

Amendment No.

## CHAMBER ACTION

SenateHouse

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Representative Albert offered the following:

**Amendment to Amendment (525084) (with title amendment)**

Remove lines 5-25 of the amendment and insert:

**Section 1. Subsection (2) of section 456.0575, Florida Statutes, is renumbered as subsection (3), and a new subsection (2) is added to that section to read:**

456.0575 Duty to notify patients.—

(2) A health care practitioner shall notify a patient in writing upon referring the patient to a nonparticipating provider for nonemergency services, as those terms are defined in s. 627.64194(1), or to a provider, as defined in s. 641.47, that is not under contract with the patient's health maintenance

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organization. Such notice must state that the services will be provided on an out-of-network basis, which may result in additional cost-sharing responsibilities for the patient, and such notice must be documented in the patient's medical record. The practitioner or his or her employee may confirm the referral provider's participation by contacting the referral provider or the patient's health insurer or health maintenance organization, as necessary, or may rely on the online provider directory of the health insurer or health maintenance organization. Failure to comply with this subsection, without good cause, shall result in disciplinary action against the health care practitioner.

**Section 2. Subsection (7) of section 627.6471, Florida Statutes, is renumbered as subsection (8), and a new subsection (7) is added to that section to read:**

627.6471 Contracts for reduced rates of payment; limitations; coinsurance and deductibles.—

(7) Any insurer issuing a policy of health insurance in this state shall apply the payment for a service provided to an insured by a nonpreferred provider toward the insured's deductible and out-of-pocket maximum as if the service had been provided by a preferred provider if all of the following apply:

(a) The insured requests that the insurer apply the payment for the service provided to the insured by the nonpreferred provider toward the insured's deductible and out-of-pocket maximum.

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39        (b) The service provided to the insured by the  
40        nonpreferred provider is within the scope of services covered  
41        under the insured's policy.

42        (c) The amount that the nonpreferred provider charged the  
43        insured for the service is the same as or less than:

44        1. The average amount that the insured's preferred  
45        provider network charges for the service; or

46        2. The statewide average amount for the service based on  
47        data reported on the Florida Health Price Finder website.

48        **Section 3.** This act shall take effect July 1, 2025.

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51        **T I T L E   A M E N D M E N T**

52        Remove lines 32-37 of the amendment and insert:

53        An act relating to out-of-network providers; amending  
54        s. 456.0575, F.S.; requiring a health care  
55        practitioner to notify a patient in writing upon  
56        referring the patient to certain providers; providing  
57        requirements for such notice; providing requirements  
58        for a practitioner to confirm network status;  
59        providing for health care practitioner disciplinary  
60        action under certain conditions; amending s. 627.6471,  
61        F.S.; requiring certain health insurers to apply  
62        payments for services provided by nonpreferred  
63        providers toward insureds' deductibles and out-of-

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HOUSE AMENDMENT

Bill No. HB 1101, 1st Eng. (2025)

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64 | pocket maximums if specified conditions are met;  
65 | providing an effective date.

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