

By the Committee on Health Regulation; and Senators Hays, Sobel,
and Gaetz

588-03217-11

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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; prohibiting a contract from
7 containing a provision that prohibits a dentist from
8 billing a patient the difference between the amount
9 reimbursed by the insurer and the dentist's normal
10 rate for services under certain circumstances;
11 prohibiting a health insurer from requiring as a
12 condition of a contract that a dentist participate in
13 a discount medical plan; amending s. 636.035, F.S.;
14 prohibiting contracts between prepaid limited health
15 service organizations and dentists from containing
16 certain fee requirements set by the organization under
17 certain circumstances; providing a definition;
18 prohibiting the prepaid limited health service
19 organization from requiring as a condition of a
20 contract that a dentist participate in a discount
21 medical plan; amending s. 641.315, F.S.; prohibiting
22 contracts between health maintenance organizations and
23 dentists from containing certain fee requirements set
24 by the organization under certain circumstances;
25 providing a definition; prohibiting the health
26 maintenance organization from requiring as a condition
27 of a contract that a dentist participate in a discount
28 medical plan; providing for application of the act;
29 providing an effective date.

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

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

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

(b) As used in this subsection, the term "covered services" means services reimbursable under the applicable contract at not less than 50 percent of the usual, customary, and reasonable fee

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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 contract may not contain a provision that prohibits a
67 dentist from billing a patient the difference between the amount
68 reimbursed by the insurer and the dentist's normal rate for the
69 services if such services are not covered services as defined in
70 paragraph (b). A health insurer may not require as a condition
71 of the contract that the dentist participate in a discount
72 medical plan under part II of chapter 636.

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

75 636.035 Provider arrangements.—

76 (13) (a) A contract between a prepaid limited health service
77 organization and a dentist licensed under chapter 466 for the
78 provision of services to subscribers of the prepaid limited
79 health service organization may not contain any provision that
80 requires the dentist to provide services to subscribers of the
81 prepaid limited health service organization at a fee set by the
82 prepaid limited health service organization unless such services
83 are covered services under the applicable contract.

84 (b) As used in this subsection, the term "covered services"
85 means services reimbursable under the applicable contract at not
86 less than 50 percent of the usual, customary, and reasonable fee
87 of similar providers in the zip code area where the services are

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88 provided, subject to such contractual limitations on benefits,
89 such as deductibles, coinsurance, and copayments, as may apply.
90 However, covered services do not include dental services that
91 are provided by a dentist to an insured for dental services that
92 are not listed as a benefit that the insured is entitled to
93 receive under the contract.

94 (c) A prepaid limited health service organization may not
95 require as a condition of the contract that the dentist
96 participate in a discount medical plan under part II of this
97 chapter.

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

100 641.315 Provider contracts.—

101 (11) (a) A contract between a health maintenance
102 organization and a dentist licensed under chapter 466 for the
103 provision of services to subscribers of the health maintenance
104 organization may not contain any provision that requires the
105 dentist to provide services to subscribers of the health
106 maintenance organization at a fee set by the health maintenance
107 organization unless such services are covered services under the
108 applicable contract.

109 (b) As used in this subsection, the term "covered services"
110 means services reimbursable under the applicable contract at not
111 less than 50 percent of the usual, customary, and reasonable fee
112 of similar providers in the zip code area where the services are
113 provided, subject to such contractual limitations on benefits,
114 such as deductibles, coinsurance, and copayments, as may apply.
115 However, covered services do not include dental services that
116 are provided by a dentist to an insured for dental services that

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117 are not listed as a benefit that the insured is entitled to
118 receive under the contract.

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

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