Florida Senate - 2022 Bill No. SB 296

LEGISLATIVE ACTION

Senate

House

The Committee on Health Policy (Garcia) recommended the following:

Senate Amendment (with title amendment)

Delete line 126

and insert:

Section 4. Present subsection (7) of section 627.6471, Florida Statutes, is redesignated as subsection (8) and amended, and a new subsection (7) is added to that section, to read: 627.6471 Contracts for reduced rates of payment;

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limitations; coinsurance and deductibles.-
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(7) Notwithstanding s. 627.64194, an insurer issuing a

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11	health insurance policy in this state, upon request by an
12	insured, must apply payments for a service provided by a
13	nonpreferred provider toward an insured's deductible and out-of-
14	pocket maximum as if the service had been provided by a
15	preferred network provider, if:
16	(a) The service provided to the insured by the nonpreferred
17	provider is within the scope of services covered by the policy;
18	and
19	(b) The nonpreferred provider's billed amount for the
20	service is equal to or less than the allowed amount for the
21	service for preferred providers under the plan or the statewide
22	average for the service as listed on the Florida Health Price
23	Finder website administered by the Agency for Health Care
24	Administration.
25	(8) (7) Any policy issued under this section after January
26	1, 2023 2017, must include the following disclosure: "WARNING:
27	LIMITED BENEFITS <u>MAY</u> WILL BE PAID WHEN NONPARTICIPATING
28	PROVIDERS ARE USED. You should be aware that when you elect to
29	utilize the services of a nonparticipating provider for a
30	covered nonemergency service, benefit payments to the provider
31	may are not be based upon the amount the provider charges.
32	Unless you request otherwise, the basis of the payment will be
33	determined according to your policy's out-of-network
34	reimbursement benefit. Nonparticipating providers may bill
35	insureds for any difference in the amount. YOU MAY BE REQUIRED
36	TO PAY MORE THAN THE COINSURANCE OR COPAYMENT AMOUNT.
37	Participating providers have agreed to accept discounted
38	payments for services with no additional billing to you other
39	than coinsurance, copayment, and deductible amounts. You may

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40	obtain further information about the providers who have
41	contracted with your insurance plan by consulting your insurer's
42	website or contacting your insurer or agent directly."
43	Section 5. Section 627.65701, Florida Statutes, is created
44	to read:
45	627.65701 Services provided by nonpreferred providers
46	Notwithstanding s. 627.64194, an insurer issuing a group,
47	blanket, or franchise health insurance policy in this state,
48	upon request by an insured, must apply payments for a service
49	provided by a nonpreferred provider toward an insured's
50	deductible and out-of-pocket maximum as if the service had been
51	provided by a preferred network provider, if:
52	(1) The service provided to the insured by the nonpreferred
53	provider is within the scope of services covered by the policy;
54	and
55	(2) The nonpreferred provider's billed amount for the
56	service is equal to or less than the allowed amount for the
57	service for preferred providers under the plan or the statewide
58	average for the service as listed on the Florida Health Price
59	Finder website administered by the Agency for Health Care
60	Administration.
61	Section 6. This act shall take effect January 1, 2023.
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63	========== T I T L E A M E N D M E N T ==============
64	And the title is amended as follows:
65	Delete line 27
66	and insert:
67	express written consent of the creditor; amending s.
68	627.6471, F.S.; requiring certain health insurers to

COMMITTEE AMENDMENT

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69	apply payments for services provided by nonpreferred
70	providers toward insureds' deductibles and out-of-
71	pocket maximums if certain conditions are met;
72	revising the required disclosure for certain policies;
73	creating s. 627.65701, F.S.; requiring certain group,
74	blanket, or franchise health insurers to apply
75	payments for services provided by nonpreferred
76	providers toward an insureds' deductibles and out-of-
77	pocket maximums if certain conditions are met;
78	providing an