in an extraordinary

280 collection action against an individual to obtain payment for

281 services:

282 (a) Before the facility has made reasonable efforts to

283 determine whether the individual is eligible for assistance

284 under its financial assistance policy for the care provided and,

285 if eligible, before a decision is made by the facility on the

286 patient's application for such financial assistance.

287 (b) Before the facility has provided the individual with an

288 itemized statement or bill.

289 (c) During an ongoing grievance process as described in s.

290 395.301(6) or an ongoing appeal of a claim adjudication.

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291 (d) Before billing any applicable insurer and allowing the
292 insurer to adjudicate a claim.

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

297 (f) While the individual:

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

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

302 Section 5. Paragraph (b) of subsection (1) of section
303 624.27, Florida Statutes, is amended to read:

304 624.27 Direct health care agreements; exemption from code.-

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

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

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

313 627.446 Advanced explanation of benefits.-

314 (1) As used in this section, the term "health insurer"
315 means an authorized insurer issuing individual or group coverage
316 under this chapter or a health maintenance organization issuing
317 coverage through an individual or a group contract under chapter
318 641.

319 (2) Each health insurer shall prepare an advanced

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

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

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

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

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

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

345 Section 8. Paragraphs (b) and (c) of subsection (2),
346 subsection (3), and paragraph (a) of subsection (4) of section
347 627.6387, Florida Statutes, are amended to read:

348 627.6387 Shared savings incentive program.—

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

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

352 (c) "Shared savings incentive" means a voluntary and
353 optional financial incentive that a health insurer provides ~~may~~
354 ~~provide~~ to an insured for choosing certain shoppable health care
355 services under a shared savings incentive program, which ~~and~~ may
356 include, but is not limited to, the incentives described in s.
357 626.9541(4)(a).

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

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

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

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

377 (d) Publish on a web page easily accessible to insureds and

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

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

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

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

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

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

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407 4. An inventory of the shoppable health care services
408 offered by the health insurer.

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

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

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

418 Section 9. Paragraph (a) of subsection (4) of section
419 627.6648, Florida Statutes, is amended to read:

420 627.6648 Shared savings incentive program.—

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

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

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

430 Section 10. Paragraph (a) of subsection (4) of section
431 641.31076, Florida Statutes, is amended to read:

432 641.31076 Shared savings incentive program.—

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

435 (a) Is not an administrative expense for rate development

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436 or rate filing purposes and shall be counted as a medical
437 expense for such purposes.

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

440 475.01 Definitions.—

441 (1) As used in this part:

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

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

480 (j) "Sales associate" means a person who performs any act
481 specified in the definition of "broker," but who performs such
482 act under the direction, control, or management of another
483 person. A sales associate renders a professional service and is
484 a professional within the meaning of s. 95.11(5)(b) ~~s.~~
485 ~~95.11(4)(b)~~.

486 Section 12. Paragraph (h) of subsection (1) of section
487 475.611, Florida Statutes, is amended to read:

488 475.611 Definitions.—

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

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

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494 s. 95.11(5)(b) ~~s. 95.11(4)(b)~~.

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

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

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

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

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

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

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523 Section 15. Subsection (4) of section 787.061, Florida
524 Statutes, is amended to read:

525 787.061 Civil actions by victims of human trafficking.—

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

529 Section 16. The changes made by this act to ss. 395.301 and
530 627.446, Florida Statutes, do not apply to ambulatory surgical
531 centers as defined in s. 395.002, Florida Statutes, until
532 January 1, 2026.

533 Section 17. This act shall take effect October 1, 2024.