HB 291 2010

A bill to be entitled

An act relating to provider contracts; amending ss. 627.6474, 636.035, and 641.315, F.S.; proscribing certain fee setting provisions in certain contracts between health care practitioners and certain health insurance entities under certain circumstances; providing a definition; providing application; providing an effective date.

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

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

627.6474 Provider contracts.--

- (1) A health insurer shall not require a contracted health care practitioner as defined in s. 456.001(4) to accept the terms of other health care practitioner contracts with the insurer or any other insurer, or health maintenance organization, under common management and control with the insurer, including Medicare and Medicaid practitioner contracts and those authorized by s. 627.6471, s. 627.6472, s. 636.035, or s. 641.315, except for a practitioner in a group practice as defined in s. 456.053 who must accept the terms of a contract negotiated for the practitioner by the group, as a condition of continuation or renewal of the contract. Any contract provision that violates this section is void. A violation of this section is not subject to the criminal penalty specified in s. 624.15.
- (2) A contract between a health insurer and a health care practitioner as defined in s. 456.001 for the provision of

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services to patients may not contain any provision that requires the practitioner to provide services to the policyholders of the health insurer at a fee set by the health insurer unless such services are covered services under the applicable health insurance policy. For purposes of this subsection, the term "covered services" means services reimbursable under the applicable health insurance policy, subject to any contractual limitations on an insured's benefits that may apply. This subsection applies to all contracts entered into or renewed on or after July 1, 2010. Section 2. Subsection (13) is added to section 636.035, Florida Statutes, to read: 636.035 Provider contracts arrangements.--(13) A contract between a prepaid limited health service organization and a health care practitioner as defined in s. 456.001 for the provision of services to patients may not contain any provision that requires the practitioner to provide services to the organization's subscribers at a fee set by the organization unless such services are covered services under the applicable subscriber agreement. For purposes of this subsection, the term "covered services" means services reimbursable under the applicable subscriber agreement, subject

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

to any contractual limitations on subscriber benefits that may

apply. This subsection applies to all contracts entered into or

641.315 Provider contracts.--

renewed on or after July 1, 2010.

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(11) A contract between a health maintenance organization and a health care practitioner as defined in s. 456.001 for the provision of services to patients may not contain any provision that requires the practitioner to provide services to the organization's subscribers at a fee set by the organization unless such services are covered services under the applicable subscriber agreement. For purposes of this subsection, the term "covered services" means services reimbursable under the applicable subscriber agreement, subject to any contractual limitations on subscriber benefits that may apply. This subsection applies to all contracts entered into or renewed on or after July 1, 2010.

Section 4. This act shall take effect July 1, 2010.