By Senator Stargel

22-00375-19 201980

A bill to be entitled

An act relating to medical malpractice; creating s. 766.1181, F.S.; specifying how to calculate damages in certain personal injury or wrongful death actions; prohibiting admission of specified information relating to costs of medical or health care as evidence in such actions; providing applicability; providing a directive to the Division of Law Revision; providing an effective date.

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

Section 1. Section 766.1181, Florida Statutes, is created to read:

766.1181 Damages recoverable for cost of medical or health care services; evidence of damages; applicability.—

(1) In any personal injury or wrongful death action to which this chapter applies, damages for the cost of medical or health care services provided to a claimant are calculated as follows:

(a) For medical or health care services provided by a health care provider to a claimant which the claimant paid for and for which an outstanding balance is not due to the provider, the actual amount remitted to the provider is the maximum amount recoverable. Any difference between the amount originally billed by the provider and the actual amount remitted to the provider is not recoverable or admissible in evidence.

(b) For medical or health care services provided by a health care provider to a claimant which a government program or

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private health insurance paid for and for which an outstanding balance is not due to the provider, other than a copayment or deductible owed by the claimant, the actual amount remitted to the provider by the government program or private health insurance, plus any copayment or deductible owed by the claimant, is the maximum amount recoverable. Any difference between the amount originally billed by the provider and the sum of the actual amount remitted to the provider and the copayment or deductible owed by the claimant is not recoverable or admissible in evidence.

- (c) For medical or health care services provided to a claimant for which an outstanding balance is claimed to be due to the health care provider and for claims asserted for medical or health care services to be provided to the claimant in the future, the maximum amounts recoverable are the amounts customarily accepted from Medicare in payment for such services by other health care providers in the same geographic area. This limitation also applies to any lien asserted for such services in the action, with the exception of liens identified in subsection (3).
- (2) An individual contract between a health care provider and a health insurer or health maintenance organization is not subject to discovery or disclosure in an action under this section, and such information is not admissible in evidence in an action to which this section applies.
- (3) Notwithstanding this section, if Medicaid, Medicare, or a payor regulated under the Florida Insurance Code has covered or is covering the cost of a claimant's medical or health care services and has given notice of assertion of a lien or

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subrogation claim for past medical expenses in the action, the amount of the lien or subrogation claim, in addition to the amount of a copayment or deductible paid or payable by the claimant, is the maximum amount recoverable and admissible in evidence with respect to the covered medical or health care services.

(4) This section applies only to personal injury or wrongful death actions to which this chapter applies which arise on or after the effective date of this act. This section has no other application or effect regarding compensation paid to providers of medical or health care services.

Section 2. The Division of Law Revision is directed to replace the phrase "the effective date of this act" whenever it occurs in this act with the date the act becomes a law.

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