



LEGISLATIVE ACTION

Senate	.	House
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Senator Hays moved the following:

Senate Amendment (with title amendment)

Between lines 6018 and 6019
insert:

Section 81. Section 627.6474, Florida Statutes, is amended
to read:

627.6474 Provider contracts.—

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



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14 and those authorized by s. 627.6471, s. 627.6472, s. 636.035, or
15 s. 641.315, except for a practitioner in a group practice as
16 defined in s. 456.053 who must accept the terms of a contract
17 negotiated for the practitioner by the group, as a condition of
18 continuation or renewal of the contract. Any contract provision
19 that violates this section is void. A violation of this
20 subsection ~~section~~ is not subject to the criminal penalty
21 specified in s. 624.15.

22 (2) (a) A contract between a health insurer and a dentist
23 licensed under chapter 466 for the provision of services to
24 patients may not contain any provision that requires the dentist
25 to provide services to the insured under such contract at a fee
26 set by the health insurer unless such services are covered
27 services under the applicable contract.

28 (b) A contract may not contain a provision that prohibits a
29 dentist from billing a patient the difference between the amount
30 reimbursed by the insurer and the dentist's normal rate for the
31 services if such services are not covered services. A health
32 insurer may not require as a condition of the contract that the
33 dentist participate in a discount medical plan under part II of
34 chapter 636.

35 (c) As used in this subsection, the term "covered services"
36 means services reimbursable under the applicable contract at not
37 less than 50 percent of the usual, customary, and reasonable fee
38 of similar providers in the zip code area where the services are
39 provided, subject to such contractual limitations on benefits,
40 such as deductibles, coinsurance, and copayments, as may apply.
41 The term does not include dental services that are provided by a
42 dentist to an insured which are not listed as a benefit that the



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43 insured is entitled to receive under the contract.

44 Section 82. Subsection (13) is added to section 636.035,
45 Florida Statutes, to read:

46 636.035 Provider arrangements.—

47 (13) (a) A contract between a prepaid limited health service
48 organization and a dentist licensed under chapter 466 for the
49 provision of services to subscribers of the prepaid limited
50 health service organization may not contain a provision that
51 requires the dentist to provide services to subscribers of the
52 prepaid limited health service organization at a fee set by the
53 prepaid limited health service organization unless such services
54 are covered services under the applicable contract.

55 (b) A prepaid limited health service organization may not
56 require as a condition of the contract that the dentist
57 participate in a discount medical plan under part II of this
58 chapter.

59 (c) As used in this subsection, the term "covered services"
60 means services reimbursable under the applicable contract at not
61 less than 50 percent of the usual, customary, and reasonable fee
62 of similar providers in the zip code area where the services are
63 provided, subject to such contractual limitations on benefits,
64 such as deductibles, coinsurance, and copayments, as may apply.
65 The term does not include dental services that are provided by a
66 dentist to an insured which are not listed as a benefit that the
67 insured is entitled to receive under the contract.

68 Section 83. Subsection (11) is added to section 641.315,
69 Florida Statutes, to read:

70 641.315 Provider contracts.—

71 (11) (a) A contract between a health maintenance



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72 organization and a dentist licensed under chapter 466 for the
73 provision of services to subscribers of the health maintenance
74 organization may not contain any provision that requires the
75 dentist to provide services to subscribers of the health
76 maintenance organization at a fee set by the health maintenance
77 organization unless such services are covered services under the
78 applicable contract.

79 (b) A health maintenance organization may not require as a
80 condition of the contract that the dentist participate in a
81 discount medical plan under part II of chapter 636.

82 (c) As used in this subsection, the term "covered services"
83 means services reimbursable under the applicable contract at not
84 less than 50 percent of the usual, customary, and reasonable fee
85 of similar providers in the zip code area where the services are
86 provided, subject to such contractual limitations on benefits,
87 such as deductibles, coinsurance, and copayments, as may apply.
88 The term does not include dental services that are provided by a
89 dentist to an insured which are not listed as a benefit that the
90 insured is entitled to receive under the contract.

91 Section 84. Those sections of this act amending ss.
92 627.6474, 636.035, and 641.315, Florida Statutes, apply to
93 contracts entered into or renewed on or after July 1, 2011.

94
95 ===== T I T L E A M E N D M E N T =====

96 And the title is amended as follows:

97 Delete line 409

98 and insert:

99 without the insured's permission; amending ss.

100 627.6474, 636.035, and 641.315, F.S.; prohibiting



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101 contracts between health insurers, prepaid limited
102 health service organizations, and health maintenance
103 organizations and dentists from containing certain fee
104 requirements set by the insurer or organization under
105 certain circumstances; prohibiting a health insurer
106 from requiring as a condition of a contract that a
107 dentist participate in a discount medical plan;
108 prohibiting a contract with an insurer from containing
109 a provision that prohibits a dentist from billing a
110 patient the difference between the amount reimbursed
111 by the insurer and the dentist's normal rate for
112 services under certain circumstances; defining the
113 term "covered services"; providing for applicability;
114 amending s. 641.19,