

LEGISLATIVE ACTION

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Senate

House

Senator Latvala moved the following:
Senate Amendment (with title amendment)
Delete line 431
and insert:
Section 11. Effective January 1, 2016, subsection (3) is
added to section 627.6474, Florida Statutes, to read:
627.6474 Provider contracts
(3)(a) A health insurer may not require an ophthalmologist
licensed pursuant to chapter 458 or chapter 459 or an
optometrist licensed pursuant to chapter 463 to join a network
solely for the purpose of credentialing the licensee for another

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12	insurer's vision network. This paragraph does not prevent a
13	health insurer from entering into a contract with another
14	insurer's vision care plan to use the vision network.
15	(b) A health insurer may not restrict or limit an
16	ophthalmologist licensed pursuant to chapter 458 or chapter 459,
17	an optometrist licensed pursuant to chapter 463, or an optician
18	licensed pursuant to part I of chapter 484 to specific suppliers
19	of materials or optical laboratories. This paragraph does not
20	restrict or limit a health insurer in determining specific
21	amounts of coverage or reimbursement for the use of network or
22	out-of-network suppliers or laboratories.
23	(c) A health insurer's online vision care network provider
24	directory must be updated monthly to reflect the vision care
25	providers currently participating in the health insurer's
26	network.
27	(d) A knowing violation of paragraph (a) or paragraph (b)
28	constitutes an unfair insurance trade practice under s.
29	<u>626.9541(1)(d).</u>
30	Section 12. Effective January 1, 2016, subsection (14) is
31	added to section 636.035, Florida Statutes, to read:
32	636.035 Provider arrangements
33	(14) (a) A prepaid limited health service organization may
34	not require an ophthalmologist licensed pursuant to chapter 458
35	or chapter 459 or an optometrist licensed pursuant to chapter
36	463 to join a network solely for the purpose of credentialing
37	the licensee for another organization's vision network. This
38	paragraph does not prevent such organization from entering into
39	a contract with another organization's vision care plan to use
40	the vision network.

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41	(b) A prepaid limited health service organization may not
42	restrict or limit an ophthalmologist licensed pursuant to
43	chapter 458 or chapter 459, an optometrist licensed pursuant to
44	chapter 463, or an optician licensed pursuant to part I of
45	chapter 484 to specific suppliers of materials or optical
46	laboratories. This paragraph does not restrict or limit such
47	organization in determining specific amounts of coverage or
48	reimbursement for the use of network or out-of-network suppliers
49	or laboratories.
50	(c) A prepaid limited health service organization's online
51	vision care network provider directory must be updated monthly
52	to reflect the vision care providers currently participating in
53	the organization's network.
54	(d) A knowing violation of paragraph (a) or paragraph (b)
55	constitutes an unfair insurance trade practice under s.
56	626.9541(1)(d).
57	Section 13. Effective January 1, 2016, subsection (12) is
58	added to section 641.315, Florida Statutes, to read:
59	641.315 Provider contracts
60	(12)(a) A health maintenance organization may not require
61	an ophthalmologist licensed pursuant to chapter 458 or chapter
62	459 or an optometrist licensed pursuant to chapter 463 to join a
63	network solely for the purpose of credentialing the licensee for
64	another organization's vision network. This paragraph does not
65	prevent such organization from entering into a contract with
66	another organization's vision care plan to use the vision
67	network.
68	(b) A health maintenance organization may not restrict or
69	limit an ophthalmologist licensed pursuant to chapter 458 or

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70	chapter 459, an optometrist licensed pursuant to chapter 463, or
71	an optician licensed pursuant to part I of chapter 484 to
72	specific suppliers of materials or optical laboratories. This
73	paragraph does not restrict or limit such organization in
74	determining specific amounts of coverage or reimbursement for
75	the use of network or out-of-network suppliers or laboratories.
76	(c) A health maintenance organization's online vision care
77	network provider directory must be updated monthly to reflect
78	the vision care providers currently participating in the
79	organization's network.
80	(d) A knowing violation of paragraph (a) or paragraph (b)
81	constitutes an unfair insurance trade practice under s.
82	<u>626.9541(1)(d).</u>
83	Section 14. Except as otherwise expressly provided in this
84	act, this act shall take effect July 1, 2015.
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87	And the title is amended as follows:
88	Delete lines 2 - 43
89	and insert:
90	An act relating to insurance; amending s. 627.0628,
91	F.S.; requiring an insurer to employ in certain rate
92	filings actuarial methods, principles, standards,
93	models, or output ranges found by the Florida
94	Commission on Hurricane Loss Projection Methodology to
95	be accurate or reliable in determining probable
96	maximum loss levels; authorizing an insurer to employ
97	a model in a rate filing until 120 days after the
98	expiration of the commission's acceptance of that
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99 model; deleting a provision that required insurers to 100 employ a specified model in a rate filing made more 101 than 60 days after the commission found the model to 102 be accurate or reliable; amending s. 627.0651, F.S.; 103 revising provisions for the making and use of rates 104 for motor vehicle insurance; amending s. 627.3518, 105 F.S.; conforming a cross-reference; amending s. 106 627.4133, F.S.; increasing the amount of prior notice 107 required with respect to the nonrenewal, cancellation, 108 or termination of certain insurance policies; deleting 109 certain provisions that require extended periods of 110 prior notice with respect to the nonrenewal, cancellation, or termination of certain insurance 111 112 policies; prohibiting the cancellation of certain 113 policies that have been in effect for a specified 114 amount of time except under certain circumstances; 115 amending s. 627.4137, F.S.; adding licensed company adjusters to the list of persons who may respond to a 116 117 claimant's written request for information relating to 118 liability insurance coverage; amending s. 627.421, 119 F.S.; authorizing a policyholder of personal lines 120 insurance to affirmatively elect delivery of policy 121 documents by electronic means; amending s. 627.7074, 122 F.S.; revising notification requirements for 123 participation in the neutral evaluation program; 124 amending s. 627.736, F.S.; revising the applicability 125 of certain Medicare fee schedules or payment 126 limitations; defining the term "service year"; 127 amending s. 627.744, F.S.; revising the preinsurance

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128 inspection requirements for private passenger motor 129 vehicles; repealing s. 631.65, F.S., relating to prohibited advertisement or solicitation; amending ss. 1.30 131 627.6474, 636.035, and 641.315, F.S.; providing that a 132 health insurer, a prepaid limited health service 133 organization, and a health maintenance organization, 134 respectively, may not require a licensed 135 ophthalmologist or optometrist to join a network 136 solely for the purpose of credentialing the licensee 137 for another vision network; providing that such 138 insurers and organizations are not prevented by the 139 act from entering into a contract with another vision 140 care plan; providing that such insurers and 141 organizations may not restrict or limit a licensed 142 ophthalmologist, optometrist, or optician to specific 143 suppliers of materials or optical laboratories; 144 providing that such insurers and organizations are not 145 restricted or limited by the act in determining 146 certain amounts of coverage or reimbursement; 147 requiring such insurers' and organizations' online 148 vision care network provider directories to be updated 149 monthly; providing that a violation of certain 150 prohibitions in the act constitutes a specified unfair 151 insurance trade practice; providing effective dates.