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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; defining the term "covered services" as
7 it relates to contracts between a health insurer and a
8 dentist; amending s. 636.035, F.S.; prohibiting a
9 contract between a prepaid limited health service
10 organization and a dentist from requiring the dentist
11 to provide services at a fee set by the organization
12 under certain circumstances; defining the term
13 "covered services" as it relates to contracts between
14 a prepaid limited health service organization and a
15 dentist; amending s. 641.315, F.S.; prohibiting a
16 contract between a health maintenance organization and
17 a dentist from requiring the dentist to provide
18 services at a fee set by the organization under
19 certain circumstances; defining the term "covered
20 services" as it relates to contracts between a health
21 maintenance organization and a dentist; providing
22 applicability; providing an effective date.

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

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

28 627.6474 Provider contracts.—

29 (1) A health insurer may ~~shall~~ not require a contracted

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30 health care practitioner as defined in s. 456.001(4) to accept
31 the terms of other health care practitioner contracts with the
32 insurer or any other insurer, or health maintenance
33 organization, under common management and control with the
34 insurer, including Medicare and Medicaid practitioner contracts
35 and those authorized by s. 627.6471, s. 627.6472, s. 636.035, or
36 s. 641.315, except for a practitioner in a group practice as
37 defined in s. 456.053 who must accept the terms of a contract
38 negotiated for the practitioner by the group, as a condition of
39 continuation or renewal of the contract. Any contract provision
40 that violates this section is void. A violation of this
41 subsection ~~section~~ is not subject to the criminal penalty
42 specified in s. 624.15.

43 (2) A contract between a health insurer and a dentist
44 licensed under chapter 466 for the provision of services to an
45 insured may not contain a provision that requires the dentist to
46 provide services to the insured under such contract at a fee set
47 by the health insurer unless such services are covered services
48 under the applicable contract. As used in this paragraph, the
49 term "covered services" means dental care services for which a
50 reimbursement is available under the insured's contract, or for
51 which a reimbursement would be available but for the application
52 of contractual limitations such as deductibles, coinsurance,
53 waiting periods, annual or lifetime maximums, frequency
54 limitations, alternative benefit payments, or any other
55 limitation.

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

58 636.035 Provider arrangements.—

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59 (13) A contract between a prepaid limited health service
60 organization and a dentist licensed under chapter 466 for the
61 provision of services to a subscriber of the prepaid limited
62 health service organization may not contain a provision that
63 requires the dentist to provide services to the subscriber of
64 the prepaid limited health service organization at a fee set by
65 the prepaid limited health service organization unless such
66 services are covered services under the applicable contract. As
67 used in this paragraph, the term "covered services" means dental
68 care services for which a reimbursement is available under the
69 subscriber's contract, or for which a reimbursement would be
70 available but for the application of contractual limitations
71 such as deductibles, coinsurance, waiting periods, annual or
72 lifetime maximums, frequency limitations, alternative benefit
73 payments, or any other limitation.

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

76 641.315 Provider contracts.—

77 (11) A contract between a health maintenance organization
78 and a dentist licensed under chapter 466 for the provision of
79 services to a subscriber of the health maintenance organization
80 may not contain a provision that requires the dentist to provide
81 services to the subscriber of the health maintenance
82 organization at a fee set by the health maintenance organization
83 unless such services are covered services under the applicable
84 contract. As used in this paragraph, the term "covered services"
85 means dental care services for which a reimbursement is
86 available under the subscriber's contract, or for which a
87 reimbursement would be available but for the application of

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88 contractual limitations such as deductibles, coinsurance,
89 waiting periods, annual or lifetime maximums, frequency
90 limitations, alternative benefit payments, or any other
91 limitation.

92 Section 4. This act applies to contracts entered into or
93 renewed on or after July 1, 2014.

94 Section 5. This act shall take effect July 1, 2014.