

**The Florida Senate**  
**HOUSE MESSAGE SUMMARY**

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: HB1101, Engrossed 1 (CS/CS/CS/SB 1842)

INTRODUCER: Reps. Albert and Lopez, J. (Senator Burton)

SUBJECT: Out-of-network Providers

DATE: May 2, 2025

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**I. Amendments Contained in Message:**

**House Amendment — 170953 to Senate Amendment - Barcode — 525084** (body with title)

**II. Summary of Amendments Contained in Message:**

**House Amendment — 170953**

The amendment is a strike-all that replaces the contents of the Senate strike-all with the contents of HB 1101, Engrossed 1 (Albert), thereby returning the bill to its original form when it was first received by the Senate.

Section 1 of the amendment requires a health care practitioner to notify a patient in writing upon referring the patient to a nonparticipating provider for nonemergency services, as those terms are defined, for health insurance, in s. 627.64194(1), F.S., or to a provider, as defined, for health maintenance organization (HMO) coverage, in s. 641.47, F.S., that is not under contract with the patient's insurance or HMO coverage. The written notice must be documented in the patient's medical record and state that the services will be provided on an out-of-network basis, which may result in additional cost-sharing responsibilities for the patient. 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 HMO, as necessary, or may rely on the online provider directory of the health insurer or HMO. Failure to comply, without good cause, will result in disciplinary action against the health care practitioner.

Section 2 requires that any insurer issuing a policy of health insurance in the state must apply an insured's payment for a service provided to a person covered under the policy 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 and if all of the following conditions apply:

- 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.
- The service provided to the insured by the nonpreferred provider is within the scope of services covered under the insured's policy.
- The amount that the nonpreferred provider charged the insured for the service is the same as or less than:

- The average amount that the insured's preferred provider network charges for the service;  
or
- The statewide average amount for the service based on data reported on the Florida Health Finder website.

Section 3 of the amendment provides an effective date of July 1, 2025.