

Amendment No.

CHAMBER ACTION

Senate

House

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Representative Renuart offered the following:

Amendment to Amendment (901364) (with title amendment)

Between lines 17 and 18 of the amendment, insert:

Section 54. 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 55. 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 service
44 organization and a dentist licensed under chapter 466 for the

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

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

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

61 Section 56. Effective July 1, 2013, and applicable to
62 contracts entered into or renewed on or after that date,
63 subsection (11) is added to section 641.315, Florida Statutes,
64 to read:

65 641.315 Provider contracts.—

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

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

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

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

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

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86 Between lines 26 and 27 of the amendment, insert:
87 amending s. 627.6474, F.S.; prohibiting a contract
88 between a health insurer and a dentist from requiring
89 the dentist to provide services at a fee set by the
90 insurer under certain circumstances; providing that
91 covered services are those services listed as a
92 benefit that the insured is entitled to receive under
93 a contract; prohibiting an insurer from providing
94 merely de minimis reimbursement or coverage; requiring
95 that fees for covered services be set in good faith
96 and not be nominal; prohibiting a health insurer from
97 requiring as a condition of a contract that a dentist
98 participate in a discount medical plan; amending s.
99 636.035, F.S.; prohibiting a contract between a

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100 prepaid limited health service organization and a
101 dentist from requiring the dentist to provide services
102 at a fee set by the organization under certain
103 circumstances; providing that covered services are
104 those services listed as a benefit that a subscriber
105 of a prepaid limited health service organization is
106 entitled to receive under a contract; prohibiting a
107 prepaid limited health service organization from
108 providing merely de minimis reimbursement or coverage;
109 requiring that fees for covered services be set in
110 good faith and not be nominal; prohibiting the prepaid
111 limited health service organization from requiring as
112 a condition of a contract that a dentist participate
113 in a discount medical plan; amending s. 641.315, F.S.;
114 prohibiting a contract between a health maintenance
115 organization and a dentist from requiring the dentist
116 to provide services at a fee set by the organization
117 under certain circumstances; providing that covered
118 services are those services listed as a benefit that a
119 subscriber of a health maintenance organization is
120 entitled to receive under a contract; prohibiting a
121 health maintenance organization from providing merely
122 de minimis reimbursement or coverage; requiring that
123 fees for covered services be set in good faith and not
124 be nominal; prohibiting the health maintenance
125 organization from requiring as a condition of a
126 contract that a dentist participate in a discount
127 medical plan; providing for applicability;

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