

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 requirements
 7 for a practitioner to confirm network status;
 8 providing for health care practitioner disciplinary
 9 action under certain conditions; amending s. 627.6471,
 10 F.S.; requiring certain health insurers to apply
 11 payments for services provided by nonpreferred
 12 providers toward insureds' deductibles and out-of-
 13 pocket maximums if specified conditions are met;
 14 providing an effective date.

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

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

21 456.0575 Duty to notify patients.—

22 (2) A health care practitioner shall notify a patient in
 23 writing upon referring the patient to a nonparticipating
 24 provider for nonemergency services, as those terms are defined
 25 in s. 627.64194(1), or to a provider, as defined in s. 641.47,

26 that is not under contract with the patient's health maintenance
27 organization. Such notice must state that the services will be
28 provided on an out-of-network basis, which may result in
29 additional cost-sharing responsibilities for the patient, and
30 such notice must be documented in the patient's medical record.
31 The practitioner or his or her employee may confirm the referral
32 provider's participation by contacting the referral provider or
33 the patient's health insurer or health maintenance organization,
34 as necessary, or may rely on the online provider directory of
35 the health insurer or health maintenance organization. Failure
36 to comply with this subsection, without good cause, shall result
37 in disciplinary action against the health care practitioner.

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

41 627.6471 Contracts for reduced rates of payment;
42 limitations; coinsurance and deductibles.—

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

48 (a) The insured requests that the insurer apply the
49 payment for the service provided to the insured by the
50 nonpreferred provider toward the insured's deductible and out-

51 of-pocket maximum.

52 (b) The service provided to the insured by the
 53 nonpreferred provider is within the scope of services covered
 54 under the insured's policy.

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

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

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

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