

By the Committee on Banking and Insurance; and Senators Jones, Gaetz, and Sobel

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1 A bill to be entitled
2 An act relating to dentists; amending s. 627.6474,
3 F.S.; prohibiting contracts between health insurers
4 and dentists from containing certain fee requirements
5 set by the insurer under certain circumstances;
6 providing a definition; providing application;
7 amending s. 636.035, F.S.; prohibiting contracts
8 between prepaid limited health service organizations
9 and dentists from containing certain fee requirements
10 set by the organization under certain circumstances;
11 providing a definition; providing application;
12 amending s. 641.315, F.S.; prohibiting contracts
13 between health maintenance organizations and dentists
14 from containing certain fee requirements set by the
15 organization under certain circumstances; providing a
16 definition; providing application; providing an
17 effective date.

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19 Be It Enacted by the Legislature of the State of Florida:
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21 Section 1. Section 627.6474, Florida Statutes, is amended
22 to read:

23 627.6474 Provider contracts.—

24 (1) A health insurer may ~~shall~~ not require a contracted
25 health care practitioner as defined in s. 456.001(4) to accept
26 the terms of other health care practitioner contracts with the
27 insurer or any other insurer, or health maintenance
28 organization, under common management and control with the
29 insurer, including Medicare and Medicaid practitioner contracts

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30 and those authorized by s. 627.6471, s. 627.6472, s. 636.035, or
31 s. 641.315, except for a practitioner in a group practice as
32 defined in s. 456.053 who must accept the terms of a contract
33 negotiated for the practitioner by the group, as a condition of
34 continuation or renewal of the contract. Any contract provision
35 that violates this section is void. A violation of this section
36 is not subject to the criminal penalty specified in s. 624.15.

37 (2) A contract between a health insurer and a dentist
38 licensed under chapter 466 for the provision of services to
39 patients may not contain any provision that requires the dentist
40 to provide services to the insured under such contract at a fee
41 set by the health insurer unless such services are covered
42 services under the applicable contract. As used in this
43 subsection, the term "covered services" means services
44 reimbursable under the applicable contract, subject to such
45 contractual limitations on benefits, such as deductibles,
46 coinsurance, and copayments, as may apply. This subsection
47 applies to all contracts entered into or renewed on or after
48 July 1, 2010.

49 Section 2. Subsection (13) is added to section 636.035,
50 Florida Statutes, to read:

51 636.035 Provider arrangements.—

52 (13) A contract between a prepaid limited health service
53 organization and a dentist licensed under chapter 466 for the
54 provision of services to subscribers of the prepaid limited
55 health service organization may not contain any provision that
56 requires the dentist to provide services to subscribers of the
57 prepaid limited health service organization at a fee set by the
58 prepaid limited health service organization unless such services

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59 are covered services under the applicable contract. As used in
60 this subsection, the term "covered services" means services
61 reimbursable under the applicable contract, subject to such
62 contractual limitations on benefits, such as deductibles,
63 coinsurance, and copayments, as may apply. This subsection
64 applies to all contracts entered into or renewed on or after
65 July 1, 2010.

66 Section 3. Subsection (11) is added to section 641.315,
67 Florida Statutes, to read:

68 641.315 Provider contracts.—

69 (11) A contract between a health maintenance organization
70 and a dentist licensed under chapter 466 for the provision of
71 services to subscribers of the health maintenance organization
72 may not contain any provision that requires the dentist to
73 provide services to subscribers of the health maintenance
74 organization at a fee set by the health maintenance organization
75 unless such services are covered services under the applicable
76 contract. As used in this subsection, the term "covered
77 services" means services reimbursable under the applicable
78 contract, subject to such contractual limitations on subscriber
79 benefits, such as deductibles, coinsurance, and copayments, as
80 may apply. This subsection applies to all contracts entered into
81 or renewed on or after July 1, 2010.

82 Section 4. This act shall take effect July 1, 2010.