

1 A bill to be entitled
2 An act relating to health care expenses; creating s.
3 222.26, F.S.; providing additional personal property
4 exemptions from legal process for medical debts
5 resulting from services provided in certain licensed
6 facilities; amending s. 395.301, F.S.; requiring a
7 licensed facility to post on its website a consumer-
8 friendly list of standard charges for a minimum number
9 of shoppable health care services; providing a
10 definition; requiring a licensed facility to establish
11 an internal grievance process for patients to dispute
12 charges; requiring a facility to make available
13 information necessary for initiating a grievance;
14 requiring a facility to respond to a patient grievance
15 within a specified timeframe; requiring a licensed
16 facility to provide a cost estimate to a patient or
17 prospective patient and the patient's health insurer
18 within specified timeframes; prohibiting a licensed
19 facility from charging a patient an amount that
20 exceeds such cost estimate by a set threshold;
21 requiring a licensed facility to provide a patient
22 with a written explanation of excess charges under
23 certain circumstances; revising a penalty for failure
24 to timely provide the estimate; prohibiting a facility
25 from billing or collecting any amount of charges from

26 the patient or patient's health insurer for treatment
 27 under certain circumstances; creating s. 395.3011,
 28 F.S.; prohibiting certain collection activities by a
 29 licensed facility; creating s. 627.445, F.S.;
 30 providing a definition; requiring each health insurer
 31 to provide an insured with an advance explanation of
 32 benefits after receiving a patient estimate from a
 33 facility for scheduled services; providing
 34 requirements for the advanced explanation of benefits;
 35 amending ss. 627.6387, 627.6648, and 641.31076, F.S.;
 36 providing that a shared savings incentive offered by a
 37 health insurer or health maintenance organization
 38 constitutes a medical expense for rate development and
 39 rate filing purposes; providing effective dates.

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

Section 1. Section 222.26, Florida Statutes, is created to read:

222.26 Additional exemptions from legal process concerning medical debt.—If a debt is owed for medical services provided by a facility licensed under chapter 395, the following property is exempt from attachment, garnishment, or other legal process:

(1) A debtor's interest, not to exceed \$10,000 in value, in a single motor vehicle as defined in s. 320.01(1).

51 (2) A debtor's interest in personal property, not to
52 exceed \$10,000 in value, if the debtor does not claim or receive
53 the benefits of a homestead exemption under s. 4, Art. X of the
54 State Constitution.

55 Section 2. Paragraphs (b) through (d) of subsection (1) of
56 section 395.301, Florida Statutes, are redesignated as
57 paragraphs (c) through (e), respectively, subsection (6) is
58 renumbered as subsection (7), and a new paragraph (b) is added
59 to subsection (1) and a new subsection (6) is added to that
60 section, to read:

61 395.301 Price transparency; itemized patient statement or
62 bill; patient admission status notification.—

63 (1) A facility licensed under this chapter shall provide
64 timely and accurate financial information and quality of service
65 measures to patients and prospective patients of the facility,
66 or to patients' survivors or legal guardians, as appropriate.
67 Such information shall be provided in accordance with this
68 section and rules adopted by the agency pursuant to this chapter
69 and s. 408.05. Licensed facilities operating exclusively as
70 state facilities are exempt from this subsection.

71 (b) Each licensed facility shall post on its website a
72 consumer-friendly list of standard charges for at least 300
73 shoppable health care services. If a facility provides fewer
74 than 300 distinct shoppable health care services, it shall make
75 available on its website the standard charges for each service

76 it provides. As used in this paragraph, the term "shoppable
77 health care service" means a service that can be scheduled by a
78 healthcare consumer in advance. The term includes, but is not
79 limited to, the services described in s. 627.6387(2)(e) and any
80 services defined in regulations or guidance issued by the United
81 States Department of Health and Human Services.

82 (6) Each facility shall establish an internal process for
83 reviewing and responding to grievances from patients. Such
84 process must allow patients to dispute charges that appear on
85 the patient's itemized statement or bill. The facility shall
86 prominently post on its website and indicate in bold print on
87 each itemized statement or bill the instructions for initiating
88 a grievance and the direct contact information required to
89 initiate the grievance process. The facility must provide an
90 initial response to a patient grievance within 7 business days
91 after the patient formally files a grievance disputing all or a
92 portion of an itemized statement or bill.

93 Section 3. Effective July 1, 2022, paragraph (c) of
94 subsection (1) of section 395.301, Florida Statutes, as amended
95 by this act, is amended to read:

96 395.301 Price transparency; itemized patient statement or
97 bill; patient admission status notification.—

98 (1) A facility licensed under this chapter shall provide
99 timely and accurate financial information and quality of service
100 measures to patients and prospective patients of the facility,

101 or to patients' survivors or legal guardians, as appropriate.
102 Such information shall be provided in accordance with this
103 section and rules adopted by the agency pursuant to this chapter
104 and s. 408.05. Licensed facilities operating exclusively as
105 state facilities are exempt from this subsection.

106 (c)1. ~~Upon request, and before providing any nonemergency~~
107 ~~medical services,~~ Each licensed facility shall provide in
108 writing or by electronic means a good faith estimate of
109 reasonably anticipated charges by the facility for the treatment
110 of a the patient's or prospective patient's specific condition.
111 Such estimate must be provided to the patient or prospective
112 patient after scheduling a medical service. The facility ~~must~~
113 ~~provide the estimate to the patient or prospective patient~~
114 ~~within 7 business days after the receipt of the request and is~~
115 not required to adjust the estimate for any potential insurance
116 coverage. However, the facility must provide the estimate to the
117 patient's health insurer, as defined in s. 627.445(1), and the
118 patient at least 3 business days before a service is to be
119 furnished, but no later than 1 business day after the service is
120 scheduled, or, in the case of a service scheduled at least 10
121 business days in advance, no later than 3 business days after
122 the service is scheduled. The estimate may be based on the
123 descriptive service bundles developed by the agency under s.
124 408.05(3)(c) unless the patient or prospective patient requests
125 a more personalized and specific estimate that accounts for the

126 specific condition and characteristics of the patient or
127 prospective patient. The facility shall inform the patient or
128 prospective patient that he or she may contact his or her health
129 insurer ~~or health maintenance organization~~ for additional
130 information concerning cost-sharing responsibilities. The
131 facility may not charge the patient more than 110 percent of the
132 estimate. However, if the facility determines that such charges
133 are warranted due to unforeseen circumstances or the provision
134 of additional services, the facility must provide the patient
135 with a written explanation of the excess charges as part of the
136 detailed, itemized statement or bill to the patient.

137 2. In the estimate, the facility shall provide to the
138 patient or prospective patient information on the facility's
139 financial assistance policy, including the application process,
140 payment plans, and discounts and the facility's charity care
141 policy and collection procedures.

142 3. The estimate shall clearly identify any facility fees
143 and, if applicable, include a statement notifying the patient or
144 prospective patient that a facility fee is included in the
145 estimate, the purpose of the fee, and that the patient may pay
146 less for the procedure or service at another facility or in
147 another health care setting.

148 4. ~~Upon request,~~ The facility shall notify the patient or
149 prospective patient of any revision to the estimate.

150 5. In the estimate, the facility must notify the patient

151 or prospective patient that services may be provided in the
152 health care facility by the facility as well as by other health
153 care providers that may separately bill the patient, if
154 applicable.

155 ~~6. The facility shall take action to educate the public~~
156 ~~that such estimates are available upon request.~~

157 6.7. Failure to timely provide the estimate pursuant to
158 this paragraph shall result in a daily fine of \$1,000 until the
159 estimate is provided to the patient or prospective patient and
160 the health insurer. The total fine per patient estimate may not
161 exceed \$10,000.

162 7. If the facility fails to provide the estimate more than
163 24 hours before beginning the treatment that is the subject of
164 the estimate required by this section, the facility may not bill
165 the patient or the patient's health insurer or collect any
166 amount of charges from any source for such treatment.

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168 ~~The provision of an estimate does not preclude the actual~~
169 ~~charges from exceeding the estimate.~~

170 Section 4. Section 395.3011, Florida Statutes, is created
171 to read:

172 395.3011 Billing and collection activities.-

173 (1) As used in this section, the term "extraordinary
174 collection action" means any of the following actions taken by a
175 licensed facility against an individual in relation to obtaining

176 payment of a bill for care covered under the facility's
177 financial assistance policy:

178 (a) Selling the individual's debt to another party.
179 (b) Reporting adverse information about the individual to
180 consumer credit reporting agencies or credit bureaus.
181 (c) Deferring, denying, or requiring a payment before
182 providing medically necessary care because of the individual's
183 nonpayment of one or more bills for previously provided care
184 covered under the facility's financial assistance policy.
185 (d) Actions that require a legal or judicial process,
186 including, but not limited to:

187 1. Placing a lien on the individual's property;
188 2. Foreclosing on the individual's real property;
189 3. Attaching or seizing the individual's bank account or
190 any other personal property;
191 4. Commencing a civil action against the individual;
192 5. Causing the individual's arrest; or
193 6. Garnishing the individual's wages.

194 (2) A facility shall not engage in an extraordinary
195 collection action against an individual to obtain payment for
196 services:

197 (a) Before the facility has made reasonable efforts to
198 determine whether the individual is eligible for assistance
199 under its financial assistance policy for the care provided.
200 (b) Before the facility has provided the individual with

201 an itemized statement or bill.

202 (c) During an ongoing grievance process as described in s.
203 395.301(6).

204 (d) Before billing any applicable insurer and allowing the
205 insurer to adjudicate a claim.

206 (e) For 30 days after notifying the patient in writing, by
207 certified mail or other traceable delivery method, that a
208 collection action will commence absent additional action by the
209 patient.

210 Section 5. Effective July 1, 2022, section 627.445,
211 Florida Statutes, is created to read:

212 627.445 Advanced explanation of benefits.-

213 (1) As used in this section, the term "health insurer"
214 means a health insurer issuing individual or group coverage or a
215 health maintenance organization issuing coverage through an
216 individual or group contract.

217 (2) Each health insurer shall prepare an advanced
218 explanation of benefits upon receiving a patient estimate from a
219 facility pursuant to s. 395.301(1). The health insurer must
220 provide the advanced explanation of benefits to the insured no
221 later than 1 business day after receiving the patient estimate
222 from the facility, or, in the case of a service scheduled at
223 least 10 business days in advance, no later than 3 business days
224 after receiving such estimate.

225 (3) At a minimum, the advanced explanation of benefits

226 must include detailed coverage and cost-sharing information
227 pursuant to the No Surprises Act, Title I of Division BB, Pub.
228 L. No. 116-260.

229 Section 6. Paragraph (a) of subsection (4) of section
230 627.6387, Florida Statutes, is amended to read:

231 627.6387 Shared savings incentive program.—

232 (4) (a) A shared savings incentive offered by a health
233 insurer in accordance with this section:

234 1. Is not an administrative expense for rate development
235 or rate filing purposes and shall be counted as a medical
236 expense for such purposes.

237 2. Does not constitute an unfair method of competition or
238 an unfair or deceptive act or practice under s. 626.9541 and is
239 presumed to be appropriate unless credible data clearly
240 demonstrates otherwise.

241 Section 7. Paragraph (a) of subsection (4) of section
242 627.6648, Florida Statutes, is amended to read:

243 627.6648 Shared savings incentive program.—

244 (4) (a) A shared savings incentive offered by a health
245 insurer in accordance with this section:

246 1. Is not an administrative expense for rate development
247 or rate filing purposes and shall be counted as a medical
248 expense for such purposes.

249 2. Does not constitute an unfair method of competition or
250 an unfair or deceptive act or practice under s. 626.9541 and is

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251 | presumed to be appropriate unless credible data clearly
252 | demonstrates otherwise.

253 | Section 8. Paragraph (a) of subsection (4) of section
254 | 641.31076, Florida Statutes, is amended to read:

255 | 641.31076 Shared savings incentive program.—

256 | (4) A shared savings incentive offered by a health
257 | maintenance organization in accordance with this section:

258 | (a) Is not an administrative expense for rate development
259 | or rate filing purposes and shall be counted as a medical
260 | expense for such purposes.

261 | Section 9. Except as otherwise expressly provided in this
262 | act, this act shall take effect July 1, 2021.