

By Senator Burton

12-01057A-25

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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.

13  
14 Be It Enacted by the Legislature of the State of Florida:  
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16 Section 1. Present subsection (2) of section 456.0575,  
17 Florida Statutes, is redesignated as subsection (3), and a new  
18 subsection (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  
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,

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30 shall result in disciplinary action against the health care  
31 practitioner.

32 Section 2. Present subsection (7) of section 627.6471,  
33 Florida Statutes, is redesignated as subsection (8), and a new  
34 subsection (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  
42 conditions apply:

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

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

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

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

54 2. The statewide average amount for the service based on  
55 data reported on the Florida Health Finder website.

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