



LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
02/04/2026	.	
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The Committee on Banking and Insurance (Grall) recommended the following:

1 **Senate Amendment (with directory and title amendments)**

2

3 Between lines 43 and 44

4 insert:

5 (d) Health plans subject to this section must include in
6 their payment or remittance advice to a health care provider a
7 statement that the health plan is a state-regulated plan under
8 this section.

9 (g) (f) The resolution organization shall require the
10 respondent in the claim dispute to submit all documentation in



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11 support of its position within 15 days after receiving a request
12 from the resolution organization for supporting documentation.
13 The resolution organization may extend the time if appropriate.
14 Failure to submit the supporting documentation within such time
15 period shall result in a default against the health plan or
16 provider. Once a claim dispute has been submitted and determined
17 to be eligible for review by the resolution organization, a
18 respondent may not avoid a default by declining to participate
19 in the process. In the event of such a default, the resolution
20 organization shall issue its written recommendation to the
21 agency that a default be entered against the defaulting entity.
22 The written recommendation shall include a recommendation to the
23 agency that the defaulting entity shall pay the entity
24 submitting the claim dispute the full amount of the claim
25 dispute, plus all accrued interest, and shall be considered a
26 nonprevailing party for the purposes of this section.
27

28 ===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

29 And the directory clause is amended as follows:

30 Delete lines 12 - 13

31 and insert:

32 Section 1. Present paragraphs (d) through (h) of subsection
33 (2) of section 408.7057, Florida Statutes, are redesignated as
34 paragraphs (e) through (i), respectively, a new paragraph (d) is
35 added to that subsection, and paragraph (b) and present
36 paragraph (f) of that subsection are amended, to read:
37

38 ===== T I T L E A M E N D M E N T =====

39 And the title is amended as follows:



40 Delete line 7
41 and insert:
42 dispute resolution program; requiring that health
43 plans subject to the program include a specified
44 statement in payment and remittance advice to health
45 care providers; providing that once a disputed claim
46 has been submitted to the program and deemed eligible
47 for review, a respondent may not avoid a default by
48 declining to participate in the process; providing an
49 effective