

Amendment No.

CHAMBER ACTION

Senate

House

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Representative Renuart offered the following:

**Amendment to Amendment (885832) (with title amendment)**

Remove line 257 of the amendment and insert:

Section 7. Effective July 1, 2013, and applicable to contracts entered into or renewed on or after that date, 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

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17 defined in s. 456.053 who must accept the terms of a contract  
18 negotiated for the practitioner by the group, as a condition of  
19 continuation or renewal of the contract. Any contract provision  
20 that violates this section is void. A violation of this  
21 subsection section is not subject to the criminal penalty  
22 specified in s. 624.15.

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

29 (b) Covered services are those services that are listed as  
30 a benefit that the insured is entitled to receive under the  
31 contract. An insurer may not provide merely de minimis  
32 reimbursement or coverage in order to avoid the requirements of  
33 this section. Fees for covered services shall be set in good  
34 faith and must not be nominal.

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

38 Section 8. Effective July 1, 2013, and applicable to  
39 contracts entered into or renewed on or after that date,  
40 subsection (13) is added to section 636.035, Florida Statutes,  
41 to read:

42 636.035 Provider arrangements.—

43 (13) (a) A contract between a prepaid limited health  
44 service organization and a dentist licensed under chapter 466

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45 for the provision of services to a subscriber of the prepaid  
46 limited health service organization may not contain any  
47 provision that requires the dentist to provide services to the  
48 subscriber of the prepaid limited health service organization at  
49 a fee set by the prepaid limited health service organization  
50 unless such services are covered services under the applicable  
51 contract.

52 (b) Covered services are those services that are listed as  
53 a benefit that the subscriber is entitled to receive under the  
54 contract. A prepaid limited health service organization may not  
55 provide merely de minimis reimbursement or coverage in order to  
56 avoid the requirements of this subsection. Fees for covered  
57 services shall be set in good faith and must not be nominal.

58 (c) A prepaid limited health service organization may not  
59 require as a condition of the contract that the dentist  
60 participate in a discount medical plan under part II of this  
61 chapter.

62 Section 9. Effective July 1, 2013, and applicable to  
63 contracts entered into or renewed on or after that date,  
64 subsection (11) is added to section 641.315, Florida Statutes,  
65 to read:

66 641.315 Provider contracts.-

67 (11) (a) A contract between a health maintenance  
68 organization and a dentist licensed under chapter 466 for the  
69 provision of services to a subscriber of the health maintenance  
70 organization may not contain any provision that requires the  
71 dentist to provide services to the subscriber of the health  
72 maintenance organization at a fee set by the health maintenance

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73 organization unless such services are covered services under the  
74 applicable contract.

75 (b) Covered services are those services that are listed as  
76 a benefit that the subscriber is entitled to receive under the  
77 contract. A health maintenance organization may not provide  
78 merely de minimis reimbursement or coverage in order to avoid  
79 the requirements of this subsection. Fees for covered services  
80 shall be set in good faith and must not be nominal.

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

84 Section 10. Except as otherwise expressly provided in this  
85 act, this act shall take effect upon becoming a law.

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**T I T L E A M E N D M E N T**

88 Remove lines 264-288 of the amendment and insert:

89 An act relating to health care; amending s. 395.4001,  
90 F.S.; revising the definition of the terms "level II  
91 trauma center" and "trauma center"; amending s.  
92 395.401, F.S.; making conforming changes; amending s.  
93 395.4025, F.S.; establishing criteria for designating  
94 Level II trauma centers in areas with limited access  
95 to trauma center services; amending s. 400.9905, F.S.;  
96 revising a definition; amending s. 408.036, F.S.;  
97 providing for expedited review of certificate-of-need  
98 for licensed skilled nursing facilities in qualifying  
99 retirement communities; providing criteria for  
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101 expedited review for licensed skilled nursing homes in  
102 qualifying retirement communities; limiting the number  
103 of beds per retirement community that can be added  
104 through expedited review; amending s. 893.055, F.S.;  
105 deleting obsolete provisions; deleting a provision  
106 that prohibits funds from prescription drug  
107 manufacturers to be used to implement the prescription  
108 drug monitoring program; authorizing the prescription  
109 drug monitoring program to be funded by state funds;  
110 revising the sources of money which are inappropriate  
111 for the direct-support organization of the  
112 prescription drug monitoring program to receive;  
113 amending s. 627.6474, F.S.; prohibiting a contract  
114 between a health insurer and a dentist from requiring  
115 the dentist to provide services at a fee set by the  
116 insurer under certain circumstances; providing that  
117 covered services are those services listed as a  
118 benefit that the insured is entitled to receive under  
119 a contract; prohibiting an insurer from providing  
120 merely de minimis reimbursement or coverage; requiring  
121 that fees for covered services be set in good faith  
122 and not be nominal; prohibiting a health insurer from  
123 requiring as a condition of a contract that a dentist  
124 participate in a discount medical plan; amending s.  
125 636.035, F.S.; prohibiting a contract between a  
126 prepaid limited health service organization and a  
127 dentist from requiring the dentist to provide services  
128 at a fee set by the organization under certain

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129 | circumstances; providing that covered services are  
130 | those services listed as a benefit that a subscriber  
131 | of a prepaid limited health service organization is  
132 | entitled to receive under a contract; prohibiting a  
133 | prepaid limited health service organization from  
134 | providing merely de minimis reimbursement or coverage;  
135 | requiring that fees for covered services be set in  
136 | good faith and not be nominal; prohibiting the prepaid  
137 | limited health service organization from requiring as  
138 | a condition of a contract that a dentist participate  
139 | in a discount medical plan; amending s. 641.315, F.S.;  
140 | prohibiting a contract between a health maintenance  
141 | organization and a dentist from requiring the dentist  
142 | to provide services at a fee set by the organization  
143 | under certain circumstances; providing that covered  
144 | services are those services listed as a benefit that a  
145 | subscriber of a health maintenance organization is  
146 | entitled to receive under a contract; prohibiting a  
147 | health maintenance organization from providing merely  
148 | de minimis reimbursement or coverage; requiring that  
149 | fees for covered services be set in good faith and not  
150 | be nominal; prohibiting the health maintenance  
151 | organization from requiring as a condition of a  
152 | contract that a dentist participate in a discount  
153 | medical plan; providing for applicability; providing  
154 | effective dates.