A bill to be entitled
An act relating to medical billing; creating s.
222.26, F.S.; providing additional personal property
exemptions from legal process for medical debts
resulting from services provided in certain licensed
facilities; amending s. 395.301, F.S.; requiring a
licensed facility to provide a cost estimate to a
patient under certain conditions; prohibiting a
licensed facility from charging a patient an amount
that exceeds such cost estimate by a set threshold;
requiring a licensed facility to provide a patient
with a written explanation of excess charges under
certain circumstances; requiring a licensed facility
to establish an internal grievance process for
patients to dispute charges; requiring a facility to
make available information necessary for initiating a
grievance; requiring a facility to respond to a
patient grievance within a specified timeframe;
creating s. 395.3011, F.S.; prohibiting certain
collection activities by a licensed facility;
providing an effective date.

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).

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

Section 2. Subsection (6) of section 395.301, Florida Statutes, is renumbered as subsection (7), paragraph (b) of subsection (1) is amended, and a new subsection (6) is added to that section, to read:

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

(1) A facility licensed under this chapter shall provide timely and accurate financial information and quality of service measures to patients and prospective patients of the facility, or to patients’ survivors or legal guardians, as appropriate. Such information shall be provided in accordance with this section and rules adopted by the agency pursuant to this chapter and s. 408.05. Licensed facilities operating exclusively as state facilities are exempt from this subsection.
(b)1. Upon request, and before providing any nonemergency medical services, each licensed facility shall provide in writing or by electronic means a good faith, reasonable anticipated charges by the facility for the treatment of a patient's or prospective patient's specific condition. Such estimate must be provided to the patient or prospective patient upon scheduling a medical service or upon admission to the facility, or before the provision of nonemergency medical services on an outpatient basis, as applicable. The facility must provide the estimate to the patient or prospective patient within 7 business days after the receipt of the request and is not required to adjust the estimate for any potential insurance coverage. The estimate may be based on the descriptive service bundles developed by the agency under s. 408.05(3)(c) unless the patient or prospective patient requests a more personalized and specific estimate that accounts for the specific condition and characteristics of the patient or prospective patient. The facility shall inform the patient or prospective patient that he or she may contact his or her health insurer or health maintenance organization for additional information concerning cost-sharing responsibilities. The facility may not charge the patient more than 110 percent of the estimate. However, if the facility determines that such charges are warranted due to unforeseen circumstances or the provision of additional services, the facility must provide the patient with a written
explanation of the excess charges as part of the detailed, itemized statement or bill to the patient.

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

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

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

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

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

6.7. Failure to timely provide the estimate within the timeframe required in subparagraph 1. pursuant to this paragraph shall result in a daily fine of $1,000 until the estimate is
provided to the patient or prospective patient. The total fine may not exceed $10,000.

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

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

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

395.3011 Billing and collection activities.—

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

(a) Selling the individual's debt to another party.
(b) Reporting adverse information about the individual to consumer credit reporting agencies or credit bureaus.

(c) Deferring, denying, or requiring a payment before providing medically necessary care because of the individual's nonpayment of one or more bills for previously provided care covered under the facility's financial assistance policy.

(d) Actions that require a legal or judicial process, including, but not limited to:

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

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

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

(b) Before the facility has provided the individual with an itemized statement or bill.

(c) During an ongoing grievance process as described in s. 395.301(6).
(d) Before billing any applicable insurer and allowing the insurer to adjudicate a claim.

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

Section 4. This act shall take effect July 1, 2020.