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LEGISLATIVE ACTION

Senate	.	House
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Senator Latvala moved the following:

Senate Amendment (with title amendment)

Between lines 3603 and 3604
insert:

Section 80. 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



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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 81. 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
42 provision of services to a subscriber of the prepaid limited



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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 82. 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
71 contract. A health maintenance organization may not provide



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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 83. The changes made by this act to ss. 627.6474,
79 636.035, and 641.315, Florida Statutes apply to contracts
80 entered into or renewed on or after July 1, 2013.

81
82 ===== T I T L E A M E N D M E N T =====

83 And the title is amended as follows:

84 Delete line 351

85 and insert:

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



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101 at a fee set by the organization under certain
102 circumstances; providing that covered services are
103 those services listed as a benefit that a subscriber
104 of a prepaid limited health service organization is
105 entitled to receive under a contract; prohibiting a
106 prepaid limited health service organization from
107 providing merely de minimis reimbursement or coverage;
108 requiring that fees for covered services be set in
109 good faith and not be nominal; prohibiting the prepaid
110 limited health service organization from requiring as
111 a condition of a contract that a dentist participate
112 in a discount medical plan; amending s. 641.315, F.S.;
113 prohibiting a contract between a health maintenance
114 organization and a dentist from requiring the dentist
115 to provide services at a fee set by the organization
116 under certain circumstances; providing that covered
117 services are those services listed as a benefit that a
118 subscriber of a health maintenance organization is
119 entitled to receive under a contract; prohibiting a
120 health maintenance organization from providing merely
121 de minimis reimbursement or coverage; requiring that
122 fees for covered services be set in good faith and not
123 be nominal; prohibiting the health maintenance
124 organization from requiring as a condition of a
125 contract that a dentist participate in a discount
126 medical plan; providing for application of certain
127 provisions of the act; amending ss. 627.645, 627.668,
128 627.669,