

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED _____ (Y/N)
 ADOPTED AS AMENDED _____ (Y/N)
 ADOPTED W/O OBJECTION _____ (Y/N)
 FAILED TO ADOPT _____ (Y/N)
 WITHDRAWN _____ (Y/N)
 OTHER _____

1 Committee/Subcommittee hearing bill: Health Innovation
 2 Subcommittee

3 Representative Renuart offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Section 627.6474, Florida Statutes, is amended
 8 to read:

9 627.6474 Provider contracts.—

10 (1) A health insurer may ~~shall~~ not require a contracted
 11 health care practitioner as defined in s. 456.001(4) to accept
 12 the terms of other health care practitioner contracts with the
 13 insurer or any other insurer, or health maintenance
 14 organization, under common management and control with the
 15 insurer, including Medicare and Medicaid practitioner contracts
 16 and those authorized by s. 627.6471, s. 627.6472, s. 636.035, or
 17 s. 641.315, except for a practitioner in a group practice as

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

24 (2) (a) A contract between a health insurer and a dentist
25 licensed under chapter 466 for the provision of services to an
26 insured may not contain a provision that requires the dentist to
27 provide services to the insured under such contract at a fee set
28 by the health insurer unless such services are covered services
29 under the applicable contract. As used in this paragraph, the
30 term "covered services" means dental care services for which a
31 reimbursement is available under the insured's contract, or for
32 which a reimbursement would be available but for the application
33 of contractual limitations such as deductibles, coinsurance,
34 waiting periods, annual or lifetime maximums, frequency
35 limitations, alternative benefit payments, or any other
36 limitation.

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

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

42 636.035 Provider arrangements.—

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43 (13) (a) A contract between a prepaid limited health
44 service organization and a dentist licensed under chapter 466
45 for the provision of services to a subscriber of the prepaid
46 limited health service organization may not contain a provision
47 that requires the dentist to provide services to the subscriber
48 of the prepaid limited health service organization at a fee set
49 by the prepaid limited health service organization unless such
50 services are covered services under the applicable contract. As
51 used in this paragraph, the term "covered services" means dental
52 care services for which a reimbursement is available under the
53 subscriber's contract, or for which a reimbursement would be
54 available but for the application of contractual limitations
55 such as deductibles, coinsurance, waiting periods, annual or
56 lifetime maximums, frequency limitations, alternative benefit
57 payments, or any other limitation.

58 (b) 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 3. Subsection (11) is added to section 641.315,
63 Florida Statutes, to read:

64 641.315 Provider contracts.—

65 (11) (a) A contract between a health maintenance
66 organization and a dentist licensed under chapter 466 for the
67 provision of services to a subscriber of the health maintenance
68 organization may not contain a provision that requires the

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69 dentist to provide services to the subscriber of the health
70 maintenance organization at a fee set by the health maintenance
71 organization unless such services are covered services under the
72 applicable contract. As used in this paragraph, the term
73 "covered services" means dental care services for which a
74 reimbursement is available under the subscriber's contract, or
75 for which a reimbursement would be available but for the
76 application of contractual limitations such as deductibles,
77 coinsurance, waiting periods, annual or lifetime maximums,
78 frequency limitations, alternative benefit payments, or any
79 other limitation.

80 (b) 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.

83 Section 4. This act applies to contracts entered into or
84 renewed on or after July 1, 2014.

85 Section 5. This act shall take effect July 1, 2014.

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

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Remove everything before the enacting clause and insert:

91

An act relating to dentists; amending s. 627.6474, F.S.;

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prohibiting a contract between a health insurer and a dentist

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from requiring the dentist to provide services at a fee set by

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the insurer under certain circumstances; defining the term

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95 "covered services" as it relates to contracts between a health
96 insurer and a dentist; 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. 636.035,
99 F.S.; prohibiting a contract between a prepaid limited health
100 service organization and a dentist from requiring the dentist to
101 provide services at a fee set by the organization under certain
102 circumstances; defining the term "covered services" as it
103 relates to contracts between a prepaid limited health service
104 organization and a dentist; prohibiting the prepaid limited
105 health service organization from requiring as a condition of a
106 contract that a dentist participate in a discount medical plan;
107 amending s. 641.315, F.S.; prohibiting a contract between a
108 health maintenance organization and a dentist from requiring the
109 dentist to provide services at a fee set by the organization
110 under certain circumstances; defining the term "covered
111 services" as it relates to contracts between a health
112 maintenance organization and a dentist; prohibiting the health
113 maintenance organization from requiring as a condition of a
114 contract that a dentist participate in a discount medical plan;
115 providing for application of the act; providing an effective
116 date.

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