

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 a provision that requires the dentist to  
68 provide services to the insured under such contract at a fee set  
69 by the health insurer unless such services are covered services  
70 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 a 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 a 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 applies to contracts entered into or  
122 renewed on or after July 1, 2014.

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