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SENATE BILL DRS15134-MR-75

Short Title: Dental Bill of Rights.

(Public)

Sponsors: Senator J. Davis (Primary Sponsor).

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO CLARIFY CERTAIN PROVIDER AND PATIENT RIGHTS REGARDING  
3 HEALTH BENEFIT PLAN CONTRACTS FOR THE PROVISION OF DENTAL  
4 SERVICES.

5 The General Assembly of North Carolina enacts:

6 SECTION 1. G.S. 58-80-290 reads as rewritten:

7 "**§ 58-50-290. Health benefit plans or insurers contracting for provision of dental services;**  
8 **no limitation on fees for noncovered ~~services~~ services or on methods of claims**  
9 **payment.**

10 (a) No agreement between an insurer or an entity that writes stand-alone dental insurance  
11 and a dentist for the provision of dental services on a preferred or in-network basis to plan  
12 members or insurance subscribers in connection with coverage under a stand-alone dental plan,  
13 but not in connection with or incidental to coverage under a medical plan or health insurance  
14 policy, may require that a dentist provide services at a fee limited or set by the plan or insurer,  
15 unless the services are reimbursed as covered services under the contract.

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

20 (c) No agreement between an insurer or another entity contracting for the provision of  
21 dental services and a provider of dental services shall contain restrictions on methods of claim  
22 payment in which the only acceptable payment method from the insurer or entity to the provider  
23 of the dental services is a credit card payment."

24 SECTION 2. Article 50 of Chapter 58 of the General Statutes is amended by adding  
25 the following new sections to read:

26 "**§ 58-50-291. Health benefit plans for the provision of dental services; limitation on**  
27 **expenses for marketing and administration.**

28 (a) An insurer who provides a health benefit plan for dental services shall not use more  
29 than twenty-five percent (25%) of its prepaid charges or premiums for marketing and  
30 administrative expenses, including all costs to solicit members of the health benefit plan or  
31 providers. For the purposes of this subsection, marketing and administrative expenses shall be  
32 defined by rule by the Commissioner.

33 (b) Nothing in this section shall be construed to affect the applicability of any other  
34 provision of this Chapter.

35 "**§ 58-50-292. Dental provider networks; confidential business information.**

36 (a) The following definitions apply in this section:



1           (1)    Dental provider network contract. – A contract between an insurer and a dental  
2                    services provider specifying the rights and responsibilities of the insurer and  
3                    the provider for the delivery of and payment for dental services.

4           (2)    Insurer. – As defined in G.S. 58-3-225(a).

5           (3)    Third party. – A person or entity that enters into a contract with an insurer or  
6                    with another entity to gain access to a dental provider network contract.

7           (b)    Insurers who provide health benefit plans for dental services shall not provide a third  
8                    party access to a dental provider network contract or information pertaining to discounts for  
9                    services pursuant to that dental provider network contract.

10          (c)    If a dental provider network contract has been provided to a third party in violation  
11                    of this section, then no provider shall be bound or required to perform services under that dental  
12                    provider network contract.

13          (d)    An insurer's willful failure to comply with this section shall be deemed an unfair and  
14                    deceptive trade practice and shall be actionable under Chapter 75 of the General Statutes. Nothing  
15                    in this section shall foreclose other remedies available under the law."

16          **SECTION 3.** G.S. 58-3-200(a)(1) reads as rewritten:

17          "(1)    "Health benefit plan" means any of the following if written by an insurer: an  
18                    accident and health insurance policy or certificate; a nonprofit hospital or  
19                    medical service corporation contract; a health maintenance organization  
20                    subscriber contract; or a plan provided by a multiple employer welfare  
21                    arrangement. "Health benefit plan" does not mean any plan implemented or  
22                    administered through the Department of Health and Human Services or its  
23                    representatives. "Health benefit plan" also does not mean any of the following  
24                    kinds of insurance:

25                a.    Accident.

26                b.    Credit.

27                c.    Disability income.

28                d.    Long-term or nursing home care.

29                e.    Medicare supplement.

30                f.    Specified disease.

31                g.    ~~Dental or vision.~~ Vision.

32                h.    Coverage issued as a supplement to liability insurance.

33                i.    Workers' compensation.

34                j.    Medical payments under automobile or homeowners insurance.

35                k.    Hospital income or indemnity.

36                l.    Insurance under which benefits are payable with or without regard to  
37                    fault and that is statutorily required to be contained in any liability  
38                    policy or equivalent self-insurance."

39          **SECTION 4.** G.S. 58-3-190(g)(3) reads as rewritten:

40          "(3)    "Health benefit plan" means any of the following if written by an insurer: an  
41                    accident and health insurance policy or certificate; a nonprofit hospital or  
42                    medical service corporation contract; a health maintenance organization  
43                    subscriber contract; or a plan provided by a multiple employer welfare  
44                    arrangement. "Health benefit plan" does not mean any plan implemented or  
45                    administered through the Department of Health and Human Services or its  
46                    representatives. "Health benefit plan" also does not mean any of the following  
47                    kinds of insurance:

48                a.    Accident.

49                b.    Credit.

50                c.    Disability income.

51                d.    Long-term or nursing home care.

- 1 e. Medicare supplement.
- 2 f. Specified disease.
- 3 g. ~~Dental or vision.~~ Vision.
- 4 h. Coverage issued as a supplement to liability insurance.
- 5 i. Workers' compensation.
- 6 j. Medical payments under automobile or homeowners insurance.
- 7 k. Hospital income or indemnity.
- 8 l. Insurance under which benefits are payable with or without regard to
- 9 fault and that is statutorily required to be contained in any liability
- 10 policy or equivalent self-insurance."

11 **SECTION 5.** This act becomes effective October 1, 2019, and applies to health  
12 benefit contracts issued, renewed, or amended on or after that date.