

1 STATE OF OKLAHOMA

2 2nd Session of the 60th Legislature (2026)

3 SENATE BILL 1942

By: Thompson

6 AS INTRODUCED

7 An Act relating to dental insurance claims; amending
8 36 O.S. 2021, Section 7301, which relates to dental
plan fee regulation; modifying definition; and
providing an effective date.

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

11 SECTION 1. AMENDATORY 36 O.S. 2021, Section 7301, is
12 amended to read as follows:

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

18 B. As used in this section:

19 1. "Covered services" means services ~~reimbursable~~ reimbursed
20 under the applicable subscriber agreement, ~~subject notwithstanding~~
21 and without regard to the contractual limitations on subscriber
22 benefits ~~as may apply, including, for example, deductibles, waiting~~
23 ~~period or frequency limitations;~~

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

5 3. "Health benefit plan" means any plan or arrangement as
6 defined in subsection C of Section 6060.4 of this title or any
7 dental service corporation authorized pursuant to Section 2671 of
8 this title.

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

22 SECTION 2. This act shall become effective November 1, 2026.
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