

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Rules

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BILL: CS/SB 86

INTRODUCER: Appropriations Committee and Senator Latvala

SUBJECT: Dentists

DATE: February 11, 2014

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Looke</u>	<u>Stovall</u>	<u>HP</u>	<b>Favorable</b>
2.	<u>Johnson</u>	<u>Knudson</u>	<u>BI</u>	<b>Favorable</b>
3.	<u>Betta/Shettle</u>	<u>Kynoch</u>	<u>AP</u>	<b>Fav/CS</b>
4.	<u>Looke</u>	<u>Phelps</u>	<u>RC</u>	<b>Favorable</b>

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 86 prohibits an insurer, health maintenance organization (HMO), or prepaid limited health service organization from contracting with a licensed dentist to provide services to an insured or subscriber at a specified fee unless such services are “covered services” under the applicable contract. The bill prohibits an insurer, HMO, or prepaid limited health services organization from requiring that a contracted dentist participate in a discount medical plan. The bill also prohibits an insurer from requiring that a contracted health care provider accept the terms of other practitioner contracts with a prepaid limited health service organization that is under common management and control with the contracting insurer. The bill has no fiscal impact on the state.

**II. Present Situation:**

**Prohibition Against “All Products” Clauses in Health Care Provider Contracts**

Section 627.6474, F.S., prohibits a health insurer from requiring that a contracted health care practitioner accept the terms of other practitioner contracts (including Medicare and Medicaid practitioner contracts) with the insurer or with an insurer, HMO, preferred provider organization, or exclusive provider organization that is under common management and control with the contracting insurer. The statute exempts practitioners in group practices who must accept the contract terms negotiated by the group. These contractual provisions are referred to as “all

products” clauses and, before being prohibited by the 2001 Legislature, typically required the health care provider, as a condition of participating in any of the health plan products, to participate in *all* of the health plan’s current or future health plan products. The 2001 Legislature prohibited “all products” clauses after concerns were raised by physicians that the clauses:

- May force providers to render services at below market rates;
- May harm consumers through suppressed market competition;
- May require physicians to accept future contracts with unknown and unpredictable business risk; and
- May unfairly keep competing health plans out of the marketplace.

### **Prepaid Limited Health Service Organizations Contracts**

Prepaid limited health service organizations (PLHSO) provide limited health services to enrollees through an exclusive panel of providers in exchange for a prepayment that is authorized in chapter 636, F.S. Limited health services include ambulance, dental, vision, mental health, substance abuse, chiropractic, podiatric, and pharmaceutical.<sup>1</sup> Provider arrangements for prepaid limited health service organizations are authorized in section 636.035, F.S., and must comply with the requirements in that section.

### **Health Maintenance Organization Provider Contracts**

A HMO is an organization that provides a wide range of health care services, including emergency care, inpatient hospital care, physician care, ambulatory diagnostic treatment, and preventive health care pursuant to contractual arrangements with preferred providers in a designated service area. Traditionally, a HMO member must use the HMO’s network of health care providers in order for the HMO to make payment of benefits. The use of a health care provider outside the HMO’s network generally results in the HMO limiting or denying the payment of benefits for out-of-network services rendered to the member. Section 641.315, F.S., specifies requirements for the HMO provider contracts with providers of health care services.

### **Discount Medical Plan Organizations**

Discount medical plan organizations (DMPOs) offer a variety of health care services to consumers at a discounted rate. These plans are not insurance and, therefore, do not pay for services on behalf of members. The plans instead offer members access to specific health care products and services at a discounted fee. These health products and services may include, but are not limited to, dental, emergency, mental health, vision care, chiropractic, and hearing care. Generally, a DMPO has a contract with a provider network under which the individual providers render the medical services at a discount.

The DMPOs are regulated by the Office of Insurance Regulation (OIR) under part II of ch. 636, F.S. Part II establishes licensure requirements, annual reporting, minimum capital requirements, authority for examinations and investigations, marketing restrictions, prohibited activities, and criminal penalties, among other regulations.

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<sup>1</sup> Section 636.003(5), F.S.

Before transacting business in Florida, a DMPO must be incorporated and possess a license as a DMPO.<sup>2</sup> As a condition of licensure, each DMPO must maintain a net worth requirement of \$150,000. All charges to members of such plans must be filed with the OIR and any charge to members greater than \$30 per month or \$360 per year must be approved by the OIR before the charges can be used by the plan. All forms used by the organization must be filed with and approved by the OIR.

### **III. Effect of Proposed Changes:**

#### **Inclusion of PLHSOs in Prohibition Against “All Products” Health Care Provider Contracts**

Current law prohibits a health insurer from requiring a contracted health care practitioner to accept the terms of other practitioner contracts (including Medicare and Medicaid practitioner contracts) with the insurer or with an insurer, HMO, preferred provider organization, or exclusive provider organization that is under common management and control with the contracting insurer. The bill adds to that list by prohibiting an insurer from requiring that a contracted health care provider accept the terms of other practitioner contracts with a PLHSO that is under common management and control with the contracting insurer.

#### **Dentist Provider Contracts: Prohibition Against Specifying Fees for Non-covered Services**

The bill prohibits insurers, HMOs, and PLHSOs from executing a contract with a licensed dentist that requires the dentist to provide services to an insured or subscriber at a specified fee unless such services are “covered services” under the applicable contract. “Covered services” are defined as dental care services where a reimbursement is available under the insured’s contract or would be available except for the application of contractual limitations (i.e. deductibles, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation.) This provision is intended to prevent contracts between dentists and insurers, HMOs, or PLHSOs from containing provisions that subject non-covered services to negotiated payment rates.

In addition, the bill prohibits insurers, HMOs, and PLHSOs from requiring that a contracted dentist participate in a discount medical plan.

The bill also addresses the criminal penalty specified in s. 624.15, F.S.,<sup>3,4</sup> by limiting the exemption from the criminal penalty currently contained in s. 627.6474, F.S., to subsection (1) of s. 627.6474, F.S. The provisions of subsection (2) of s. 627.6474, F.S., as created by the bill, are not specifically exempted from the criminal penalty. This leaves the current-law exemption in

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<sup>2</sup> Section 636.204, F.S.

<sup>3</sup> Section 624.15, F.S., provides that, unless a greater specific penalty is provided by another provision of the Insurance Code or other applicable law or rule of the state, each willful violation of the Insurance Code is a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083, F.S., and that each instance of such violation shall be considered a separate offense.

<sup>4</sup> Section 775.082, F.S., provides that a person convicted of a misdemeanor of the second degree may be sentenced to a term of imprisonment not exceeding 60 days. Section 775.083, F.S., provides that a person convicted of a misdemeanor of the second degree may be sentenced to pay a fine not exceeding \$500 plus court costs.

place for the amended statutory provisions to which it currently applies, without applying the exemption to the bill's new provisions in subsection (2).

The bill provides an effective date of July 1, 2014, and the provisions in the bill apply to contracts entered into or renewed on or after that date.

#### **IV. Constitutional Issues:**

**A. Municipality/County Mandates Restrictions:**

None.

**B. Public Records/Open Meetings Issues:**

None.

**C. Trust Funds Restrictions:**

None.

**D. Other Constitutional Issues:**

Article III, section 6, of the Florida Constitution requires every law to embrace only one subject and matter properly connected therewith, and the subject is to be briefly expressed in the title. Subsection (1) of s. 627.6474, F.S., in section 1 of the bill affects all health care practitioners listed in s. 456.001(4), F.S., and not only dentists. As such, section 1 may not be within the scope of the title of the bill ("an act relating to dentists").

#### **V. Fiscal Impact Statement:**

**A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

The fiscal impact to the private sector is indeterminate. The bill may have a negative fiscal impact on health insurer, HMO, and PLHSO policyholders and subscribers who may pay higher fees for dental care if the Legislature prohibits these entities from contracting with dentists to provide services that are not covered at a negotiated fee. The bill may have a positive fiscal impact on dentists who may be able to benefit from increased payments from insurers, HMOs, and PLHSOs due to the contract restrictions in this bill.

**C. Government Sector Impact:**

According to the OIR,<sup>5</sup> implementing the provisions of this bill will have no fiscal impact on the OIR. The Division of State Group Insurance of the Department of Management Services states, “There appears to be no impact to the State Employees’ Group Health Insurance Trust Fund.”<sup>6</sup>

**VI. Technical Deficiencies:**

Section 1 of this bill may not be within the scope of the title of the bill (“an act relating to dentists”) as it affects more health care practitioners than only dentists. A revised title might be “an act relating to health insurance contracts.”

Section 1 of the bill prohibits an insurer from requiring that a contracted health care provider accept the terms of other practitioner contracts with a prepaid limited health service organization that is under common management and control with the contracting insurer. This effect of the bill may not be referenced in the title of the bill.

**VII. Related Issues:**

The bill addresses the criminal penalty specified in section 624.15, F.S., by limiting the exemption from the criminal penalty currently contained in section 627.6474, F.S., to subsection (1) of section 627.6474, F.S. The provisions of subsection (2) of section 627.6474, F.S., as created by the bill, are not specifically exempted from the criminal penalty. This leaves the current-law exemption in place for the amended statutory provisions to which it currently applies, without applying the exemption to the bill’s new provisions in subsection (2).

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 627.6474, 636.035, and 641.315.

**IX. Additional Information:****A. Committee Substitute – Statement of Substantial Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Appropriations on February 5, 2014:**

The committee substitute:

- Changes the definition of “covered services” to align with language from the National Conference of Insurance Legislators (NCOIL) model act.

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<sup>5</sup> Senate Bill 86 Analysis, Office of Insurance Regulation, September 13, 2013. (On file with Banking and Insurance Committee staff.)

<sup>6</sup> Senate Bill 86 Analysis, Department of Management Services, August 23, 2013. (On file with Banking and Insurance Committee staff.)

B. Amendments:

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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