

By the Committee on Appropriations; and Senator Latvala

576-01667-14

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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; defining the term "covered services" as
7 it relates to contracts between a health insurer and a
8 dentist; prohibiting a health insurer from requiring
9 as a condition of a contract that a dentist
10 participate in a discount medical plan; amending s.
11 636.035, F.S.; prohibiting a contract between a
12 prepaid limited health service organization and a
13 dentist from requiring the dentist to provide services
14 at a fee set by the organization under certain
15 circumstances; defining the term "covered services" as
16 it relates to contracts between a prepaid limited
17 health service organization and a dentist; prohibiting
18 the prepaid limited health service organization from
19 requiring as a condition of a contract that a dentist
20 participate in a discount medical plan; amending s.
21 641.315, F.S.; prohibiting a contract between a health
22 maintenance organization and a dentist from requiring
23 the dentist to provide services at a fee set by the
24 organization under certain circumstances; defining the
25 term "covered services" as it relates to contracts
26 between a health maintenance organization and a
27 dentist; prohibiting the health maintenance
28 organization from requiring as a condition of a
29 contract that a dentist participate in a discount

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30 medical plan; providing for application of the act;
31 providing an effective date.

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33 Be It Enacted by the Legislature of the State of Florida:

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35 Section 1. Section 627.6474, Florida Statutes, is amended
36 to read:

37 627.6474 Provider contracts.—

38 (1) A health insurer may ~~shall~~ not require a contracted
39 health care practitioner as defined in s. 456.001(4) to accept
40 the terms of other health care practitioner contracts with the
41 insurer or any other insurer, or health maintenance
42 organization, under common management and control with the
43 insurer, including Medicare and Medicaid practitioner contracts
44 and those authorized by s. 627.6471, s. 627.6472, s. 636.035, or
45 s. 641.315, except for a practitioner in a group practice as
46 defined in s. 456.053 who must accept the terms of a contract
47 negotiated for the practitioner by the group, as a condition of
48 continuation or renewal of the contract. Any contract provision
49 that violates this section is void. A violation of this
50 subsection ~~section~~ is not subject to the criminal penalty
51 specified in s. 624.15.

52 (2) (a) A contract between a health insurer and a dentist
53 licensed under chapter 466 for the provision of services to an
54 insured may not contain a provision that requires the dentist to
55 provide services to the insured under such contract at a fee set
56 by the health insurer unless such services are covered services
57 under the applicable contract. As used in this paragraph, the
58 term "covered services" means dental care services for which a

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59 reimbursement is available under the insured's contract, or for
60 which a reimbursement would be available but for the application
61 of contractual limitations such as deductibles, coinsurance,
62 waiting periods, annual or lifetime maximums, frequency
63 limitations, alternative benefit payments, or any other
64 limitation.

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

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

70 636.035 Provider arrangements.—

71 (13) (a) A contract between a prepaid limited health service
72 organization and a dentist licensed under chapter 466 for the
73 provision of services to a subscriber of the prepaid limited
74 health service organization may not contain a provision that
75 requires the dentist to provide services to the subscriber of
76 the prepaid limited health service organization at a fee set by
77 the prepaid limited health service organization unless such
78 services are covered services under the applicable contract. As
79 used in this paragraph, the term "covered services" means dental
80 care services for which a reimbursement is available under the
81 subscriber's contract, or for which a reimbursement would be
82 available but for the application of contractual limitations
83 such as deductibles, coinsurance, waiting periods, annual or
84 lifetime maximums, frequency limitations, alternative benefit
85 payments, or any other limitation.

86 (b) A prepaid limited health service organization may not
87 require as a condition of the contract that the dentist

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88 participate in a discount medical plan under part II of this
89 chapter.

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

92 641.315 Provider contracts.—

93 (11) (a) A contract between a health maintenance
94 organization and a dentist licensed under chapter 466 for the
95 provision of services to a subscriber of the health maintenance
96 organization may not contain a provision that requires the
97 dentist to provide services to the subscriber of the health
98 maintenance organization at a fee set by the health maintenance
99 organization unless such services are covered services under the
100 applicable contract. As used in this paragraph, the term
101 “covered services” means dental care services for which a
102 reimbursement is available under the subscriber’s contract, or
103 for which a reimbursement would be available but for the
104 application of contractual limitations such as deductibles,
105 coinsurance, waiting periods, annual or lifetime maximums,
106 frequency limitations, alternative benefit payments, or any
107 other limitation.

108 (b) A health maintenance organization may not require as a
109 condition of the contract that the dentist participate in a
110 discount medical plan under part II of chapter 636.

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

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