

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019

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SENATE BILL 252

Short Title: Dental Bill of Rights.

(Public)

Sponsors: Senator J. Davis (Primary Sponsor).

Referred to: Rules and Operations of the Senate

March 14, 2019

A BILL TO BE ENTITLED

AN ACT TO CLARIFY CERTAIN PROVIDER AND PATIENT RIGHTS REGARDING
HEALTH BENEFIT PLAN CONTRACTS FOR THE PROVISION OF DENTAL
SERVICES.

The General Assembly of North Carolina enacts:

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

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

(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.

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

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

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

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

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

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

(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.