

1 **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2 STATE OF OKLAHOMA

3 1st Session of the 54th Legislature (2013)

4 ENGROSSED SENATE  
5 BILL NO. 975

By: Johnson (Rob), Bass and  
Shortey of the Senate

6 and

7 Kirby and Pittman of the  
8 House

9  
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  
13 for services rendered by a dentist; and providing an  
14 effective date.

15  
16 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

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

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

24 B. As used in this section:

1 1. "Covered services" means services reimbursable under the  
2 applicable subscriber agreement, subject to the contractual  
3 limitations on subscriber benefits as may apply, including, for  
4 example, deductibles, waiting period or frequency limitations;

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

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

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

1 number provided in the written communication about the denial during  
2 business hours.

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

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5 COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 04/02/2013 -  
6 DO PASS, As Coauthored.

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