



349698

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/13/2010	.	
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The Committee on Banking and Insurance (Fasano) recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 31 - 72  
and insert:

(2) A contract between a health insurer and a dentist licensed under chapter 466 for the provision of services to patients may not contain any 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 subsection, the term "covered services" means services reimbursable under the applicable contract, subject to such



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13 contractual limitations on benefits, such as deductibles,  
14 coinsurance, and copayments, as may apply. This subsection  
15 applies to all contracts entered into or renewed on or after  
16 July 1, 2010.

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

19 636.035 Provider arrangements.—

20 (13) A contract between a prepaid limited health service  
21 organization and a dentist licensed under chapter 466 for the  
22 provision of services to subscribers of the prepaid limited  
23 health service organization may not contain any provision that  
24 requires the dentist to provide services to subscribers of the  
25 prepaid limited health service organization at a fee set by the  
26 prepaid limited health service organization unless such services  
27 are covered services under the applicable contract. As used in  
28 this subsection, the term "covered services" means services  
29 reimbursable under the applicable contract, subject to such  
30 contractual limitations on benefits, such as deductibles,  
31 coinsurance, and copayments, as may apply. This subsection  
32 applies to all contracts entered into or renewed on or after  
33 July 1, 2010.

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

36 641.315 Provider contracts.—

37 (11) A contract between a health maintenance organization  
38 and a dentist licensed under chapter 466 for the provision of  
39 services to subscribers of the health maintenance organization  
40 may not contain any provision that requires the dentist to  
41 provide services to subscribers of the health maintenance



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42 organization at a fee set by the health maintenance organization  
43 unless such services are covered services under the applicable  
44 contract. As used in this subsection, the term "covered  
45 services" means services reimbursable under the applicable  
46 contract, subject to such contractual limitations on subscriber  
47 benefits, such as deductibles, coinsurance, and copayments, as  
48 may apply. This subsection applies to all contracts entered into  
49 or renewed on or after July 1, 2010.

50  
51 ===== T I T L E A M E N D M E N T =====

52 And the title is amended as follows:

53 Delete lines 2 - 11

54 and insert:

55 An act relating to dentists; amending s. 627.6474,  
56 F.S.; prohibiting contracts between health insurers  
57 and dentists from containing certain fee requirements  
58 set by the insurer under certain circumstances;  
59 providing a definition; providing application;  
60 amending s. 636.035, F.S.; prohibiting contracts  
61 between prepaid limited health service organizations  
62 and dentists from containing certain fee requirements  
63 set by the organization under certain circumstances;  
64 providing a definition; providing application;  
65 amending s. 641.315, F.S.; prohibiting contracts  
66 between health maintenance organizations and dentists  
67 from containing certain fee requirements set by the  
68 organization under certain circumstances; providing a  
69 definition; providing application; providing an  
70 effective date.