

26 | when such person is damaged:

27 | (a) By a violation of any of the following provisions by
28 | the insurer:

- 29 | 1. Section 626.9541(1) (i), (o), or (x);
- 30 | 2. Section 626.9551;
- 31 | 3. Section 626.9705;
- 32 | 4. Section 626.9706;
- 33 | 5. Section 626.9707; ~~or~~
- 34 | 6. Section 627.7283; or
- 35 | 7. Section 627.6387.

36 | (b) By the commission of any of the following acts by the
37 | insurer:

- 38 | 1. Not attempting in good faith to settle claims when,
39 | under all the circumstances, it could and should have done so,
40 | had it acted fairly and honestly toward its insured and with due
41 | regard for her or his interests;
- 42 | 2. Making claims payments to insureds or beneficiaries not
43 | accompanied by a statement setting forth the coverage under
44 | which payments are being made; or
- 45 | 3. Except as to liability coverages, failing to promptly
46 | settle claims, when the obligation to settle a claim has become
47 | reasonably clear, under one portion of the insurance policy
48 | coverage in order to influence settlements under other portions
49 | of the insurance policy coverage.

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51 Notwithstanding the provisions of the above to the contrary, a
52 person pursuing a remedy under this section need not prove that
53 such act was committed or performed with such frequency as to
54 indicate a general business practice.

55 Section 2. Section 627.6387, Florida Statutes, is created
56 to read:

57 627.6387 Shared savings incentive program.—

58 (1) This section may be cited as the "Patient Savings
59 Act".—

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

61 (a) "Average price" means the average amount paid to an
62 in-network health care provider for a shoppable health care
63 service within a 1-year period or as determined by another
64 method approved by the Office of Insurance Regulation.

65 (b) "Contracted amount" means the amount agreed to be paid
66 by the health insurer pursuant to a policy, contract, or
67 certificate of insurance to a health care provider for shoppable
68 health care services covered by the policy, contract, or
69 certificate of insurance, including any facility fees charged by
70 the provider.

71 (c) "Health care provider" means hospitals, ambulatory
72 surgical centers, and other medical facilities licensed under
73 chapter 395; home health agencies licensed under chapter 400;
74 physicians licensed under chapter 458; physician assistants
75 licensed under chapter 458 or chapter 459; osteopathic

76 | physicians licensed under chapter 459; chiropractic physicians
 77 | licensed under chapter 460; podiatric physicians licensed under
 78 | chapter 461; naturopaths licensed under chapter 462; dentists
 79 | licensed under chapter 466; nurses licensed under part I of
 80 | chapter 464; midwives licensed under chapter 467; occupational
 81 | therapists licensed under chapter 468; radiological personnel
 82 | certified under chapter 468; clinical laboratories licensed
 83 | under chapter 483; physical therapists and physical therapist
 84 | assistants licensed under chapter 486; blood banks, plasma
 85 | centers, industrial clinics, and renal dialysis facilities; or
 86 | professional associations, partnerships, corporations, joint
 87 | ventures, or other associations for professional activity by
 88 | health care providers.

89 | (d) "Health insurer" means an authorized insurer offering
 90 | health insurance as defined in s. 624.603 or a health
 91 | maintenance organization as defined in s. 641.19(12). The term
 92 | includes a person with a self-insurance plan that provides
 93 | health insurance benefits.

94 | (e) "Shared savings incentive program" means a cash
 95 | incentive program established by a health insurer pursuant to
 96 | this section.

97 | (f) "Shoppable health care service" means a nonemergency
 98 | health care service for which an insured may receive a cash
 99 | payment under a shared savings incentive program. Shoppable
 100 | health care services include:

101 1. Clinical laboratory services.

102 2. Infusion therapy.

103 3. Inpatient and outpatient surgical procedures.

104 4. Obstetrical and gynecological services.

105 5. Outpatient nonsurgical diagnostic tests and procedures.

106 6. Physical and occupational therapy services.

107 7. Radiology and imaging services.

108 (3) A health insurer's website must provide a method for
109 an insured or prospective insured to request and obtain
110 information on the contracted amount for shoppable health care
111 services from a health care provider and to compare the average
112 price among health care providers.

113 (4) Upon the request of an insured, a health insurer must
114 provide a good faith estimate of the contracted amount and the
115 estimated amount of copayments, deductibles, and other cost-
116 sharing responsibilities for health care services and procedures
117 within 2 working days after the request for both in-network and
118 out-of-network providers. The health insurer must notify the
119 insured that the estimate may differ from the actual amount the
120 insured will be responsible to pay due to unforeseen
121 circumstances that arise out of the proposed nonemergency
122 service or procedure.

123 (5) For the plan year beginning January 1, 2018, a health
124 insurer must implement a shared savings incentive program to
125 provide cash payments to an insured when the insured obtains a

126 shoppable health care service at a price that is less than the
127 average price for that service.

128 (a) The amount of the shared savings incentive program
129 payment may be calculated as a percentage between the contracted
130 amount and the average price, or by an alternative method
131 approved by the office.

132 (b) The amount of the cash payment to the insured must be
133 at least 50 percent of the health insurer's saved costs for each
134 shoppable health care service paid to the health care provider
135 as compared with the average price.

136 (c) If an insured elects to receive a shoppable health
137 care service from an out-of-network health care provider for a
138 price that is less than the average price, the health insurer
139 must treat such service as if the service is provided by an in-
140 network health care provider for purposes of calculating the
141 shared savings incentive program payment.

142 (d) A health insurer is not required to provide a cash
143 payment under the shared savings incentive program to an insured
144 when the health insurer's saved cost is \$50 or less.

145 (e) A cash payment made by an insurer in accordance with
146 this section is not an administrative expense of the insurer for
147 rate development or rate filing purposes.

148 (6) The shared savings incentive program must be a
149 component part of the policy, contract, or certificate of
150 insurance provided by the health insurer. Annually and at the

151 time of enrollment or renewal, a health insurer must notify its
152 insureds of the shared savings incentive program.

153 (7) A health insurer must file a description of the shared
154 savings incentive program with the office on a form prescribed
155 by the office. The office must review the filing to determine if
156 the program complies with the requirements of this section.

157 (8) A health insurer must file an annual report to the
158 office of its shared savings incentive program. The report must
159 include:

160 (a) The total number of payments made pursuant to this
161 section for the calendar year.

162 (b) The shoppable health care services by category for
163 which payments were made.

164 (c) The average amount of payments.

165 (d) The total amount saved by the health insurer when
166 compared with the average prices for each shoppable health
167 service category.

168 (e) The total number of insured and the percentage of
169 total insured who participated.

170 (9) (a) The office may impose an administrative penalty of
171 no more than \$2,500 per violation per day upon a health insurer
172 for failure to comply with this section. A fine imposed under
173 this section may be in addition to other penalties or fines
174 authorized by the insurance code.

175 (b) If a health insurer fails to meet the filing

176 requirements under this section and does not submit the filing
177 within 30 days after the date the filing is due, the office may
178 order the insurer to discontinue the issuance of policies,
179 contracts, or certificate of insurance until the filing
180 requirements have been fulfilled.

181 (c) The office may revoke or suspend for at least 6 months
182 the certificate of authority of a health insurer for failure to
183 comply with this section.

184 (10) The office must submit an annual report that
185 summarizes the reports filed by health insurers required by
186 subsection (8). The report must be delivered to the President of
187 the Senate and the Speaker of the House of Representatives by
188 April 1, 2019, and each year thereafter.

189 (11) The office may adopt rules necessary to implement and
190 enforce this section.

191 Section 3. This act shall take effect upon becoming a law.