

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

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HOUSE BILL 144*
Committee Substitute Favorable 3/19/09
Senate Health Care Committee Substitute Adopted 6/3/10
PROPOSED SENATE COMMITTEE SUBSTITUTE H144-PCS50954-RC-80

Short Title: No Set Fee/Noncovered Dental Srvcs.

(Public)

Sponsors:

Referred to:

February 12, 2009

A BILL TO BE ENTITLED

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.

The General Assembly of North Carolina enacts:

SECTION 1. Chapter 58 of the General Statutes is amended by adding a new section to read:

"§ 58-50-290. Health benefit plans or insurers contracting for provision of dental services; no limitation on fees for noncovered services.

(a) No agreement between an insurer or an entity that writes stand-alone dental insurance and a dentist for 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 dental plan, but not in connection with or incidental to coverage under a medical plan or health insurance policy, may require that a dentist provide services at a fee limited or set by the plan or insurer, unless the services are reimbursed as covered services under the contract.

(b) For purposes of this section, "covered services" means a service for which reimbursement is available under an insurer's policy, without regard to contractual limitations by a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation, alternative benefit payment, or other limitation."

SECTION 2. G.S. 58-65-2 reads as rewritten:

"§ 58-65-2. Other laws applicable to service corporations.

The following provisions of this Chapter are applicable to service corporations that are subject to this Article:

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| G.S. 58-2-125. | Authority over all insurance companies; no exemptions from license. |
| G.S. 58-2-150. | Oath required for compliance with law. |
| G.S. 58-2-155. | Investigation of charges. |
| G.S. 58-2-160. | Reporting and investigation of insurance and reinsurance fraud and the financial condition of licensees; immunity from liability. |



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1	G.S. 58-2-162.	Embezzlement by insurance agents, brokers, or
2		administrators.
3	G.S. 58-2-185.	Record of business kept by companies and agents;
4		Commissioner may inspect.
5	G.S. 58-2-190.	Commissioner may require special reports.
6	G.S. 58-2-195.	Commissioner may require records, reports, etc., for
7		agencies, agents, and others.
8	G.S. 58-2-200.	Books and papers required to be exhibited.
9	G.S. 58-3-50.	Companies must do business in own name; emblems,
10		insignias, etc.
11	G.S. 58-3-100(c),(e).	Insurance company licensing provisions.
12	G.S. 58-3-115.	Twisting with respect to insurance policies; penalties.
13	G.S. 58-7-46.	Notification to Commissioner for president or chief
14		executive officer changes.
15	Part 7 of Article 10.	Annual Financial Reporting.
16	G.S. 58-50-35.	Notice of nonpayment of premium required before
17		forfeiture.
18	<u>G.S. 58-50-290.</u>	<u>Health benefit plans or insurers contracting for the provision</u>
19		<u>of dental services; no limitation on fees for noncovered</u>
20		<u>services.</u>
21	G.S. 58-51-15(a)(2)b.	Accident and health policy provisions.
22	G.S. 58-51-17	Portability for accident and health insurance.
23	G.S. 58-51-25.	Policy coverage to continue as to mentally retarded or
24		physically handicapped children.
25	G.S. 58-51-95(h),(i),(j).	Approval by Commissioner of forms, classification and
26		rates; hearings; exceptions."

27 **SECTION 3.** This act is effective when it becomes law and applies to contracts
28 between dentists and health benefit plans or insurers delivered, amended, or renewed on or after
29 that date.