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 or a price estimator tool meeting certain
14	requirements; providing definitions; requiring a
15	licensed facility to provide an estimate to a patient
16	or prospective patient and the patient's health
17	insurer within specified timeframes; requiring a
18	licensed facility to establish an internal grievance
19	process for patients to dispute charges; requiring a
20	facility to make available information necessary for
21	initiating a grievance; requiring a facility to
22	respond to a patient grievance within a specified
23	timeframe; requiring a licensed facility to disclose
24	specified information relating to cost-sharing
25	obligations to certain persons; providing a penalty;
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26	creating s. 395.3011, F.S.; defining the term
27	"extraordinary collection action"; prohibiting certain
28	collection activities by a licensed facility; amending
29	s. 624.27, F.S.; revising the definitions of "health
30	care provider"; creating s. 627.446, F.S.; defining
31	the term "health insurer"; requiring each health
32	insurer to provide an insured with an advanced
33	explanation of benefits after receiving a patient
34	estimate from a facility for scheduled services;
35	providing requirements for the advanced explanation of
36	benefits; amending s. 627.6387, F.S.; revising a
37	definition; providing that a shared savings incentive
38	constitutes a medical expense for rate development and
39	rate filing purposes; amending ss. 627.6648 and
40	641.31076, F.S.; providing that a shared savings
41	incentive offered by a health insurer or health
42	maintenance organization constitutes a medical expense
43	for rate development and rate filing purposes;
44	amending ss. 475.01, 475.611, 517.191, 768.28, and
45	787.061 F.S.; conforming provisions to changes made by
46	the act; providing applicability; providing an
47	effective date.
48	
49	Be It Enacted by the Legislature of the State of Florida:
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51 Section 1. Subsections (4) through (12) of section 95.11, 52 Florida Statutes, are renumbered as subsections (5) through 53 (13), respectively, paragraph (b) of subsection (2), paragraph (n) of subsection (3), paragraphs (f) and (g) of present 54 55 subsection (5), and present subsection (10) are amended, and a 56 new subsection (4) is added to that section, to read: 57 95.11 Limitations other than for the recovery of real property.-Actions other than for recovery of real property shall 58 59 be commenced as follows: 60 (2) WITHIN FIVE YEARS.-A legal or equitable action on a contract, obligation, 61 (b) or liability founded on a written instrument, except for an 62 action to enforce a claim against a payment bond, which shall be 63 64 governed by the applicable provisions of paragraph (6)(e) 65 paragraph (5)(e), s. 255.05(10), s. 337.18(1), or s. 66 713.23(1) (e), and except for an action for a deficiency judgment 67 governed by paragraph (6) (h) paragraph (5) (h). 68 (3) WITHIN FOUR YEARS.-69 An action for assault, battery, false arrest, (n) 70 malicious prosecution, malicious interference, false 71 imprisonment, or any other intentional tort, except as provided in subsections (5), (6), and (8) subsections (4), (5), and (7). 72 73 WITHIN THREE YEARS.-An action to collect medical debt (4) 74 for services rendered by a facility licensed under chapter 395, 75 provided that the period of limitations shall run from the date

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on which the facility refers the medical debt to a third party

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for collection.

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78 (6) (5) WITHIN ONE YEAR.-79 (f) Except for actions described in subsection (9) (8), a petition for extraordinary writ, other than a petition 80 challenging a criminal conviction, filed by or on behalf of a 81 82 prisoner as defined in s. 57.085. 83 Except for actions described in subsection (9) (8), an (q) 84 action brought by or on behalf of a prisoner, as defined in s. 57.085, relating to the conditions of the prisoner's 85 86 confinement. 87 (11) (10) FOR INTENTIONAL TORTS RESULTING IN DEATH FROM ACTS DESCRIBED IN S. 782.04 OR S. 782.07.-Notwithstanding 88 89 paragraph (5)(e) paragraph (4)(e), an action for wrongful death 90 seeking damages authorized under s. 768.21 brought against a 91 natural person for an intentional tort resulting in death from 92 acts described in s. 782.04 or s. 782.07 may be commenced at any 93 time. This subsection shall not be construed to require an arrest, the filing of formal criminal charges, or a conviction 94 95 for a violation of s. 782.04 or s. 782.07 as a condition for filing a civil action. 96 97 Section 2. Section 222.26, Florida Statutes, is created to 98 read: 99 222.26 Additional exemptions from legal process concerning 100 medical debt.-If a debt is owed for medical services provided by

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101 a facility licensed under chapter 395, the following property is 102 exempt from attachment, garnishment, or other legal process in 103 an action on such debt: 104 (1) A debtor's interest, not to exceed \$10,000 in value, 105 in a single motor vehicle as defined in s. 320.01(1). (2) A debtor's interest in personal property, not to 106 exceed \$10,000 in value, if the debtor does not claim or receive 107 the benefits of a homestead exemption under s. 4, Art. X of the 108 109 State Constitution. Section 3. Paragraphs (b), (c), and (d) of subsection (1) 110 111 of section 395.301, Florida Statutes, are redesignated as paragraphs (c), (d), and (e), respectively, subsection (6) is 112 renumbered as subsection (8), present paragraph (b) of 113 114 subsection (1) is amended, a new paragraph (b) is added to 115 subsection (1), and new subsections (6) and (7) are added to 116 that section, to read: 395.301 Price transparency; itemized patient statement or 117 118 bill; patient admission status notification.-A facility licensed under this chapter shall provide 119 (1)120 timely and accurate financial information and quality of service 121 measures to patients and prospective patients of the facility, or to patients' survivors or legal quardians, as appropriate. 122 123 Such information shall be provided in accordance with this 124 section and rules adopted by the agency pursuant to this chapter 125 and s. 408.05. Licensed facilities operating exclusively as Page 5 of 17

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126 state facilities are exempt from this subsection. 127 (b) Each licensed facility shall post on its website a 128 consumer-friendly list of standard charges for at least 300 129 shoppable health care services, or an Internet-based price 130 estimator tool meeting federal standards. If a facility provides 131 fewer than 300 distinct shoppable health care services, it shall 132 make available on its website the standard charges for each 133 service 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 includes, but is not limited to, the services described in s. 136 137 627.6387(2)(e) and any services defined in regulations or guidance issued by the United States Department of Health and 138 139 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 Upon request, and Before providing any (c)(b)1. 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 prospective patient upon scheduling a medical service. The 150 Page 6 of 17

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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 the patient at least 3 business days before a service is to be 156 157 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. 408.05(3) (c) unless the patient or prospective patient requests 162 163 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.

1743. The estimate shall clearly identify any facility fees175and, if applicable, include a statement notifying the patient or

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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.

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

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

189 <u>6.7.</u> 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 <u>and</u> 192 <u>the health insurer</u>. The total fine <u>per patient estimate</u> may not 193 exceed \$10,000.

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

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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.
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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. Section 5. Paragraph (b) of subsection (1) of section 263 264 624.27, 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 461, chapter 464, or chapter 466, chapter 490, or chapter 491, 270 or a health care group practice, who provides health care 271 272 services to patients. 273 Section 6. Section 627.446, Florida Statutes, is created 274 to read: 275 627.446 Advanced explanation of benefits.-Page 11 of 17

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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. (3) At a minimum, the advanced explanation of benefits 288 289 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. Paragraph (b) of subsection (2) and paragraph 293 (a) of subsection (4) of section 627.6387, Florida Statutes, are 294 amended to read: 295 627.6387 Shared savings incentive program.-296 (2) As used in this section, the term: 297 "Health insurer" has the same meaning as in s. (b) 627.446(1) means an authorized insurer offering health insurance 298 as defined in s. 624.603. 299 300 (4) (a) A shared savings incentive offered by a health Page 12 of 17

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301 insurer in accordance with this section: 302 Is not an administrative expense for rate development 1. 303 or rate filing purposes and shall be counted as a medical 304 expense for such purposes. 305 Does not constitute an unfair method of competition or 2. 306 an unfair or deceptive act or practice under s. 626.9541 and is 307 presumed to be appropriate unless credible data clearly 308 demonstrates otherwise. 309 Section 8. Paragraph (a) of subsection (4) of section 627.6648, Florida Statutes, is amended to read: 310 311 627.6648 Shared savings incentive program. -312 (4) (a) A shared savings incentive offered by a health insurer in accordance with this section: 313 314 Is not an administrative expense for rate development 1. 315 or rate filing purposes and shall be counted as a medical 316 expense for such purposes. 317 Does not constitute an unfair method of competition or 2. 318 an unfair or deceptive act or practice under s. 626.9541 and is 319 presumed to be appropriate unless credible data clearly 320 demonstrates otherwise. 321 Section 9. Paragraph (a) of subsection (4) of section 641.31076, Florida Statutes, is amended to read: 322 323 641.31076 Shared savings incentive program.-324 (4) A shared savings incentive offered by a health 325 maintenance organization in accordance with this section: Page 13 of 17

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326 Is not an administrative expense for rate development (a) 327 or rate filing purposes and shall be counted as a medical 328 expense for such purposes. 329 Section 10. Paragraphs (a) and (j) of subsection (1) of 330 section 475.01, Florida Statutes, are amended to read: 331 475.01 Definitions.-332 (1)As used in this part: 333 "Broker" means a person who, for another, and for a (a) 334 compensation or valuable consideration directly or indirectly 335 paid or promised, expressly or impliedly, or with an intent to collect or receive a compensation or valuable consideration 336 337 therefor, appraises, auctions, sells, exchanges, buys, rents, or 338 offers, attempts or agrees to appraise, auction, or negotiate 339 the sale, exchange, purchase, or rental of business enterprises 340 or business opportunities or any real property or any interest 341 in or concerning the same, including mineral rights or leases, 342 or who advertises or holds out to the public by any oral or 343 printed solicitation or representation that she or he is engaged 344 in the business of appraising, auctioning, buying, selling, 345 exchanging, leasing, or renting business enterprises or business 346 opportunities or real property of others or interests therein, 347 including mineral rights, or who takes any part in the procuring 348 of sellers, purchasers, lessors, or lessees of business 349 enterprises or business opportunities or the real property of another, or leases, or interest therein, including mineral 350

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351 rights, or who directs or assists in the procuring of prospects 352 or in the negotiation or closing of any transaction which does, 353 or is calculated to, result in a sale, exchange, or leasing 354 thereof, and who receives, expects, or is promised any 355 compensation or valuable consideration, directly or indirectly 356 therefor; and all persons who advertise rental property 357 information or lists. A broker renders a professional service and is a professional within the meaning of <u>s. 95.11(5)(b)</u> s. 358 359 95.11(4)(b). Where the term "appraise" or "appraising" appears 360 in the definition of the term "broker," it specifically excludes 361 those appraisal services which must be performed only by a 362 state-licensed or state-certified appraiser, and those appraisal 363 services which may be performed by a registered trainee 364 appraiser as defined in part II. The term "broker" also includes 365 any person who is a general partner, officer, or director of a 366 partnership or corporation which acts as a broker. The term 367 "broker" also includes any person or entity who undertakes to 368 list or sell one or more timeshare periods per year in one or 369 more timeshare plans on behalf of any number of persons, except 370 as provided in ss. 475.011 and 721.20.

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

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376 95.11(4)(b) 377 Section 11. Paragraph (h) of subsection (1) of section 378 475.611, Florida Statutes, is amended to read: 475.611 Definitions.-379 380 As used in this part, the term: (1)381 (h) "Appraiser" means any person who is a registered 382 trainee real estate appraiser, a licensed real estate appraiser, 383 or a certified real estate appraiser. An appraiser renders a 384 professional service and is a professional within the meaning of 385 s. 95.11(5)(b) s. 95.11(4)(b). Section 12. Subsection (7) of section 517.191, Florida 386 387 Statutes, is amended to read: 517.191 Injunction to restrain violations; civil 388 389 penalties; enforcement by Attorney General.-390 Notwithstanding s. 95.11(5)(f) s. 95.11(4)(f), an (7) 391 enforcement action brought under this section based on a 392 violation of any provision of this chapter or any rule or order 393 issued under this chapter shall be brought within 6 years after 394 the facts giving rise to the cause of action were discovered or 395 should have been discovered with the exercise of due diligence, 396 but not more than 8 years after the date such violation 397 occurred. 398 Section 13. Subsection (14) of section 768.28, Florida 399 Statutes, is amended to read: 400 768.28 Waiver of sovereign immunity in tort actions;

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401 recovery limits; civil liability for damages caused during a 402 riot; limitation on attorney fees; statute of limitations; exclusions; indemnification; risk management programs.-403 404 (14) Every claim against the state or one of its agencies 405 or subdivisions for damages for a negligent or wrongful act or 406 omission pursuant to this section shall be forever barred unless 407 the civil action is commenced by filing a complaint in the court 408 of appropriate jurisdiction within 4 years after such claim 409 accrues; except that an action for contribution must be commenced within the limitations provided in s. 768.31(4), and 410 411 an action for damages arising from medical malpractice or 412 wrongful death must be commenced within the limitations for such 413 actions in s. 95.11(5) s. 95.11(4). 414 Section 14. Subsection (4) of section 787.061, Florida 415 Statutes, is amended to read: 416 787.061 Civil actions by victims of human trafficking.-417 STATUTE OF LIMITATIONS. - The statute of limitations as (4) specified in s. 95.11(8) or (10) s. 95.11(7) or (9), as 418 419 applicable, governs an action brought under this section. 420 Section 15. The changes made by this act to ss. 395.301 and 627.446, Florida Statutes, do not apply to ambulatory 421 422 surgical centers, as defined in s. 395.002, Florida Statutes, 423 until January 1, 2026. Section 16. This act shall take effect July 1, 2024. 424

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