



344120

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/28/2011	.	
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The Committee on Health Regulation (Latvala) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. 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



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13 insurer, including Medicare and Medicaid practitioner contracts
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) As used in this subsection, the term "covered services"
29 means services reimbursable under the applicable contract at not
30 less than 50 percent of the usual, customary, and reasonable fee
31 of similar providers in the zip code area where the services are
32 provided, subject to such contractual limitations on benefits,
33 such as deductibles, coinsurance, and copayments, as may apply.
34 However, covered services do not include dental services that
35 are provided by a dentist to an insured for dental services that
36 are not listed as a benefit that the insured is entitled to
37 receive under the contract.

38 (c) A contract may not contain a provision that prohibits a
39 dentist from billing a patient the difference between the amount
40 reimbursed by the insurer and the dentist's normal rate for the
41 services if such services are not covered services as defined in



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42 paragraph (b). A health insurer may not require as a condition
43 of the contract that the dentist participate in a discount
44 medical plan under part II of chapter 636.

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

47 636.035 Provider arrangements.—

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

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

66 (c) A prepaid limited health service organization may not
67 require as a condition of the contract that the dentist
68 participate in a discount medical plan under part II of this
69 chapter.

70 Section 3. Subsection (11) is added to section 641.315,



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71 Florida Statutes, to read:

72 641.315 Provider contracts.—

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

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

91 (c) A health maintenance organization may not require as a
92 condition of the contract that the dentist participate in a
93 discount medical plan under part II of chapter 636.

94 Section 4. This act shall take effect July 1, 2011, and
95 applies to contracts entered into or renewed on or after that
96 date.

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

99 And the title is amended as follows:



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100 Delete everything before the enacting clause
101 and insert:

102 A bill to be entitled
103 An act relating to dentists; amending s. 627.6474,
104 F.S.; prohibiting contracts between health insurers
105 and dentists from containing certain fee requirements
106 set by the insurer under certain circumstances;
107 providing a definition; prohibiting a contract from
108 containing a provision that prohibits a dentist from
109 billing a patient the difference between the amount
110 reimbursed by the insurer and the dentist's normal
111 rate for services under certain circumstances;
112 prohibiting a health insurer from requiring as a
113 condition of a contract that a dentist participate in
114 a discount medical plan; amending s. 636.035, F.S.;
115 prohibiting contracts between prepaid limited health
116 service organizations and dentists from containing
117 certain fee requirements set by the organization under
118 certain circumstances; providing a definition;
119 prohibiting the prepaid limited health service
120 organization from requiring as a condition of a
121 contract that a dentist participate in a discount
122 medical plan; amending s. 641.315, F.S.; prohibiting
123 contracts between health maintenance organizations and
124 dentists from containing certain fee requirements set
125 by the organization under certain circumstances;
126 providing a definition; prohibiting the health
127 maintenance organization from requiring as a condition
128 of a contract that a dentist participate in a discount



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medical plan; providing for application of the act;
providing an effective date.