

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

Adopted: _____

Amendment submitted by: Chad Caldwell _____

Reading Clerk

1 STATE OF OKLAHOMA

2 1st Session of the 56th Legislature (2017)

3 PROPOSED COMMITTEE
4 SUBSTITUTE
5 FOR
6 HOUSE BILL NO. 1580

By: Caldwell

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8 PROPOSED COMMITTEE SUBSTITUTE

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

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

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

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

23 B. As used in this section:
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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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