

February 11, 2009

H 144. SPECIAL CARE DENTISTRY COLLABORATION. Filed 2/11/09. *TO DIRECT THE DIVISION OF MEDICAL ASSISTANCE, DIVISION OF PUBLIC HEALTH, AND THE DIVISION OF AGING AND ADULT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO COLLABORATE WITH THE UNIVERSITY OF NORTH CAROLINA – CHAPEL HILL AND EAST CAROLINA UNIVERSITY SCHOOLS OF DENTISTRY, THE NORTH CAROLINA DENTAL SOCIETY, AND THE CURRENT SPECIAL CARE DENTAL PROVIDERS, TO EXAMINE DENTAL CARE OPTIONS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.*

As title indicates. Specifies that the group collaboration result in suggestions for improving the availability of services for special care populations. Requires a report to the Study Commission on Aging and the Public Health Study Commission by February 1, 2010.

Intro. by Farmer-Butterfield, Pierce, Bordsen. STUDY

March 19, 2009

H 144. SPECIAL CARE DENTISTRY COLLABORATION. Filed 2/11/09. House committee substitute makes the following changes to 1st edition. Changes title to *AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, IN COLLABORATION WITH THE DIVISION OF MEDICAL ASSISTANCE, THE DIVISION OF AGING AND ADULT SERVICES, UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL AND EAST CAROLINA UNIVERSITY SCHOOLS OF DENTISTRY, THE NORTH CAROLINA DENTAL SOCIETY, AND CURRENT SPECIAL CARE DENTAL PROVIDERS, TO EXAMINE DENTAL CARE OPTIONS FOR SPECIAL CARE POPULATIONS.* Makes conforming changes to Section 1. Requires the Department of Health and Human Services (rather than "these groups" as indicated in the earlier version) to report findings to the North Carolina Study Commission on Aging and the Public Health Study Commission on or before February 1, 2010.

June 3, 2010

H 144. NO SET FEE/ NON-COVERED DENTAL SRVCS (NEW). Filed 2/11/09. Senate committee substitute deletes all provisions of 2nd edition and replaces with *AN ACT TO PROHIBIT HEALTH BENEFIT PLANS AND INSURERS FROM LIMITING OR FIXING THE FEE A DENTIST MAY CHARGE PATIENTS FOR SERVICES UNLESS THE SERVICES ARE COVERED FOR REIMBURSEMENT UNDER THE PLAN OR INSURER CONTRACT WITH THE DENTIST.*

Enacts new GS 58-50-290 to provide that no contract between a health benefit plan or insurer and a dentist providing dental services to plan members or insurance subscribers can limit or set fees charged by the dentist, unless the dental services are reimbursed as covered services under the contract. Applies to dental plans and dental insurance policies offered by health benefit plans or insurers which cover dental services not in connection with or incidental to coverage under a basic medical plan or health insurance policy. Also applies to dental services corporations regulated under Article 65 of GS Chapter 58. Makes conforming change to GS 58-65-2. Applies to contracts between dentists and health benefit plans or insurers delivered, amended, or renewed on or after the date the act becomes law.

July 1, 2010

H 144. NO SET FEE/NONCOVERED DENTAL SRVCS. Filed 2/11/09. Senate committee substitute makes the following changes to 3rd edition.

Amends proposed GS 58-50-290 to provide that the prohibition against setting fee limits applies to agreements between a dentist for the provision of dental services and an insurer or an entity that writes stand-alone dental insurance (was, health benefit plan). Clarifies that the prohibition applies to the provision of dental services on a preferred or in-network basis to plan members or insurance subscribers in connection with coverage under a stand-alone plan but not

in connection with or incidental to coverage under a medical plan or health insurance policy. Defines *covered services* as services for which reimbursement is available under an insurer's policy, without regard to contractual limitations by a deductible, co-payment, or other limitations. Deletes provision that this section applies to dental service corporations regulated under Article 65 of GS Chapter 58.

July 28, 2010

SL 2010-138 (H 144). NO SET FEE/NONCOVERED DENTAL SERVICES. AN ACT TO PROHIBIT HEALTH BENEFIT PLANS AND INSURERS FROM LIMITING OR FIXING THE FEE A DENTIST MAY CHARGE PATIENTS FOR SERVICES UNLESS THE SERVICES ARE COVERED FOR REIMBURSEMENT UNDER THE PLAN OR INSURER CONTRACT WITH THE DENTIST. Summarized in *Daily Bulletin* 6/3/10 and 7/1/10. Enacted July 21, 2010. Effective July 21, 2010.