

1 A bill to be entitled
 2 An act relating to health care expenses; amending s.
 3 95.11, F.S.; establishing a 3-year statute of
 4 limitations for an action to collect medical debt for
 5 services rendered by a health care provider or
 6 facility; creating s. 222.26, F.S.; providing
 7 additional personal property exemptions from legal
 8 process for medical debts resulting from services
 9 provided in certain licensed facilities; amending s.
 10 395.301, F.S.; requiring a licensed facility to post
 11 on its website a consumer-friendly list of standard
 12 charges for a minimum number of shoppable health care
 13 services; providing definitions; requiring a licensed
 14 facility to provide an estimate to a patient or
 15 prospective patient and the patient's health insurer
 16 within specified timeframes; requiring a licensed
 17 facility to establish an internal grievance process
 18 for patients to dispute charges; requiring a facility
 19 to make available information necessary for initiating
 20 a grievance; requiring a facility to respond to a
 21 patient grievance within a specified timeframe;
 22 requiring licensed a facility to disclose specified
 23 information relating to cost sharing obligations to
 24 certain persons; providing a penalty; providing a
 25 definition; requiring each health insurer to provide

26 an insured with an advanced explanation of benefits
 27 after receiving a patient estimate from a facility for
 28 scheduled services; providing requirements for the
 29 advanced explanation of benefits; prohibiting a health
 30 insurer from disclosing specified information relating
 31 to discounted cash prices to certain persons; defining
 32 the term "discounted cash price"; amending s.
 33 627.6387, F.S.; revising definitions; requiring,
 34 rather than authorizing, a health insurer to offer a
 35 shared savings incentive program for specified
 36 purposes; requiring a health insurer to notify an
 37 insured that participation in such program is
 38 voluntary and optional; amending ss. 627.6648 and
 39 641.31076, F.S.; providing that a shared savings
 40 incentive offered by a health insurer or health
 41 maintenance organization constitutes a medical expense
 42 for rate development and rate filing purposes;
 43 creating s. 395.3011, F.S.; defining the term
 44 "extraordinary collection action"; prohibiting certain
 45 collection activities by a licensed facility; creating
 46 s. 627.446, F.S.; conforming cross-references;
 47 amending ss.475.01, 475.611, 517.191, 768.28, and
 48 787.061 F.S.; providing a delayed application date;
 49 conforming to changes made by the act; providing an
 50 effective date.

51
 52 Be It Enacted by the Legislature of the State of Florida:
 53

54 Section 1. Subsections (4) through (12) of section 95.11,
 55 Florida Statutes, are renumbered as subsections (5) through
 56 (13), respectively, paragraph (b) of subsection (2), paragraph
 57 (n) of subsection (3), paragraphs (f) and (g) of present
 58 subsection (5), and present subsection (10) are amended, and a
 59 new subsection (4) is added to that section, to read:

60 95.11 Limitations other than for the recovery of real
 61 property.—Actions other than for recovery of real property shall
 62 be commenced as follows:

63 (2) WITHIN FIVE YEARS.—

64 (b) A legal or equitable action on a contract, obligation,
 65 or liability founded on a written instrument, except for an
 66 action to enforce a claim against a payment bond, which shall be
 67 governed by the applicable provisions of paragraph (6) (e)
 68 ~~paragraph (5) (e)~~, s. 255.05(10), s. 337.18(1), or s.
 69 713.23(1) (e), and except for an action for a deficiency judgment
 70 governed by paragraph (6) (h) ~~paragraph (5) (h)~~.

71 (3) WITHIN FOUR YEARS.—

72 (n) An action for assault, battery, false arrest,
 73 malicious prosecution, malicious interference, false
 74 imprisonment, or any other intentional tort, except as provided
 75 in subsections (5), (6), and (8) ~~subsections (4), (5), and (7)~~.

76 (4) WITHIN THREE YEARS.—An action to collect medical debt
 77 for services rendered by a facility licensed under chapter 395,
 78 provided that the period of limitations shall run from the date
 79 on which the facility refers the medical debt to a third party
 80 for collection.

81 (6)~~(5)~~ WITHIN ONE YEAR.—

82 (f) Except for actions described in subsection (9)~~(8)~~, a
 83 petition for extraordinary writ, other than a petition
 84 challenging a criminal conviction, filed by or on behalf of a
 85 prisoner as defined in s. 57.085.

86 (g) Except for actions described in subsection (9)~~(8)~~, an
 87 action brought by or on behalf of a prisoner, as defined in s.
 88 57.085, relating to the conditions of the prisoner's
 89 confinement.

90 (11)~~(10)~~ FOR INTENTIONAL TORTS RESULTING IN DEATH FROM
 91 ACTS DESCRIBED IN S. 782.04 OR S. 782.07.—Notwithstanding
 92 paragraph (5)(e) ~~paragraph (4)(e)~~, an action for wrongful death
 93 seeking damages authorized under s. 768.21 brought against a
 94 natural person for an intentional tort resulting in death from
 95 acts described in s. 782.04 or s. 782.07 may be commenced at any
 96 time. This subsection shall not be construed to require an
 97 arrest, the filing of formal criminal charges, or a conviction
 98 for a violation of s. 782.04 or s. 782.07 as a condition for
 99 filing a civil action.

100 Section 2. Section 222.26, Florida Statutes, is created to

101 read:

102 222.26 Additional exemptions from legal process concerning
 103 medical debt.—If a debt is owed for medical services provided by
 104 a facility licensed under chapter 395, the following property is
 105 exempt from attachment, garnishment, or other legal process in
 106 an action on such debt:

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

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

113 Section 2. Paragraphs (b), (c), and (d) of subsection (1)
 114 of section 395.301, Florida Statutes, are redesignated as
 115 paragraphs (c), (d), and (e), respectively, subsection (6) is
 116 renumbered as subsection (8), present paragraph (b) of
 117 subsection (1) is amended, a new paragraph (b) is added to
 118 subsection (1), and new subsections (6) and (7) are added to
 119 that section, to read:

120 395.301 Price transparency; itemized patient statement or
 121 bill; patient admission status notification.—

122 (1) A facility licensed under this chapter shall provide
 123 timely and accurate financial information and quality of service
 124 measures to patients and prospective patients of the facility,
 125 or to patients' survivors or legal guardians, as appropriate.

126 Such information shall be provided in accordance with this
 127 section and rules adopted by the agency pursuant to this chapter
 128 and s. 408.05. Licensed facilities operating exclusively as
 129 state facilities are exempt from this subsection.

130 (b) Each licensed facility shall post on its website a
 131 consumer-friendly list of standard charges for at least 300
 132 shoppable health care services. If a facility provides fewer
 133 than 300 distinct shoppable health care services, it shall make
 134 available on its website the standard charges for each service
 135 it provides. As used in this paragraph, the term:

136 1. "Shoppable health care service" means a service that
 137 can be scheduled by a healthcare consumer in advance. The term
 138 includes, but is not limited to, the services described in s.
 139 627.6387(2)(e) and any services defined in regulations or
 140 guidance issued by the United States Department of Health and
 141 Human Services.

142 2. "Standard charge" has the same meaning as that term is
 143 defined in regulations or guidance issued by the United States
 144 Department of Health and Human Services for purposes of hospital
 145 price transparency.

146 (c)-(b)1. Upon request, and Before providing any
 147 nonemergency medical services, each licensed facility shall
 148 provide in writing or by electronic means a good faith estimate
 149 of reasonably anticipated charges by the facility for the
 150 treatment of a ~~the~~ patient's or prospective patient's specific

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151 condition. Such estimate must be provided to the patient or
152 prospective patient upon scheduling a medical service. The
153 ~~facility must provide the estimate to the patient or prospective~~
154 ~~patient within 7 business days after the receipt of the request~~
155 ~~and~~ is not required to adjust the estimate for any potential
156 insurance coverage. The facility must provide the estimate to
157 the patient's health insurer, as defined in s. 627.446(1), and
158 the patient at least 3 business days before a service is to be
159 provided, but no later than 1 business day after the service is
160 scheduled or, in the case of a service scheduled at least 10
161 business days in advance, no later than 3 business days after
162 the service is scheduled. The estimate may be based on the
163 descriptive service bundles developed by the agency under s.
164 408.05(3)(c) unless the patient or prospective patient requests
165 a more personalized and specific estimate that accounts for the
166 specific condition and characteristics of the patient or
167 prospective patient. The facility shall inform the patient or
168 prospective patient that he or she may contact his or her health
169 insurer ~~or health maintenance organization~~ for additional
170 information concerning cost-sharing responsibilities.

171 2. In the estimate, the facility shall provide to the
172 patient or prospective patient information on the facility's
173 financial assistance policy, including the application process,
174 payment plans, and discounts and the facility's charity care
175 policy and collection procedures.

176 3. The estimate shall clearly identify any facility fees
 177 and, if applicable, include a statement notifying the patient or
 178 prospective patient that a facility fee is included in the
 179 estimate, the purpose of the fee, and that the patient may pay
 180 less for the procedure or service at another facility or in
 181 another health care setting.

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

184 5. In the estimate, the facility must notify the patient
 185 or prospective patient that services may be provided in the
 186 health care facility by the facility as well as by other health
 187 care providers that may separately bill the patient, if
 188 applicable.

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

191 6.7. Failure to timely provide the estimate pursuant to
 192 this paragraph shall result in a daily fine of \$1,000 until the
 193 estimate is provided to the patient or prospective patient and
 194 the health insurer. The total fine per patient estimate may not
 195 exceed \$10,000.

196
 197 ~~The provision of an estimate does not preclude the actual~~
 198 ~~charges from exceeding the estimate.~~

199 (6) Each facility shall establish an internal process for
 200 reviewing and responding to grievances from patients. Such

201 process must allow patients to dispute charges that appear on
202 the patient's itemized statement or bill. The facility shall
203 prominently post on its website and indicate in bold print on
204 each itemized statement or bill the instructions for initiating
205 a grievance and the direct contact information required to
206 initiate the grievance process. The facility must provide an
207 initial response to a patient grievance within 7 business days
208 after the patient formally files a grievance disputing all or a
209 portion of an itemized statement or bill.

210 (7) Each licensed facility shall disclose to a patient,
211 prospective patient, or a patient's legal guardian whether a
212 cost-sharing obligation for a particular covered health care
213 service or item exceeds the charge that applies to an individual
214 who pays cash or the cash equivalent, for the same health care
215 service or item in the absence of health insurance coverage.
216 Failure to provide a disclosure in compliance with this
217 subsection may result in a fine not to exceed \$500 per incident.

218 Section 3. Section 395.3011, Florida Statutes, is created
219 to read:

220 395.3011 Billing and collection activities.-

221 (1) As used in this section, the term "extraordinary
222 collection action" means any of the following actions taken by a
223 licensed facility against an individual in relation to obtaining
224 payment of a bill for care covered under the facility's
225 financial assistance policy:

- 226 (a) Selling the individual's debt to another party.
- 227 (b) Reporting adverse information about the individual to
 228 consumer credit reporting agencies or credit bureaus.
- 229 (c) Deferring, denying, or requiring a payment before
 230 providing medically necessary care because of the individual's
 231 nonpayment of one or more bills for previously provided care
 232 covered under the facility's financial assistance policy.
- 233 (d) Actions that require a legal or judicial process,
 234 including, but not limited to:
- 235 1. Placing a lien on the individual's property;
 236 2. Foreclosing on the individual's real property;
 237 3. Attaching or seizing the individual's bank account or
 238 any other personal property;
- 239 4. Commencing a civil action against the individual;
 240 5. Causing the individual's arrest; or
 241 6. Garnishing the individual's wages.
- 242 (2) A facility may not engage in an extraordinary
 243 collection action against an individual to obtain payment for
 244 services:
- 245 (a) Before the facility has made reasonable efforts to
 246 determine whether the individual is eligible for assistance
 247 under its financial assistance policy for the care provided and,
 248 if eligible, before a decision is made by the facility on the
 249 patient's application for such financial assistance.
- 250 (b) Before the facility has provided the individual with

251 an itemized statement or bill.

252 (c) During an ongoing grievance process as described in s.
 253 395.301(6) or an ongoing appeal of a claim adjudication.

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

256 (e) For 30 days after notifying the patient in writing, by
 257 certified mail, or by other traceable delivery method, that a
 258 collection action will commence absent additional action by the
 259 patient.

260 (f) While the individual:

261 1. Negotiates in good faith the final amount of a bill for
 262 services rendered; or

263 2. Complies with all terms of a payment plan with the
 264 facility.

265 Section 4. Paragraph (b) of subsection (1) of section
 266 624.27, Florida Statutes, is amended to read:

267 624.27 Direct health care agreements; exemption from
 268 code.—

269 (1) As used in this section, the term:

270 (b) "Health care provider" means a health care provider
 271 licensed under chapter 458, chapter 459, chapter 460, chapter
 272 461, chapter 464, or chapter 466, chapter 490, or chapter 491,
 273 or a health care group practice, who provides health care
 274 services to patients.

275 Section 4. Paragraph (a) of subsection (4) of section

276 641.31076, Florida Statutes, is amended to read:

277 641.31076 Shared savings incentive program.—

278 (4) A shared savings incentive offered by a health
279 maintenance organization in accordance with this section:

280 (a) Is not an administrative expense for rate development
281 or rate filing purposes and shall be counted as a medical
282 expense for such purposes.

283 Section 5. Paragraphs (b) and (c) of subsection (2),
284 subsection (3), and paragraph (a) of subsection (4) of section
285 627.6387, Florida Statutes, are amended to read:

286 627.6387 Shared savings incentive program.—

287 (2) As used in this section, the term:

288 (b) "Health insurer" means an authorized insurer offering
289 health insurance as defined in s. 627.446 ~~s. 624.603~~.

290 (c) "Shared savings incentive" means a voluntary and
291 optional financial incentive that a health insurer provides ~~may~~
292 ~~provide~~ to an insured for choosing certain shoppable health care
293 services under a shared savings incentive program which ~~and~~ may
294 include, but is not limited to, the incentives described in s.
295 626.9541(4) (a) .

296 (3) A health insurer must ~~may~~ offer a shared savings
297 incentive program to provide incentives to an insured when the
298 insured obtains a shoppable health care service from the health
299 insurer's shared savings list. An insured may not be required to
300 participate in a shared savings incentive program. A health

301 | ~~insurer that offers a shared savings incentive program~~ must:

302 | (a) Establish the program as a component part of the
 303 | policy or certificate of insurance provided by the health
 304 | insurer and notify the insureds and the office at least 30 days
 305 | before program termination.

306 | (b) File a description of the program on a form prescribed
 307 | by commission rule. The office must review the filing and
 308 | determine whether the shared savings incentive program complies
 309 | with this section.

310 | (c) Notify an insured annually and at the time of renewal,
 311 | and an applicant for insurance at the time of enrollment, of the
 312 | availability of the shared savings incentive program, ~~and~~ the
 313 | procedure to participate in the program, and that participation
 314 | by the insured is voluntary and optional.

315 | (d) Publish on a web page easily accessible to insureds
 316 | and to applicants for insurance a list of shoppable health care
 317 | services and health care providers and the shared savings
 318 | incentive amount applicable for each service. A shared savings
 319 | incentive may not be less than 25 percent of the savings
 320 | generated by the insured's participation in any shared savings
 321 | incentive offered by the health insurer. The baseline for the
 322 | savings calculation is the average in-network amount paid for
 323 | that service in the most recent 12-month period or some other
 324 | methodology established by the health insurer and approved by
 325 | the office.

326 (e) At least quarterly, credit or deposit the shared
 327 savings incentive amount to the insured's account as a return or
 328 reduction in premium, or credit the shared savings incentive
 329 amount to the insured's flexible spending account, health
 330 savings account, or health reimbursement account, or reward the
 331 insured directly with cash or a cash equivalent.

332 (f) Submit an annual report to the office within 90
 333 business days after the close of each plan year. At a minimum,
 334 the report must include the following information:

335 1. The number of insureds who participated in the program
 336 during the plan year and the number of instances of
 337 participation.

338 2. The total cost of services provided as a part of the
 339 program.

340 3. The total value of the shared savings incentive
 341 payments made to insureds participating in the program and the
 342 values distributed as premium reductions, credits to flexible
 343 spending accounts, credits to health savings accounts, or
 344 credits to health reimbursement accounts.

345 4. An inventory of the shoppable health care services
 346 offered by the health insurer.

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

349 1. Is not an administrative expense for rate development
 350 or rate filing purposes and shall be counted as a medical

351 expense for such purposes.

352 2. Does not constitute an unfair method of competition or
 353 an unfair or deceptive act or practice under s. 626.9541 and is
 354 presumed to be appropriate unless credible data clearly
 355 demonstrates otherwise.

356 Section 6. Paragraph (a) of subsection (4) of section
 357 627.6648, Florida Statutes, is amended to read:

358 627.6648 Shared savings incentive program.—

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

361 1. Is not an administrative expense for rate development
 362 or rate filing purposes and shall be counted as a medical
 363 expense for such purposes.

364 2. Does not constitute an unfair method of competition or
 365 an unfair or deceptive act or practice under s. 626.9541 and is
 366 presumed to be appropriate unless credible data clearly
 367 demonstrates otherwise.

368 Section 7. Paragraphs (a) and (j) of subsection (1) of
 369 section 475.01, Florida Statutes, are amended to read:

370 475.01 Definitions.—

371 (1) As used in this part:

372 (a) "Broker" means a person who, for another, and for a
 373 compensation or valuable consideration directly or indirectly
 374 paid or promised, expressly or impliedly, or with an intent to
 375 collect or receive a compensation or valuable consideration

376 therefor, appraises, auctions, sells, exchanges, buys, rents, or
 377 offers, attempts or agrees to appraise, auction, or negotiate
 378 the sale, exchange, purchase, or rental of business enterprises
 379 or business opportunities or any real property or any interest
 380 in or concerning the same, including mineral rights or leases,
 381 or who advertises or holds out to the public by any oral or
 382 printed solicitation or representation that she or he is engaged
 383 in the business of appraising, auctioning, buying, selling,
 384 exchanging, leasing, or renting business enterprises or business
 385 opportunities or real property of others or interests therein,
 386 including mineral rights, or who takes any part in the procuring
 387 of sellers, purchasers, lessors, or lessees of business
 388 enterprises or business opportunities or the real property of
 389 another, or leases, or interest therein, including mineral
 390 rights, or who directs or assists in the procuring of prospects
 391 or in the negotiation or closing of any transaction which does,
 392 or is calculated to, result in a sale, exchange, or leasing
 393 thereof, and who receives, expects, or is promised any
 394 compensation or valuable consideration, directly or indirectly
 395 therefor; and all persons who advertise rental property
 396 information or lists. A broker renders a professional service
 397 and is a professional within the meaning of s. 95.11(5)(b) ~~s.~~
 398 ~~95.11(4)(b)~~. Where the term "appraise" or "appraising" appears
 399 in the definition of the term "broker," it specifically excludes
 400 those appraisal services which must be performed only by a

401 state-licensed or state-certified appraiser, and those appraisal
 402 services which may be performed by a registered trainee
 403 appraiser as defined in part II. The term "broker" also includes
 404 any person who is a general partner, officer, or director of a
 405 partnership or corporation which acts as a broker. The term
 406 "broker" also includes any person or entity who undertakes to
 407 list or sell one or more timeshare periods per year in one or
 408 more timeshare plans on behalf of any number of persons, except
 409 as provided in ss. 475.011 and 721.20.

410 (j) "Sales associate" means a person who performs any act
 411 specified in the definition of "broker," but who performs such
 412 act under the direction, control, or management of another
 413 person. A sales associate renders a professional service and is
 414 a professional within the meaning of s. 95.11(5)(b) ~~s.~~
 415 ~~95.11(4)(b)~~.

416 Section 8. Paragraph (h) of subsection (1) of section
 417 475.611, Florida Statutes, is amended to read:

418 475.611 Definitions.—

419 (1) As used in this part, the term:

420 (h) "Appraiser" means any person who is a registered
 421 trainee real estate appraiser, a licensed real estate appraiser,
 422 or a certified real estate appraiser. An appraiser renders a
 423 professional service and is a professional within the meaning of
 424 s. 95.11(5)(b) ~~s. 95.11(4)(b)~~.

425 Section 9. Subsection (7) of section 517.191, Florida

426 Statutes, is amended to read:

427 517.191 Injunction to restrain violations; civil
428 penalties; enforcement by Attorney General.—

429 (7) Notwithstanding s. 95.11(5)(f) ~~s. 95.11(4)(f)~~, an
430 enforcement action brought under this section based on a
431 violation of any provision of this chapter or any rule or order
432 issued under this chapter shall be brought within 6 years after
433 the facts giving rise to the cause of action were discovered or
434 should have been discovered with the exercise of due diligence,
435 but not more than 8 years after the date such violation
436 occurred.

437 Section 10. Subsection (14) of section 768.28, Florida
438 Statutes, is amended to read:

439 768.28 Waiver of sovereign immunity in tort actions;
440 recovery limits; civil liability for damages caused during a
441 riot; limitation on attorney fees; statute of limitations;
442 exclusions; indemnification; risk management programs.—

443 (14) Every claim against the state or one of its agencies
444 or subdivisions for damages for a negligent or wrongful act or
445 omission pursuant to this section shall be forever barred unless
446 the civil action is commenced by filing a complaint in the court
447 of appropriate jurisdiction within 4 years after such claim
448 accrues; except that an action for contribution must be
449 commenced within the limitations provided in s. 768.31(4), and
450 an action for damages arising from medical malpractice or

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451 wrongful death must be commenced within the limitations for such
452 actions in s. 95.11(5) ~~s. 95.11(4)~~.

453 Section 11. Subsection (4) of section 787.061, Florida
454 Statutes, is amended to read:

455 787.061 Civil actions by victims of human trafficking.—

456 (4) STATUTE OF LIMITATIONS.—The statute of limitations as
457 specified in s. 95.11(8) or (10) ~~s. 95.11(7) or (9)~~, as
458 applicable, governs an action brought under this section.

459 Section 12. The changes made to this act to sections
460 395.301 and 627.446 do not apply to ambulatory surgical centers,
461 as defined in section 395.002, until January 1, 2026.

462 Section 12. This act shall take effect July 1, 2024.