

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

HB 581

2013

29 | medical plan; amending s. 641.315, F.S.; prohibiting a
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 applicability; providing
44 | 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
 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 any provision that requires the dentist
 68 to provide services to the insured at a fee set by the health
 69 insurer unless such services are covered services under the
 70 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
 84 service organization and a dentist licensed under chapter 466

HB 581

2013

85 for the provision of services to a subscriber of the prepaid
86 limited health service organization may not contain any
87 provision that requires the dentist to provide services to the
88 subscriber of the prepaid limited health service organization at
89 a fee set by the prepaid limited health service organization
90 unless such services are covered services under the applicable
91 contract.

92 (b) Covered services are those services that are listed as
93 a benefit that the subscriber is entitled to receive under the
94 contract. A prepaid limited health service organization may not
95 provide merely de minimis reimbursement or coverage in order to
96 avoid the requirements of this subsection. Fees for covered
97 services shall be set in good faith and must not be nominal.

98 (c) A prepaid limited health service organization may not
99 require as a condition of the contract that the dentist
100 participate in a discount medical plan under part II of this
101 chapter.

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

104 641.315 Provider contracts.—

105 (11) (a) A contract between a health maintenance
106 organization and a dentist licensed under chapter 466 for the
107 provision of services to a subscriber of the health maintenance
108 organization may not contain any provision that requires the
109 dentist to provide services to the subscriber of the health
110 maintenance organization at a fee set by the health maintenance
111 organization unless such services are covered services under the
112 applicable contract.

HB 581

2013

113 (b) Covered services are those services that are listed as
114 a benefit that the subscriber is entitled to receive under the
115 contract. A health maintenance organization may not provide
116 merely de minimis reimbursement or coverage in order to avoid
117 the requirements of this subsection. Fees for covered services
118 shall be set in good faith and must not be nominal.

119 (c) A health maintenance organization may not require as a
120 condition of the contract that the dentist participate in a
121 discount medical plan under part II of chapter 636.

122 Section 4. This act shall take effect July 1, 2013, and
123 applies to contracts entered into or renewed on or after that
124 date.