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LEGISLATIVE ACTION

Senate

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House

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Floor: 1/WD/2R

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03/08/2024 10:59 AM

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Senator Collins moved the following:

Senate Amendment (with title amendment)

Delete lines 149 - 424

and insert:

condition. The facility ~~must provide the estimate to the patient~~
~~or prospective patient within 7 business days after the receipt~~
~~of the request and~~ is not required to adjust the estimate for
any potential insurance coverage. The facility must provide the
estimate to the patient's health insurer, as defined in s.
627.446(1), and the patient at least 3 business days before the
date such service is to be provided, but no later than 1



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12 business day after the date such service is scheduled or, in the
13 case of a service scheduled at least 10 business days in
14 advance, no later than 3 business days after the date the
15 service is scheduled. The facility must provide the estimate to
16 the patient no later than 3 business days after the date the
17 patient requests an estimate. The estimate may be based on the
18 descriptive service bundles developed by the agency under s.
19 408.05(3)(c) unless the patient or prospective patient requests
20 a more personalized and specific estimate that accounts for the
21 specific condition and characteristics of the patient or
22 prospective patient. The facility shall inform the patient or
23 prospective patient that he or she may contact his or her health
24 insurer ~~or health maintenance organization~~ for additional
25 information concerning cost-sharing responsibilities.

26 2. In the estimate, the facility shall provide to the
27 patient or prospective patient information on the facility's
28 financial assistance policy, including the application process,
29 payment plans, and discounts and the facility's charity care
30 policy and collection procedures.

31 3. The estimate shall clearly identify any facility fees
32 and, if applicable, include a statement notifying the patient or
33 prospective patient that a facility fee is included in the
34 estimate, the purpose of the fee, and that the patient may pay
35 less for the procedure or service at another facility or in
36 another health care setting.

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

39 5. In the estimate, the facility must notify the patient or
40 prospective patient that services may be provided in the health



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41 care facility by the facility as well as by other health care
42 providers that may separately bill the patient, if applicable.

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

45 6.7. Failure to timely provide the estimate pursuant to
46 this paragraph shall result in a daily fine of \$1,000 until the
47 estimate is provided to the patient or prospective patient and
48 the health insurer. The total fine per patient estimate may not
49 exceed \$10,000.

50

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

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

64 (7) Each licensed facility shall disclose to a patient, a
65 prospective patient, or a patient's legal guardian whether a
66 cost-sharing obligation for a particular covered health care
67 service or item exceeds the charge that applies to an individual
68 who pays cash or the cash equivalent for the same health care
69 service or item in the absence of health insurance coverage.



70 Failure to provide a disclosure in compliance with this
71 subsection may result in a fine not to exceed \$500 per incident.

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

74 395.3011 Billing and collection activities.-

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

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

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

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

87 (d) Actions that require a legal or judicial process,
88 including, but not limited to:

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

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

91 3. Attaching or seizing the individual's bank account or
92 any other personal property;

93 4. Commencing a civil action against the individual;

94 5. Causing the individual's arrest; or

95 6. Garnishing the individual's wages.

96 (2) A facility may not engage in an extraordinary
97 collection action against an individual to obtain payment for
98 services:



99 (a) Before the facility has made reasonable efforts to
100 determine whether the individual is eligible for assistance
101 under its financial assistance policy for the care provided and,
102 if eligible, before a decision is made by the facility on the
103 patient's application for such financial assistance.

104 (b) Before the facility has provided the individual with an
105 itemized statement or bill.

106 (c) During an ongoing grievance process as described in s.
107 395.301(6) or an ongoing appeal of a claim adjudication.

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

110 (e) For 30 days after notifying the patient in writing, by
111 certified mail, or by other traceable delivery method, that a
112 collection action will commence absent additional action by the
113 patient.

114 (f) While the individual:

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

117 2. Complies with all terms of a payment plan with the
118 facility.

119 Section 5. Paragraph (b) of subsection (1) of section
120 624.27, Florida Statutes, is amended to read:

121 624.27 Direct health care agreements; exemption from code.—

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

123 (b) "Health care provider" means a health care provider
124 licensed under chapter 458, chapter 459, chapter 460, chapter
125 461, chapter 464, or chapter 466, chapter 490, or chapter 491,
126 or a health care group practice, who provides health care
127 services to patients.



128 Section 6. Section 627.446, Florida Statutes, is created to
129 read:

130 627.446 Advanced explanation of benefits.-

131 (1) As used in this section, the term "health insurer"
132 means a health insurer issuing individual or group coverage or a
133 health maintenance organization issuing coverage through an
134 individual or a group contract.

135 (2) Each health insurer shall prepare an advanced
136 explanation of benefits upon receiving a patient estimate from a
137 facility pursuant to s. 395.301(1). The health insurer must
138 provide the advanced explanation of benefits to the insured no
139 later than 1 business day after receiving the patient estimate
140 from the facility or, in the case of a service scheduled at
141 least 10 business days in advance, no later than 3 business days
142 after receiving such estimate. The health insurer must provide
143 an advanced explanation of benefits to the insured no later than
144 3 business days after the date on which the health insurer
145 receives a request from the insured.

146 (3) At a minimum, the advanced explanation of benefits must
147 include detailed coverage and cost-sharing information pursuant
148 to the No Surprises Act, Title I of Division BB of the
149 Consolidated Appropriations Act, 2021, Pub. L. No. 116-260.

150 Section 7. Paragraph (b) of subsection (2) and paragraph
151 (a) of subsection (4) of section 627.6387, Florida Statutes, are
152 amended to read:

153 627.6387 Shared savings incentive program.-

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

155 (b) "Health insurer" means an authorized insurer issuing
156 major medical or other comprehensive coverage through an



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157 ~~individual policy offering health insurance as defined in s.~~
158 ~~624.603.~~

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

161 1. Is not an administrative expense for rate development or
162 rate filing purposes and shall be counted as a medical expense
163 for such purposes.

164 2. Does not constitute an unfair method of competition or
165 an unfair or deceptive act or practice under s. 626.9541 and is
166 presumed to be appropriate unless credible data clearly
167 demonstrates otherwise.

168 Section 8. Paragraph (b) of subsection (2) and paragraph
169 (a) of subsection (4) of section 627.6648, Florida Statutes, are
170 amended to read:

171 627.6648 Shared savings incentive program.—

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

173 (b) "Health insurer" means an authorized insurer issuing
174 major medical or other comprehensive coverage through a group
175 policy offering health insurance as defined in s. 624.603. The
176 term does not include the state group health insurance program
177 provided under s. 110.123.

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

180 1. Is not an administrative expense for rate development or
181 rate filing purposes and shall be counted as a medical expense
182 for such purposes.

183 2. Does not constitute an unfair method of competition or
184 an unfair or deceptive act or practice under s. 626.9541 and is
185 presumed to be appropriate unless credible data clearly



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186 demonstrates otherwise.

187 Section 9. Paragraph (b) of subsection (2) and paragraph
188 (a) of subsection (4) of section 641.31076, Florida Statutes,
189 are amended to read:

190 641.31076 Shared savings incentive program.—

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

192 (b) "Health maintenance organization" means an authorized
193 health maintenance organization issuing major medical or other
194 comprehensive coverage through individual or group contract ~~has~~
195 ~~the same meaning as provided in s. 641.19.~~ The term does not
196 include the state group health insurance program provided under
197 s. 110.123.

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

200 (a) Is not an administrative expense for rate development
201 or rate filing purposes and shall be counted as a medical
202 expense for such purposes.

203 Section 10. Paragraphs (a) and (j) of subsection (1) of
204 section 475.01, Florida Statutes, are amended to read:

205 475.01 Definitions.—

206 (1) As used in this part:

207 (a) "Broker" means a person who, for another, and for a
208 compensation or valuable consideration directly or indirectly
209 paid or promised, expressly or impliedly, or with an intent to
210 collect or receive a compensation or valuable consideration
211 therefor, appraises, auctions, sells, exchanges, buys, rents, or
212 offers, attempts or agrees to appraise, auction, or negotiate
213 the sale, exchange, purchase, or rental of business enterprises
214 or business opportunities or any real property or any interest



215 in or concerning the same, including mineral rights or leases,
216 or who advertises or holds out to the public by any oral or
217 printed solicitation or representation that she or he is engaged
218 in the business of appraising, auctioning, buying, selling,
219 exchanging, leasing, or renting business enterprises or business
220 opportunities or real property of others or interests therein,
221 including mineral rights, or who takes any part in the procuring
222 of sellers, purchasers, lessors, or lessees of business
223 enterprises or business opportunities or the real property of
224 another, or leases, or interest therein, including mineral
225 rights, or who directs or assists in the procuring of prospects
226 or in the negotiation or closing of any transaction which does,
227 or is calculated to, result in a sale, exchange, or leasing
228 thereof, and who receives, expects, or is promised any
229 compensation or valuable consideration, directly or indirectly
230 therefor; and all persons who advertise rental property
231 information or lists. A broker renders a professional service
232 and is a professional within the meaning of s. 95.11(5)(b) ~~s.~~
233 ~~95.11(4)(b)~~. Where the term "appraise" or "appraising" appears
234 in the definition of the term "broker," it specifically excludes
235 those appraisal services which must be performed only by a
236 state-licensed or state-certified appraiser, and those appraisal
237 services which may be performed by a registered trainee
238 appraiser as defined in part II. The term "broker" also includes
239 any person who is a general partner, officer, or director of a
240 partnership or corporation which acts as a broker. The term
241 "broker" also includes any person or entity who undertakes to
242 list or sell one or more timeshare periods per year in one or
243 more timeshare plans on behalf of any number of persons, except



244 as provided in ss. 475.011 and 721.20.

245 (j) "Sales associate" means a person who performs any act
246 specified in the definition of "broker," but who performs such
247 act under the direction, control, or management of another
248 person. A sales associate renders a professional service and is
249 a professional within the meaning of s. 95.11(5)(b) ~~s.~~
250 ~~95.11(4)(b)~~.

251 Section 11. Paragraph (h) of subsection (1) of section
252 475.611, Florida Statutes, is amended to read:

253 475.611 Definitions.—

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

255 (h) "Appraiser" means any person who is a registered
256 trainee real estate appraiser, a licensed real estate appraiser,
257 or a certified real estate appraiser. An appraiser renders a
258 professional service and is a professional within the meaning of
259 s. 95.11(5)(b) ~~s. 95.11(4)(b)~~.

260 Section 12. Subsection (7) of section 517.191, Florida
261 Statutes, is amended to read:

262 517.191 Injunction to restrain violations; civil penalties;
263 enforcement by Attorney General.—

264 (7) Notwithstanding s. 95.11(5)(f) ~~s. 95.11(4)(f)~~, an
265 enforcement action brought under this section based on a
266 violation of any provision of this chapter or any rule or order
267 issued under this chapter shall be brought within 6 years after
268 the facts giving rise to the cause of action were discovered or
269 should have been discovered with the exercise of due diligence,
270 but not more than 8 years after the date such violation
271 occurred.

272 Section 13. Subsection (14) of section 768.28, Florida



273 Statutes, is amended to read:

274 768.28 Waiver of sovereign immunity in tort actions;
275 recovery limits; civil liability for damages caused during a
276 riot; limitation on attorney fees; statute of limitations;
277 exclusions; indemnification; risk management programs.—

278 (14) Every claim against the state or one of its agencies
279 or subdivisions for damages for a negligent or wrongful act or
280 omission pursuant to this section shall be forever barred unless
281 the civil action is commenced by filing a complaint in the court
282 of appropriate jurisdiction within 4 years after such claim
283 accrues; except that an action for contribution must be
284 commenced within the limitations provided in s. 768.31(4), and
285 an action for damages arising from medical malpractice or
286 wrongful death must be commenced within the limitations for such
287 actions in s. 95.11(5) ~~s. 95.11(4)~~.

288 Section 14. Subsection (4) of section 787.061, Florida
289 Statutes, is amended to read:

290 787.061 Civil actions by victims of human trafficking.—

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

294 Section 15. The requirements of s. 395.301(1)(b), Florida
295 Statutes, as created by this act, relating to shoppable health
296 care services, do not apply to ambulatory surgical centers as
297 defined in s. 395.002, Florida Statutes, until January 1, 2026.

298 Section 16. The changes made by this act to s. 395.301,
299 Florida Statutes, relating to good faith estimates, are not
300 effective until the United States Department of Health and Human
301 Services, the United States Department of Labor, and the United



302 States Department of the Treasury issue a final rule pertaining
303 to good faith estimates required by section 2799B-6 of the
304 Public Health Services Act. The Agency for Health Care
305 Administration shall notify the Division of Law Revision upon
306 the promulgation of the final rule.

307 Section 17. The changes made by this act to s. 627.446,
308 Florida Statutes, relating to advanced explanation of benefits,
309 are not effective until the United States Department of Health
310 and Human Services, the United States Department of Labor, and
311 the United States Department of the Treasury issue final rules
312 pertaining to advanced explanation of benefits required by
313 section 2799A-1(f) of the Public Health Services and good faith
314 estimates required by section 2799B-6 of the Public Health
315 Services Act. The Office of Insurance Regulation shall notify
316 the Division of Law Revision upon the promulgation of the final
317 rule pertaining to advanced explanation of benefits.

318 Section 18. This act shall take effect July 1, 2024.

319
320 ===== T I T L E A M E N D M E N T =====

321 And the title is amended as follows:

322 Delete lines 33 - 46

323 and insert:

324 explanation of benefits within specified timeframes;
325 providing requirements for the advanced explanation of
326 benefits; amending ss. 627.6387 and 627.6648, F.S.;

327 revising the definition of the term "health insurer";
328 providing that a shared savings incentive offered by a
329 health insurer constitutes a medical expense for rate
330 development and rate filing purposes for individual



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331 and group health insurance policies, respectively;
332 amending s. 641.31076, F.S.; revising the definition
333 of the term "health maintenance organization";
334 providing that a shared savings incentive offered by a
335 health maintenance organization constitutes a medical
336 expense for rate development and rate filing purposes
337 for individual or group health maintenance contracts;
338 amending ss. 475.01, 475.611, 517.191, 768.28, and
339 787.061, F.S.; conforming provisions to changes made
340 by the act; providing applicability; requiring the
341 Agency for Health Care Administration and the Office
342 of Insurance Regulation to notify the Division of Law
343 Revision upon the promulgation of certain federal
344 rules; providing an