

By the Committees on Judiciary; and Health Policy; and Senator Hays

590-03867-13

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1                   A bill to be entitled  
2           An act relating to dentistry; amending s. 627.6474,  
3           F.S.; prohibiting a contract between a health insurer  
4           and a dentist from requiring the dentist to provide  
5           services at a fee set by the insurer under certain  
6           circumstances; providing that covered services are  
7           those services listed as a benefit that the insured is  
8           entitled to receive under a contract; prohibiting an  
9           insurer from providing merely de minimis reimbursement  
10          or coverage; requiring that fees for covered services  
11          be set in good faith and not be nominal; prohibiting a  
12          health insurer from requiring as a condition of a  
13          contract that a dentist participate in a discount  
14          medical plan; amending s. 636.035, F.S.; prohibiting a  
15          contract between a prepaid limited health service  
16          organization and a dentist from requiring the dentist  
17          to provide services at a fee set by the organization  
18          under certain circumstances; providing that covered  
19          services are those services listed as a benefit that a  
20          subscriber of a prepaid limited health service  
21          organization is entitled to receive under a contract;  
22          prohibiting a prepaid limited health service  
23          organization from providing merely de minimis  
24          reimbursement or coverage; requiring that fees for  
25          covered services be set in good faith and not be  
26          nominal; prohibiting the prepaid limited health  
27          service organization from requiring as a condition of  
28          a contract that a dentist participate in a discount  
29          medical plan; amending s. 641.315, F.S.; prohibiting a

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30 contract between a health maintenance organization and  
31 a dentist from requiring the dentist to provide  
32 services at a fee set by the organization under  
33 certain circumstances; providing that covered services  
34 are those services listed as a benefit that a  
35 subscriber of a health maintenance organization is  
36 entitled to receive under a contract; prohibiting a  
37 health maintenance organization from providing merely  
38 de minimis reimbursement or coverage; requiring that  
39 fees for covered services be set in good faith and not  
40 be nominal; prohibiting the health maintenance  
41 organization from requiring as a condition of a  
42 contract that a dentist participate in a discount  
43 medical plan; providing for application of the act;  
44 amending s. 766.1115, F.S.; revising a definition;  
45 requiring a contract with a governmental contractor  
46 for health care services to include a provision for a  
47 health care provider licensed under ch. 466, F.S., as  
48 an agent of the governmental contractor, to allow a  
49 patient or a parent or guardian of the patient to  
50 voluntarily contribute a fee to cover costs of dental  
51 laboratory work related to the services provided to  
52 the patient without forfeiting sovereign immunity;  
53 prohibiting the contribution from exceeding the actual  
54 amount of the dental laboratory charges; providing  
55 that the contribution complies with the requirements  
56 of s. 766.1115, F.S.; providing for applicability;  
57 providing an effective date.

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

60  
61 Section 1. Section 627.6474, Florida Statutes, is amended  
62 to read:

63 627.6474 Provider contracts.—

64 (1) A health insurer may ~~shall~~ not require a contracted  
65 health care practitioner as defined in s. 456.001(4) to accept  
66 the terms of other health care practitioner contracts with the  
67 insurer or any other insurer, or health maintenance  
68 organization, under common management and control with the  
69 insurer, including Medicare and Medicaid practitioner contracts  
70 and those authorized by s. 627.6471, s. 627.6472, s. 636.035, or  
71 s. 641.315, except for a practitioner in a group practice as  
72 defined in s. 456.053 who must accept the terms of a contract  
73 negotiated for the practitioner by the group, as a condition of  
74 continuation or renewal of the contract. Any contract provision  
75 that violates this section is void. A violation of this  
76 subsection ~~section~~ is not subject to the criminal penalty  
77 specified in s. 624.15.

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

84 (b) Covered services are those services that are listed as  
85 a benefit that the insured is entitled to receive under the  
86 contract. An insurer may not provide merely de minimis  
87 reimbursement or coverage in order to avoid the requirements of

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88 this section. Fees for covered services shall be set in good  
89 faith and must not be nominal.

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

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

95 636.035 Provider arrangements.—

96 (13) (a) A contract between a prepaid limited health service  
97 organization and a dentist licensed under chapter 466 for the  
98 provision of services to a subscriber of the prepaid limited  
99 health service organization may not contain any provision that  
100 requires the dentist to provide services to the subscriber of  
101 the prepaid limited health service organization at a fee set by  
102 the prepaid limited health service organization unless such  
103 services are covered services under the applicable contract.

104 (b) Covered services are those services that are listed as  
105 a benefit that the subscriber is entitled to receive under the  
106 contract. A prepaid limited health service organization may not  
107 provide merely de minimis reimbursement or coverage in order to  
108 avoid the requirements of this section. Fees for covered  
109 services shall be set in good faith and must not be nominal.

110 (c) A prepaid limited health service organization may not  
111 require as a condition of the contract that the dentist  
112 participate in a discount medical plan under part II of this  
113 chapter.

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

116 641.315 Provider contracts.—

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117       (11) (a) A contract between a health maintenance  
118 organization and a dentist licensed under chapter 466 for the  
119 provision of services to a subscriber of the health maintenance  
120 organization may not contain any provision that requires the  
121 dentist to provide services to the subscriber of the health  
122 maintenance organization at a fee set by the health maintenance  
123 organization unless such services are covered services under the  
124 applicable contract.

125       (b) Covered services are those services that are listed as  
126 a benefit that the subscriber is entitled to receive under the  
127 contract. A health maintenance organization may not provide  
128 merely de minimis reimbursement or coverage in order to avoid  
129 the requirements of this section. Fees for covered services  
130 shall be set in good faith and must not be nominal.

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

134       Section 4. Paragraph (a) of subsection (3) of section  
135 766.1115, Florida Statutes, is amended, and paragraph (h) is  
136 added to subsection (4) of that section, to read:

137       766.1115 Health care providers; creation of agency  
138 relationship with governmental contractors.-

139       (3) DEFINITIONS.-As used in this section, the term:

140       (a) "Contract" means an agreement executed in compliance  
141 with this section between a health care provider and a  
142 governmental contractor which allows. ~~This contract shall allow~~  
143 the health care provider to deliver health care services to low-  
144 income recipients as an agent of the governmental contractor.  
145 The contract must be for volunteer, uncompensated services. For

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146 services to qualify as volunteer, uncompensated services under  
147 this section, the health care provider must receive no  
148 compensation from the governmental contractor for ~~any~~ services  
149 provided under the contract and must not bill or accept  
150 compensation from the recipient, or a ~~any~~ public or private  
151 third-party payor, for the specific services provided to the  
152 low-income recipients covered by the contract.

153 (4) CONTRACT REQUIREMENTS.—A health care provider that  
154 executes a contract with a governmental contractor to deliver  
155 health care services on or after April 17, 1992, as an agent of  
156 the governmental contractor is an agent for purposes of s.  
157 768.28(9), while acting within the scope of duties under the  
158 contract, if the contract complies with the requirements of this  
159 section and regardless of whether the individual treated is  
160 later found to be ineligible. A health care provider under  
161 contract with the state may not be named as a defendant in any  
162 action arising out of medical care or treatment provided on or  
163 after April 17, 1992, under contracts entered into under this  
164 section. The contract must provide that:

165 (h) As an agent of the governmental contractor for purposes  
166 of s. 768.28(9), while acting within the scope of duties under  
167 the contract, a health care provider licensed under chapter 466  
168 may allow a patient or a parent or guardian of the patient to  
169 voluntarily contribute a fee to cover costs of dental laboratory  
170 work related to the services provided to the patient. This  
171 contribution may not exceed the actual cost of the dental  
172 laboratory charges and is deemed in compliance with this  
173 section.

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175 A governmental contractor that is also a health care provider is  
176 not required to enter into a contract under this section with  
177 respect to the health care services delivered by its employees.

178 Section 5. The amendments to ss. 627.6474, 636.035, and  
179 641.315, Florida Statutes, apply to contracts entered into or  
180 renewed on or after July 1, 2013.

181 Section 6. This act shall take effect July 1, 2013.