

1                                   A bill to be entitled  
 2           An act relating to out-of-network providers; amending  
 3           s. 456.0575, F.S.; requiring a health care  
 4           practitioner to notify a patient in writing upon  
 5           referring the patient to certain providers; providing  
 6           requirements for such notice; providing for health  
 7           care practitioner disciplinary action under certain  
 8           conditions; amending s. 627.6471, F.S.; requiring  
 9           certain health insurers to apply payments for services  
 10          provided by nonpreferred providers toward insureds'  
 11          deductibles and out-of-pocket maximums if specified  
 12          conditions are met; providing an effective date.

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 14   Be It Enacted by the Legislature of the State of Florida:

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

19           456.0575   Duty to notify patients.—  
 20           (2) A health care practitioner shall notify a patient in  
 21 writing upon referring the patient to a nonparticipating  
 22 provider for nonemergency services, as those terms are defined  
 23 in s. 627.64194(1), or to a provider, as defined in s. 641.47,  
 24 that is not under contract with the patient's health maintenance  
 25 organization. Such notice must state that the services will be

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

26 provided on an out-of-network basis, which may result in  
27 additional cost-sharing responsibilities for the patient, and  
28 such notice must be documented in the patient's medical record.  
29 Failure to comply with this subsection, without good cause,  
30 shall result in disciplinary action against the health care  
31 practitioner.

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

35 627.6471 Contracts for reduced rates of payment;  
36 limitations; coinsurance and deductibles.-

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

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

46 (b) The service provided to the insured by the  
47 nonpreferred provider is within the scope of services covered  
48 under the insured's policy.

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

- 51           1. The average amount that the insured's preferred  
52 provider network charges for the service; or  
53           2. The statewide average amount for the service based on  
54 data reported on the Florida Health Price Finder website.

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