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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/25/2013	.	
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The Committee on Appropriations (Hays) recommended the following:

Senate Amendment (with title amendment)

Between lines 1365 and 1366
insert:

Section 17. 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 an
24 insured 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) Covered services are those services that are listed as
29 a benefit that the insured is entitled to receive under the
30 contract. An insurer may not provide merely de minimis
31 reimbursement or coverage in order to avoid the requirements of
32 this section. Fees for covered services shall be set in good
33 faith and must not be nominal.

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

37 Section 18. Subsection (13) is added to section 636.035,
38 Florida Statutes, to read:

39 636.035 Provider arrangements.—

40 (13) (a) A contract between a prepaid limited health service
41 organization and a dentist licensed under chapter 466 for the



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

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

54 (c) A prepaid limited health service organization may not
55 require as a condition of the contract that the dentist
56 participate in a discount medical plan under part II of this
57 chapter.

58 Section 19. Subsection (11) is added to section 641.315,
59 Florida Statutes, to read:

60 641.315 Provider contracts.—

61 (11) (a) A contract between a health maintenance
62 organization and a dentist licensed under chapter 466 for the
63 provision of services to a subscriber of the health maintenance
64 organization may not contain any provision that requires the
65 dentist to provide services to the subscriber of the health
66 maintenance organization at a fee set by the health maintenance
67 organization unless such services are covered services under the
68 applicable contract.

69 (b) Covered services are those services that are listed as
70 a benefit that the subscriber is entitled to receive under the



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71 contract. A health maintenance organization may not provide
72 merely de minimis reimbursement or coverage in order to avoid
73 the requirements of this section. Fees for covered services
74 shall be set in good faith and must not be nominal.

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

78 Section 20. Paragraph (a) of subsection (3) of section
79 766.1115, Florida Statutes, is amended, and paragraph (h) is
80 added to subsection (4) of that section, to read:

81 766.1115 Health care providers; creation of agency
82 relationship with governmental contractors.—

83 (3) DEFINITIONS.—As used in this section, the term:

84 (a) "Contract" means an agreement executed in compliance
85 with this section between a health care provider and a
86 governmental contractor which allows. ~~This contract shall allow~~
87 the health care provider to deliver health care services to low-
88 income recipients as an agent of the governmental contractor.
89 The contract must be for volunteer, uncompensated services. For
90 services to qualify as volunteer, uncompensated services under
91 this section, the health care provider must receive no
92 compensation from the governmental contractor for ~~any~~ services
93 provided under the contract and must not bill or accept
94 compensation from the recipient, or a ~~any~~ public or private
95 third-party payor, for the specific services provided to the
96 low-income recipients covered by the contract.

97 (4) CONTRACT REQUIREMENTS.—A health care provider that
98 executes a contract with a governmental contractor to deliver
99 health care services on or after April 17, 1992, as an agent of



100 the governmental contractor is an agent for purposes of s.
101 768.28(9), while acting within the scope of duties under the
102 contract, if the contract complies with the requirements of this
103 section and regardless of whether the individual treated is
104 later found to be ineligible. A health care provider under
105 contract with the state may not be named as a defendant in any
106 action arising out of medical care or treatment provided on or
107 after April 17, 1992, under contracts entered into under this
108 section. The contract must provide that:

109 (h) As an agent of the governmental contractor for purposes
110 of s. 768.28(9), while acting within the scope of duties under
111 the contract, a health care provider licensed under chapter 466
112 may allow a patient or a parent or guardian of the patient to
113 voluntarily contribute a fee to cover costs of dental laboratory
114 work related to the services provided to the patient. This
115 contribution may not exceed the actual cost of the dental
116 laboratory charges and is deemed in compliance with this
117 section.

118
119 A governmental contractor that is also a health care provider is
120 not required to enter into a contract under this section with
121 respect to the health care services delivered by its employees.

122 Section 21. The amendments to ss. 627.6474, 636.035, and
123 641.315, Florida Statutes, apply to contracts entered into or
124 renewed on or after July 1, 2013.

125
126 ===== T I T L E A M E N D M E N T =====

127 And the title is amended as follows:

128 Delete line 67



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129 and insert:
130 interpretation clause; amending s. 627.6474, F.S.;
131 prohibiting a contract between a health insurer and a
132 dentist from requiring the dentist to provide services
133 at a fee set by the insurer under certain
134 circumstances; providing that covered services are
135 those services listed as a benefit that the insured is
136 entitled to receive under a contract; prohibiting an
137 insurer from providing merely de minimis reimbursement
138 or coverage; requiring that fees for covered services
139 be set in good faith and not be nominal; prohibiting a
140 health insurer from requiring as a condition of a
141 contract that a dentist participate in a discount
142 medical plan; amending s. 636.035, F.S.; prohibiting a
143 contract between a prepaid limited health service
144 organization and a dentist from requiring the dentist
145 to provide services at a fee set by the organization
146 under certain circumstances; providing that covered
147 services are those services listed as a benefit that a
148 subscriber of a prepaid limited health service
149 organization is entitled to receive under a contract;
150 prohibiting a prepaid limited health service
151 organization from providing merely de minimis
152 reimbursement or coverage; requiring that fees for
153 covered services be set in good faith and not be
154 nominal; prohibiting the prepaid limited health
155 service organization from requiring as a condition of
156 a contract that a dentist participate in a discount
157 medical plan; amending s. 641.315, F.S.; prohibiting a



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158 contract between a health maintenance organization and
159 a dentist from requiring the dentist to provide
160 services at a fee set by the organization under
161 certain circumstances; providing that covered services
162 are those services listed as a benefit that a
163 subscriber of a health maintenance organization is
164 entitled to receive under a contract; prohibiting a
165 health maintenance organization from providing merely
166 de minimis reimbursement or coverage; requiring that
167 fees for covered services be set in good faith and not
168 be nominal; prohibiting the health maintenance
169 organization from requiring as a condition of a
170 contract that a dentist participate in a discount
171 medical plan; amending s. 766.1115, F.S.; revising a
172 definition; requiring a contract with a governmental
173 contractor for health care services to include a
174 provision for a health care provider licensed under
175 ch. 466, F.S., as an agent of the governmental
176 contractor, to allow a patient or a parent or guardian
177 of the patient to voluntarily contribute a fee to
178 cover costs of dental laboratory work related to the
179 services provided to the patient without forfeiting
180 sovereign immunity; prohibiting the contribution from
181 exceeding the actual amount of the dental laboratory
182 charges; providing that the contribution complies with
183 the requirements of s. 766.1115, F.S.; providing for
184 applicability; providing appropriations;