



## POLICY BRIEF | HB 959 MEDICAL BILLING

For many people, medical bills have often come as a surprise; the entire process and cost can seem obscure and unfair. **HB 959** would protect Floridians from predatory billing practices.

**HB 959 (Duggan) MEDICAL BILLING:** requires health care facilities to provide good-faith estimates of charges for nonemergency medical services to patients and prohibits them from charging any more than the total estimate plus 10% — except if they provide additional services or in unforeseen circumstances. The bill also increases medical debt collection consumer protections.

- Current law requires all hospitals, ambulatory surgical centers, and urgent care centers to provide each patient a good-faith estimate of charges prior to providing any nonemergency medical services – but only upon patient request.
- HB 959 would make these estimates mandatory and binding unless unforeseen circumstances or the provision of additional services result in the need for additional charges. If so, those charges must be explained in writing.
- The bill would also protect patients facing steep medical bills. It would require health care facilities to establish a billing appeal process for patients, and prohibit facilities from sending a patient to collections without checking to see if they qualify for financial aid or while the patient is waiting for an itemized bill. It would also exempt the following from medical debt collection:
  - A motor vehicle valued at \$10,000 or less, and
  - Personal property valued at \$10,000 or less if the debtor does not claim or receive a homestead exemption.
- Hospitals should not be allowed to pursue a patient via collections and damage their credit over an unexpected and unfair bill.
- HB 959 is a solution for Floridians who need help overcoming the challenges of a confusing health care system that oftentimes feels out of their control. When patients are in control of their health care decisions, they can better plan around the costs.

### Frequently asked questions about medical billing:

*Q: Are the patient estimates required for all patients and services?*

A: Yes – as written, hospitals or ambulatory surgical centers would need provide every patient with a cost estimate by the facility within seven business days of recommendation for non-emergency treatment in those facilities.

*Q: Are the patient estimates truly binding?*

A: Yes – unless the facility clearly demonstrates the need for additional charges due to unforeseen circumstances. In surgery and other facility-based procedures, there is always some uncertainty and the bill does not prevent a facility from providing and billing for additional services that may be necessary or even life-saving. The intent is to give patients more certainty about the cost of services.

*Q: The bill requires each facility to establish an appeal process to allow patients to dispute charges, but doesn't describe the process in detail. Why?*

A: The bill ensures that patients have access to an appeals process while giving facilities the flexibility to design that process. The intent is to give patients additional protections against unfair billing processes without mandating a one-size-fits-all appeals process by facilities.

Please refer to the [bill text and staff analyses](#) for further information.