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LEGISLATIVE ACTION

Senate

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House

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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; limitations; coinsurance and deductibles.—

(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, ~~2017~~ 2023, must include the following disclosure: "WARNING:  
27 LIMITED BENEFITS MAY ~~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.

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



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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