

1 STATE OF OKLAHOMA

2 1st Session of the 54th Legislature (2013)

3 COMMITTEE SUBSTITUTE
4 FOR

5 SENATE BILL 975

By: Johnson (Rob) and Bass of
the Senate

6 and

7 Kirby of the House

8
9 COMMITTEE SUBSTITUTE

10 An Act relating to insurance; amending 36 O.S. 2011,
11 Section 7301, which relates to dental plan fee
12 regulation; specifying certain contract requirements
for services rendered by a dentist; and providing an
effective date.

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14 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

15 SECTION 1. AMENDATORY 36 O.S. 2011, Section 7301, is
16 amended to read as follows:

17 Section 7301. A. No contract between a dental plan of a health
18 benefit plan and a dentist for the provision of services to patients
19 may require that a dentist provide services to its subscribers at a
20 fee set by the health benefit plan unless the services are covered
21 services under the applicable subscriber agreement.

22 B. As used in this section:

23 1. "Covered services" means services reimbursable under the
24 applicable subscriber agreement, subject to the contractual

1 limitations on subscriber benefits as may apply, including, for
2 example, deductibles, waiting period or frequency limitations;

3 2. "Dental plan" means and shall include any policy of
4 insurance which is issued by a health benefit plan which provides
5 for coverage of dental services not in connection with a medical
6 plan; and

7 3. "Health benefit plan" means any plan or arrangement as
8 defined in subsection C of Section 6060.4 of ~~Title 36 of the~~
9 ~~Oklahoma Statutes~~ this title or any dental service corporation
10 authorized pursuant to Section 2671 of ~~Title 36 of the Oklahoma~~
11 ~~Statutes~~ this title.

12 C. A health benefit plan or dental plan shall establish and
13 maintain appeal procedures for any claim by a dentist or a
14 subscriber that is denied based on lack of medical necessity. Any
15 such denial shall be based upon a determination by a dentist who
16 holds a nonrestricted license in the United States. Any written
17 communication to a dentist that includes or pertains to a denial of
18 benefits for all or part of a claim on the basis of a lack of
19 medical necessity shall include the identifier and license number
20 together with state of issuance, and a contact telephone number of
21 the licensed dentist making the adverse determination. The dentist
22 who reviewed the claim shall only be contacted at the telephone
23 number provided in the written communication about the denial during
24 business hours.

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SECTION 2. This act shall become effective November 1, 2013.

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