

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

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 23 Be It Enacted by the Legislature of the State of Florida:

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 25 Section 1. Section 627.6474, Florida Statutes, is amended
 26 to read:

27 627.6474 Provider contracts.—

28 (1) A health insurer may ~~shall~~ not require a contracted

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29 health care practitioner as defined in s. 456.001(4) to accept
30 the terms of other health care practitioner contracts with the
31 insurer or any other insurer, or health maintenance
32 organization, under common management and control with the
33 insurer, including Medicare and Medicaid practitioner contracts
34 and those authorized by s. s. 636.035, 627.6471, s. 627.6472, or
35 s. 641.315, except for a practitioner in a group practice as
36 defined in s. 456.053 who must accept the terms of a contract
37 negotiated for the practitioner by the group, as a condition of
38 continuation or renewal of the contract. Any contract provision
39 that violates this section is void. A violation of this section
40 is not subject to the criminal penalty specified in s. 624.15.

41 (2) A contract between a health insurer and a dentist
42 licensed under chapter 466 for the provision of services to
43 patients may not contain any provision that requires the dentist
44 to provide services to the insured under such contract at a fee
45 set by the health insurer unless such services are covered
46 services under the applicable contract. As used in this
47 subsection, the term "covered services" means services
48 reimbursable under the applicable contract, subject to
49 contractual limitations on benefits, such as deductibles,
50 coinsurance, and copayments, as may apply. However, the term
51 "covered services" does not include any dental services provided
52 by a dentist to a covered person who has met or exceeded the
53 annual or other periodic payment maximum established by the
54 contract or services that are not listed as a benefit that the
55 covered person is entitled to receive under the contract. This
56 subsection applies to all contracts entered into or renewed on

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57 or after July 1, 2011.

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

60 636.035 Provider arrangements.—

61 (13) A contract between a prepaid limited health service
62 organization and a dentist licensed under chapter 466 for the
63 provision of services to subscribers of the prepaid limited
64 health service organization may not contain any provision that
65 requires the dentist to provide services to subscribers of the
66 prepaid limited health service organization at a fee set by the
67 prepaid limited health service organization unless such services
68 are covered services under the applicable contract. As used in
69 this subsection, the term "covered services" means services
70 reimbursable under the applicable contract, subject to
71 contractual limitations on benefits, such as deductibles,
72 coinsurance, and copayments, as may apply. However, the term
73 "covered services" does not include any dental services provided
74 by a dentist to a covered person who has met or exceeded the
75 annual or other periodic payment maximum established by the
76 contract or services that are not listed as a benefit that the
77 covered person is entitled to receive under the contract. This
78 subsection applies to all contracts entered into or renewed on
79 or after July 1, 2011.

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

82 641.315 Provider contracts.—

83 (11) A contract between a health maintenance organization
84 and a dentist licensed under chapter 466 for the provision of

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85 services to subscribers of the health maintenance organization
86 may not contain any provision that requires the dentist to
87 provide services to subscribers of the health maintenance
88 organization at a fee set by the health maintenance organization
89 unless such services are covered services under the applicable
90 contract. As used in this subsection, the term "covered
91 services" means services reimbursable under the applicable
92 contract, subject to contractual limitations on benefits, such
93 as deductibles, coinsurance, and copayments, as may apply.
94 However, the term "covered services" does not include any dental
95 services provided by a dentist to a covered person who has met
96 or exceeded the annual or other periodic payment maximum
97 established by the contract or services that are not listed as a
98 benefit that the covered person is entitled to receive under the
99 contract. This subsection applies to all contracts entered into
100 or renewed on or after July 1, 2011.

101 Section 4. This act shall take effect July 1, 2011.