

By Senator Latvala

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1 A bill to be entitled
2 An act relating to dentists; 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 providing an effective date.

45
46 Be It Enacted by the Legislature of the State of Florida:

47
48 Section 1. Section 627.6474, Florida Statutes, is amended
49 to read:

50 627.6474 Provider contracts.—

51 (1) A health insurer may ~~shall~~ not require a contracted
52 health care practitioner as defined in s. 456.001(4) to accept
53 the terms of other health care practitioner contracts with the
54 insurer or any other insurer, or health maintenance
55 organization, under common management and control with the
56 insurer, including Medicare and Medicaid practitioner contracts
57 and those authorized by s. 627.6471, s. 627.6472, s. 636.035, or
58 s. 641.315, except for a practitioner in a group practice as

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59 defined in s. 456.053 who must accept the terms of a contract
60 negotiated for the practitioner by the group, as a condition of
61 continuation or renewal of the contract. Any contract provision
62 that violates this section is void. A violation of this
63 subsection ~~section~~ is not subject to the criminal penalty
64 specified in s. 624.15.

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

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

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

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

82 636.035 Provider arrangements.—

83 (13) (a) A contract between a prepaid limited health service
84 organization and a dentist licensed under chapter 466 for the
85 provision of services to a subscriber of the prepaid limited
86 health service organization may not contain any provision that
87 requires the dentist to provide services to the subscriber of

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88 the prepaid limited health service organization at a fee set by
89 the prepaid limited health service organization unless such
90 services are covered services under the applicable contract.

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

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

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

103 641.315 Provider contracts.—

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

112 (b) Covered services are those services that are listed as
113 a benefit that the subscriber is entitled to receive under the
114 contract. A health maintenance organization may not provide
115 merely de minimis reimbursement or coverage in order to avoid
116 the requirements of this section. Fees for covered services

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117 shall be set in good faith and must not be nominal.

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

121 Section 4. This act shall take effect July 1, 2013, and
122 applies to contracts entered into or renewed on or after that
123 date.