

COMMITTEE AMENDMENT

HOUSE OF REPRESENTATIVES

State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB1580 _____
Of the printed Bill
Page _____ Section _____ Lines _____
Of the Engrossed Bill

By striking the Title, the Enacting Clause, the entire bill, and by
inserting in lieu thereof the following language:

AMEND TITLE TO CONFORM TO AMENDMENTS

Amendment submitted by: Chad Caldwell

Adopted: _____

Reading Clerk

STATE OF OKLAHOMA

1st Session of the 56th Legislature (2017)

PROPOSED COMMITTEE
SUBSTITUTE
FOR
HOUSE BILL NO. 1580

By: Caldwell

PROPOSED COMMITTEE SUBSTITUTE

An Act relating to insurance; amending 36 O.S. 2011, Section 7301, as amended by Section 1, Chapter 69, O.S.L. 2013 (36 O.S. Supp. 2016, Section 7301), which relates to dental plan fee regulation; modifying definition; and providing an effective date.

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

SECTION 1. AMENDATORY 36 O.S. 2011, Section 7301, as amended by Section 1, Chapter 69, O.S.L. 2013 (36 O.S. Supp. 2016, Section 7301), is amended to read as follows:

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

B. As used in this section:

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

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

10 3. "Health benefit plan" means any plan or arrangement as
11 defined in subsection C of Section 6060.4 of this title or any
12 dental service corporation authorized pursuant to Section 2671 of
13 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, 2017.
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5 56-1-7157 AMM 02/28/17
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