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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/05/2014	.	
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The Committee on Appropriations (Latvala) recommended the following:

Senate Amendment (with title amendment)

Delete lines 65 - 118

and insert:

(2) (a) A contract between a health insurer and a dentist licensed under chapter 466 for the provision of services to an insured may not contain a provision that requires the dentist to provide services to the insured under such contract at a fee set by the health insurer unless such services are covered services under the applicable contract. As used in this paragraph, the



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11 term "covered services" means dental care services for which a
12 reimbursement is available under the insured's contract, or for
13 which a reimbursement would be available but for the application
14 of contractual limitations such as deductibles, coinsurance,
15 waiting periods, annual or lifetime maximums, frequency
16 limitations, alternative benefit payments, or any other
17 limitation.

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

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

23 636.035 Provider arrangements.—

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

39 (b) A prepaid limited health service organization may not



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40 require as a condition of the contract that the dentist
41 participate in a discount medical plan under part II of this
42 chapter.

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

45 641.315 Provider contracts.—

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

61 (b) A health maintenance organization may not require as a
62

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

64 And the title is amended as follows:

65 Delete lines 6 - 40

66 and insert:

67 circumstances; defining the term “covered services” as
68 it relates to contracts between a health insurer and a



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69 dentist; prohibiting a health insurer from requiring
70 as a condition of a contract that a dentist
71 participate in a discount medical plan; amending s.
72 636.035, F.S.; prohibiting a contract between a
73 prepaid limited health service organization and a
74 dentist from requiring the dentist to provide services
75 at a fee set by the organization under certain
76 circumstances; defining the term "covered services" as
77 it relates to contracts between a prepaid limited
78 health service organization and a dentist; prohibiting
79 the prepaid limited health service organization from
80 requiring as a condition of a contract that a dentist
81 participate in a discount medical plan; amending s.
82 641.315, F.S.; prohibiting a contract between a health
83 maintenance organization and a dentist from requiring
84 the dentist to provide services at a fee set by the
85 organization under certain circumstances; defining the
86 term "covered services" as it relates to contracts
87 between a health maintenance organization and a
88 dentist; prohibiting the health maintenance