

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 requiring a licensed facility to disclose specified
23 information relating to cost-sharing obligations to
24 certain persons; providing a penalty; creating s.
25 395.3011, F.S.; defining the term "extraordinary

26 collection action"; prohibiting certain collection
27 activities by a licensed facility; amending s. 624.27,
28 F.S.; revising the definitions of "health care
29 provider"; creating s. 627.446, F.S.; defining the
30 term "health insurer"; requiring each health insurer
31 to provide an insured with an advanced explanation of
32 benefits after receiving a patient estimate from a
33 facility for scheduled services; providing
34 requirements for the advanced explanation of benefits;
35 amending s. 627.6387, F.S.; revising definitions;
36 requiring, rather than authorizing, a health insurer
37 to offer a shared savings incentive program for
38 specified purposes; requiring a health insurer to
39 notify an insured that participation in such program
40 is voluntary and optional; amending ss. 627.6648 and
41 641.31076, F.S.; providing that a shared savings
42 incentive offered by a health insurer or health
43 maintenance organization constitutes a medical expense
44 for rate development and rate filing purposes;
45 amending ss. 475.01, 475.611, 517.191, 768.28, and
46 787.061 F.S.; conforming provisions to changes made by
47 the act; providing applicability; providing an
48 effective date.

49
50 Be It Enacted by the Legislature of the State of Florida:

51
 52 Section 1. Subsections (4) through (12) of section 95.11,
 53 Florida Statutes, are renumbered as subsections (5) through
 54 (13), respectively, paragraph (b) of subsection (2), paragraph
 55 (n) of subsection (3), paragraphs (f) and (g) of present
 56 subsection (5), and present subsection (10) are amended, and a
 57 new subsection (4) is added to that section, to read:

58 95.11 Limitations other than for the recovery of real
 59 property.—Actions other than for recovery of real property shall
 60 be commenced as follows:

61 (2) WITHIN FIVE YEARS.—

62 (b) A legal or equitable action on a contract, obligation,
 63 or liability founded on a written instrument, except for an
 64 action to enforce a claim against a payment bond, which shall be
 65 governed by the applicable provisions of paragraph (6)(e)
 66 ~~paragraph (5)(e)~~, s. 255.05(10), s. 337.18(1), or s.
 67 713.23(1)(e), and except for an action for a deficiency judgment
 68 governed by paragraph (6)(h) ~~paragraph (5)(h)~~.

69 (3) WITHIN FOUR YEARS.—

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

74 (4) WITHIN THREE YEARS.—An action to collect medical debt
 75 for services rendered by a facility licensed under chapter 395,

76 provided that the period of limitations shall run from the date
 77 on which the facility refers the medical debt to a third party
 78 for collection.

79 (6)~~(5)~~ WITHIN ONE YEAR.—

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

84 (g) Except for actions described in subsection (9) ~~(8)~~, an
 85 action brought by or on behalf of a prisoner, as defined in s.
 86 57.085, relating to the conditions of the prisoner's
 87 confinement.

88 (11)~~(10)~~ FOR INTENTIONAL TORTS RESULTING IN DEATH FROM
 89 ACTS DESCRIBED IN S. 782.04 OR S. 782.07.—Notwithstanding
 90 paragraph (5) (e) ~~paragraph (4) (e)~~, an action for wrongful death
 91 seeking damages authorized under s. 768.21 brought against a
 92 natural person for an intentional tort resulting in death from
 93 acts described in s. 782.04 or s. 782.07 may be commenced at any
 94 time. This subsection shall not be construed to require an
 95 arrest, the filing of formal criminal charges, or a conviction
 96 for a violation of s. 782.04 or s. 782.07 as a condition for
 97 filing a civil action.

98 Section 2. Section 222.26, Florida Statutes, is created to
 99 read:

100 222.26 Additional exemptions from legal process concerning

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101 medical debt.—If a debt is owed for medical services provided by
102 a facility licensed under chapter 395, the following property is
103 exempt from attachment, garnishment, or other legal process in
104 an action on such debt:

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

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

111 Section 3. Paragraphs (b), (c), and (d) of subsection (1)
112 of section 395.301, Florida Statutes, are redesignated as
113 paragraphs (c), (d), and (e), respectively, subsection (6) is
114 renumbered as subsection (8), present paragraph (b) of
115 subsection (1) is amended, a new paragraph (b) is added to
116 subsection (1), and new subsections (6) and (7) are added to
117 that section, to read:

118 395.301 Price transparency; itemized patient statement or
119 bill; patient admission status notification.—

120 (1) A facility licensed under this chapter shall provide
121 timely and accurate financial information and quality of service
122 measures to patients and prospective patients of the facility,
123 or to patients' survivors or legal guardians, as appropriate.
124 Such information shall be provided in accordance with this
125 section and rules adopted by the agency pursuant to this chapter

126 and s. 408.05. Licensed facilities operating exclusively as
 127 state facilities are exempt from this subsection.

128 (b) Each licensed facility shall post on its website a
 129 consumer-friendly list of standard charges for at least 300
 130 shoppable health care services. If a facility provides fewer
 131 than 300 distinct shoppable health care services, it shall make
 132 available on its website the standard charges for each service
 133 it provides. As used in this paragraph, the term:

134 1. "Shoppable health care service" means a service that
 135 can be scheduled by a healthcare consumer in advance. The term
 136 includes, but is not limited to, the services described in s.
 137 627.6387(2)(e) and any services defined in regulations or
 138 guidance issued by the United States Department of Health and
 139 Human Services.

140 2. "Standard charge" has the same meaning as that term is
 141 defined in regulations or guidance issued by the United States
 142 Department of Health and Human Services for purposes of hospital
 143 price transparency.

144 (c) ~~(b)~~1. Upon request, and Before providing any
 145 nonemergency medical services, each licensed facility shall
 146 provide in writing or by electronic means a good faith estimate
 147 of reasonably anticipated charges by the facility for the
 148 treatment of a ~~the~~ patient's or prospective patient's specific
 149 condition. Such estimate must be provided to the patient or
 150 prospective patient upon scheduling a medical service. The

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151 facility ~~must provide the estimate to the patient or prospective~~
152 ~~patient within 7 business days after the receipt of the request~~
153 ~~and~~ is not required to adjust the estimate for any potential
154 insurance coverage. The facility must provide the estimate to
155 the patient's health insurer, as defined in s. 627.446(1), and
156 the patient at least 3 business days before a service is to be
157 provided, but no later than 1 business day after the service is
158 scheduled or, in the case of a service scheduled at least 10
159 business days in advance, no later than 3 business days after
160 the service is scheduled. The estimate may be based on the
161 descriptive service bundles developed by the agency under s.
162 408.05(3)(c) unless the patient or prospective patient requests
163 a more personalized and specific estimate that accounts for the
164 specific condition and characteristics of the patient or
165 prospective patient. The facility shall inform the patient or
166 prospective patient that he or she may contact his or her health
167 insurer ~~or health maintenance organization~~ for additional
168 information concerning cost-sharing responsibilities.

169 2. In the estimate, the facility shall provide to the
170 patient or prospective patient information on the facility's
171 financial assistance policy, including the application process,
172 payment plans, and discounts and the facility's charity care
173 policy and collection procedures.

174 3. The estimate shall clearly identify any facility fees
175 and, if applicable, include a statement notifying the patient or

176 prospective patient that a facility fee is included in the
177 estimate, the purpose of the fee, and that the patient may pay
178 less for the procedure or service at another facility or in
179 another health care setting.

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

182 5. In the estimate, the facility must notify the patient
183 or prospective patient that services may be provided in the
184 health care facility by the facility as well as by other health
185 care providers that may separately bill the patient, if
186 applicable.

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

189 ~~6.7.~~ Failure to timely provide the estimate pursuant to
190 this paragraph shall result in a daily fine of \$1,000 until the
191 estimate is provided to the patient or prospective patient and
192 the health insurer. The total fine per patient estimate may not
193 exceed \$10,000.

194

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

197 (6) Each facility shall establish an internal process for
198 reviewing and responding to grievances from patients. Such
199 process must allow a patient to dispute charges that appear on
200 the patient's itemized statement or bill. The facility shall

201 prominently post on its website and indicate in bold print on
 202 each itemized statement or bill the instructions for initiating
 203 a grievance and the direct contact information required to
 204 initiate the grievance process. The facility must provide an
 205 initial response to a patient grievance within 7 business days
 206 after the patient formally files a grievance disputing all or a
 207 portion of an itemized statement or bill.

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

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

218 395.3011 Billing and collection activities.—

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

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

225 (b) Reporting adverse information about the individual to

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226 consumer credit reporting agencies or credit bureaus.

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

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

- 233 1. Placing a lien on the individual's property;
- 234 2. Foreclosing on the individual's real property;
- 235 3. Attaching or seizing the individual's bank account or
236 any other personal property;
- 237 4. Commencing a civil action against the individual;
- 238 5. Causing the individual's arrest; or
- 239 6. Garnishing the individual's wages.

240 (2) A facility may not engage in an extraordinary
241 collection action against an individual to obtain payment for
242 services:

243 (a) Before the facility has made reasonable efforts to
244 determine whether the individual is eligible for assistance
245 under its financial assistance policy for the care provided and,
246 if eligible, before a decision is made by the facility on the
247 patient's application for such financial assistance.

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

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

251 395.301(6) or an ongoing appeal of a claim adjudication.

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

254 (e) For 30 days after notifying the patient in writing, by
 255 certified mail, or by other traceable delivery method, that a
 256 collection action will commence absent additional action by the
 257 patient.

258 (f) While the individual:

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

261 2. Complies with all terms of a payment plan with the
 262 facility.

263 Section 5. Paragraph (b) of subsection (1) of section
 264 624.27, Florida Statutes, is amended to read:

265 624.27 Direct health care agreements; exemption from
 266 code.—

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

268 (b) "Health care provider" means a health care provider
 269 licensed under chapter 458, chapter 459, chapter 460, chapter
 270 461, chapter 464, or chapter 466, chapter 490, or chapter 491,
 271 or a health care group practice, who provides health care
 272 services to patients.

273 Section 6. Section 627.446, Florida Statutes, is created
 274 to read:

275 627.446 Advanced explanation of benefits.—

276 (1) As used in this section, the term "health insurer"
 277 means a health insurer issuing individual or group coverage or a
 278 health maintenance organization issuing coverage through an
 279 individual or a group contract.

280 (2) Each health insurer shall prepare an advanced
 281 explanation of benefits upon receiving a patient estimate from a
 282 facility pursuant to s. 395.301(1). The health insurer must
 283 provide the advanced explanation of benefits to the insured no
 284 later than 1 business day after receiving the patient estimate
 285 from the facility or, in the case of a service scheduled at
 286 least 10 business days in advance, no later than 3 business days
 287 after receiving such estimate.

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

292 Section 7. Paragraphs (b) and (c) of subsection (2),
 293 subsection (3), and paragraph (a) of subsection (4) of section
 294 627.6387, Florida Statutes, are amended to read:

295 627.6387 Shared savings incentive program.—

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

297 (b) "Health insurer" has the same meaning as in s.
 298 627.446(1) means an authorized insurer offering health insurance
 299 as defined in s. 624.603.

300 (c) "Shared savings incentive" means a voluntary and

301 optional financial incentive that a health insurer provides ~~may~~
 302 ~~provide~~ to an insured for choosing certain shoppable health care
 303 services under a shared savings incentive program which ~~and~~ may
 304 include, but is not limited to, the incentives described in s.
 305 626.9541(4)(a).

306 (3) A health insurer must ~~may~~ offer a shared savings
 307 incentive program to provide incentives to an insured when the
 308 insured obtains a shoppable health care service from the health
 309 insurer's shared savings list. An insured may not be required to
 310 participate in a shared savings incentive program. A health
 311 insurer ~~that offers a shared savings incentive program~~ must:

312 (a) Establish the program as a component part of the
 313 policy or certificate of insurance provided by the health
 314 insurer and notify the insureds and the office at least 30 days
 315 before program termination.

316 (b) File a description of the program on a form prescribed
 317 by commission rule. The office must review the filing and
 318 determine whether the shared savings incentive program complies
 319 with this section.

320 (c) Notify an insured annually and at the time of renewal,
 321 and an applicant for insurance at the time of enrollment, of the
 322 availability of the shared savings incentive program, and the
 323 procedure to participate in the program, and that participation
 324 by the insured is voluntary and optional.

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

326 and to applicants for insurance a list of shoppable health care
327 services and health care providers and the shared savings
328 incentive amount applicable for each service. A shared savings
329 incentive may not be less than 25 percent of the savings
330 generated by the insured's participation in any shared savings
331 incentive offered by the health insurer. The baseline for the
332 savings calculation is the average in-network amount paid for
333 that service in the most recent 12-month period or some other
334 methodology established by the health insurer and approved by
335 the office.

336 (e) At least quarterly, credit or deposit the shared
337 savings incentive amount to the insured's account as a return or
338 reduction in premium, or credit the shared savings incentive
339 amount to the insured's flexible spending account, health
340 savings account, or health reimbursement account, or reward the
341 insured directly with cash or a cash equivalent.

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

345 1. The number of insureds who participated in the program
346 during the plan year and the number of instances of
347 participation.

348 2. The total cost of services provided as a part of the
349 program.

350 3. The total value of the shared savings incentive

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351 payments made to insureds participating in the program and the
352 values distributed as premium reductions, credits to flexible
353 spending accounts, credits to health savings accounts, or
354 credits to health reimbursement accounts.

355 4. An inventory of the shoppable health care services
356 offered by the health insurer.

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

359 1. Is not an administrative expense for rate development
360 or rate filing purposes and shall be counted as a medical
361 expense for such purposes.

362 2. Does not constitute an unfair method of competition or
363 an unfair or deceptive act or practice under s. 626.9541 and is
364 presumed to be appropriate unless credible data clearly
365 demonstrates otherwise.

366 Section 8. Paragraph (a) of subsection (4) of section
367 627.6648, Florida Statutes, is amended to read:

368 627.6648 Shared savings incentive program.—

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

371 1. Is not an administrative expense for rate development
372 or rate filing purposes and shall be counted as a medical
373 expense for such purposes.

374 2. Does not constitute an unfair method of competition or
375 an unfair or deceptive act or practice under s. 626.9541 and is

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376 presumed to be appropriate unless credible data clearly
377 demonstrates otherwise.

378 Section 9. Paragraph (a) of subsection (4) of section
379 641.31076, Florida Statutes, is amended to read:

380 641.31076 Shared savings incentive program.—

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

383 (a) Is not an administrative expense for rate development
384 or rate filing purposes and shall be counted as a medical
385 expense for such purposes.

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

388 475.01 Definitions.—

389 (1) As used in this part:

390 (a) "Broker" means a person who, for another, and for a
391 compensation or valuable consideration directly or indirectly
392 paid or promised, expressly or impliedly, or with an intent to
393 collect or receive a compensation or valuable consideration
394 therefor, appraises, auctions, sells, exchanges, buys, rents, or
395 offers, attempts or agrees to appraise, auction, or negotiate
396 the sale, exchange, purchase, or rental of business enterprises
397 or business opportunities or any real property or any interest
398 in or concerning the same, including mineral rights or leases,
399 or who advertises or holds out to the public by any oral or
400 printed solicitation or representation that she or he is engaged

401 in the business of appraising, auctioning, buying, selling,
402 exchanging, leasing, or renting business enterprises or business
403 opportunities or real property of others or interests therein,
404 including mineral rights, or who takes any part in the procuring
405 of sellers, purchasers, lessors, or lessees of business
406 enterprises or business opportunities or the real property of
407 another, or leases, or interest therein, including mineral
408 rights, or who directs or assists in the procuring of prospects
409 or in the negotiation or closing of any transaction which does,
410 or is calculated to, result in a sale, exchange, or leasing
411 thereof, and who receives, expects, or is promised any
412 compensation or valuable consideration, directly or indirectly
413 therefor; and all persons who advertise rental property
414 information or lists. A broker renders a professional service
415 and is a professional within the meaning of s. 95.11(5)(b) ~~s.~~
416 ~~95.11(4)(b)~~. Where the term "appraise" or "appraising" appears
417 in the definition of the term "broker," it specifically excludes
418 those appraisal services which must be performed only by a
419 state-licensed or state-certified appraiser, and those appraisal
420 services which may be performed by a registered trainee
421 appraiser as defined in part II. The term "broker" also includes
422 any person who is a general partner, officer, or director of a
423 partnership or corporation which acts as a broker. The term
424 "broker" also includes any person or entity who undertakes to
425 list or sell one or more timeshare periods per year in one or

426 more timeshare plans on behalf of any number of persons, except
 427 as provided in ss. 475.011 and 721.20.

428 (j) "Sales associate" means a person who performs any act
 429 specified in the definition of "broker," but who performs such
 430 act under the direction, control, or management of another
 431 person. A sales associate renders a professional service and is
 432 a professional within the meaning of s. 95.11(5)(b) ~~s.~~
 433 ~~95.11(4)(b)~~.

434 Section 11. Paragraph (h) of subsection (1) of section
 435 475.611, Florida Statutes, is amended to read:

436 475.611 Definitions.—

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

438 (h) "Appraiser" means any person who is a registered
 439 trainee real estate appraiser, a licensed real estate appraiser,
 440 or a certified real estate appraiser. An appraiser renders a
 441 professional service and is a professional within the meaning of
 442 s. 95.11(5)(b) ~~s. 95.11(4)(b)~~.

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

445 517.191 Injunction to restrain violations; civil
 446 penalties; enforcement by Attorney General.—

447 (7) Notwithstanding s. 95.11(5)(f) ~~s. 95.11(4)(f)~~, an
 448 enforcement action brought under this section based on a
 449 violation of any provision of this chapter or any rule or order
 450 issued under this chapter shall be brought within 6 years after

451 the facts giving rise to the cause of action were discovered or
 452 should have been discovered with the exercise of due diligence,
 453 but not more than 8 years after the date such violation
 454 occurred.

455 Section 13. Subsection (14) of section 768.28, Florida
 456 Statutes, is amended to read:

457 768.28 Waiver of sovereign immunity in tort actions;
 458 recovery limits; civil liability for damages caused during a
 459 riot; limitation on attorney fees; statute of limitations;
 460 exclusions; indemnification; risk management programs.—

461 (14) Every claim against the state or one of its agencies
 462 or subdivisions for damages for a negligent or wrongful act or
 463 omission pursuant to this section shall be forever barred unless
 464 the civil action is commenced by filing a complaint in the court
 465 of appropriate jurisdiction within 4 years after such claim
 466 accrues; except that an action for contribution must be
 467 commenced within the limitations provided in s. 768.31(4), and
 468 an action for damages arising from medical malpractice or
 469 wrongful death must be commenced within the limitations for such
 470 actions in s. 95.11(5) ~~s. 95.11(4)~~.

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

473 787.061 Civil actions by victims of human trafficking.—

474 (4) STATUTE OF LIMITATIONS.—The statute of limitations as
 475 specified in s. 95.11(8) or (10) ~~s. 95.11(7) or (9)~~, as

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476 applicable, governs an action brought under this section.

477 Section 15. The changes made by this act to ss. 395.301
478 and 627.446, Florida Statutes, do not apply to ambulatory
479 surgical centers, as defined in s. 395.002, Florida Statutes,
480 until January 1, 2026.

481 Section 16. This act shall take effect July 1, 2024.