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LEGISLATIVE ACTION

Senate

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House

Senator Latvala moved the following:

Senate Amendment (with title amendment)

Delete line 595

and insert:

Section 18. 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.
29 626.9541(1)(d).

30 Section 19. 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 20. 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.
82 626.9541(1) (d).

83 Section 21. Except as otherwise expressly provided in this
84 act, this act shall take effect July 1, 2015.

86 ===== T I T L E A M E N D M E N T =====

87 And the title is amended as follows:

88 Delete line 83

89 and insert:

90 amending ss. 627.6474, 636.035, and 641.315, F.S.;

91 providing that a health insurer, a prepaid limited

92 health service organization, and a health maintenance

93 organization, respectively, may not require a licensed

94 ophthalmologist or optometrist to join a network

95 solely for the purpose of credentialing the licensee

96 for another vision network; providing that such

97 insurers and organizations are not prevented by the

98 act from entering into a contract with another vision



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99 care plan; providing that such insurers and
100 organizations may not restrict or limit a licensed
101 ophthalmologist, optometrist, or optician to specific
102 suppliers of materials or optical laboratories;
103 providing that such insurers and organizations are not
104 restricted or limited by the act in determining
105 certain amounts of coverage or reimbursement;
106 requiring such insurers' and organizations' online
107 vision care network provider directories to be updated
108 monthly; providing that a violation of certain
109 prohibitions in the act constitutes a specified unfair
110 insurance trade practice; providing effective dates.