

MISSISSIPPI LEGISLATURE
2010 Regular Session
To: Insurance
By: Representative Robinson

House Bill 1167

AN ACT TO PROHIBIT A CONTRACT BETWEEN A HEALTH CARE ENTITY THAT OFFERS A DENTAL PLAN AND A DENTIST FOR THE PROVISION OF SERVICES TO HIS SUBSCRIBERS FROM REQUIRING THAT A DENTIST PROVIDE SERVICES TO HIS SUBSCRIBERS AT A FEE SET BY THE HEALTH CARE ENTITY UNLESS THE SERVICES ARE COVERED SERVICES UNDER THE APPLICABLE SUBSCRIBER AGREEMENT; TO BRING FORWARD SECTIONS 83-51-1 THROUGH 83-51-13, MISSISSIPPI CODE OF 1972, WHICH PROVIDE CERTAIN REQUIREMENTS REGARDING DENTAL CARE INSURANCE, FOR PURPOSES OF AMENDMENT; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. (1) No contract between a health care entity that offers a dental plan or plans and a dentist for the provision of services to subscribers may require that a dentist provide services to his subscribers at a fee set by the health care entity unless the services are covered services under the applicable subscriber agreement. For the purposes of this section, "covered services" means services that are reimbursable under the applicable subscriber agreement, subject to the contractual limitations on subscriber benefits that may apply, including, but not limited to, deductibles, waiting periods and frequency limitations. For the purposes of this section, "dental plan" means any policy of insurance that is issued by a health care entity that provides for coverage of dental services not in connection with a medical plan.

SECTION 2. Section 83-51-1, Mississippi Code of 1972, is brought forward as follows:

83-51-1. As used in this chapter, the following words have the meanings ascribed herein unless the context clearly requires otherwise:

(a) "Health insurance policy" means any individual, group,

blanket or franchise insurance policy, insurance agreement or group hospital service contract which provides benefits for dental care expenses incurred as a result of an accident or sickness;

(b) "Employee benefit plan" means any plan, fund or program heretofore or hereafter established or maintained by an employer or by an employee organization, or by both, to the extent that such plan, fund or program was established or is maintained for the purpose of providing for its participants or their beneficiaries, through the purchase of insurance or otherwise, dental care benefits in the event of accident or sickness;

(c) "Dental care services" means those general and usual services furnished to any person for the purpose of preventing, alleviating, curing or healing human dental illness or injury as defined in Sections 73-9-1 through 73-9-65, Mississippi Code of 1972.

(d) "Dentist" means any person who furnishes dental care services and who is licensed as a dentist by the State of Mississippi.

SECTION 3. Section 83-51-3, Mississippi Code of 1972, is brought forward as follows:

83-51-3. No health insurance policy or employee benefit plan which is delivered, renewed, issued for delivery, or otherwise contracted for in this state shall:

(a) Prevent any person who is a party to or beneficiary of any such health insurance policy or employee benefit plan from selecting the dentist of his choice to furnish the dental care services offered by such policy or plan, or interfere with such selection, provided the dentist selected is licensed to furnish such

dental care services in this state;

(b) Deny any dentist the right to participate as a contracting provider for such policy or plan, provided the dentist is licensed to furnish the dental care services offered by such policy or plan;

(c) Authorize any person to regulate, interfere or intervene in any manner in the diagnosis or treatment rendered by a dentist to his patient for the purpose of preventing, alleviating, curing or healing dental illness or injury, provided such dentist practices within the scope of his license; or

(d) Require that any dentist furnishing dental care services make or obtain dental x-rays or any other diagnostic aids for the purpose of preventing, alleviating, curing or healing dental illness or injury; provided, however, that nothing herein shall prohibit requests for existing dental x-rays or any other existing diagnostic aids for the purpose of determining benefits payable under a health insurance policy or employee benefit plan.

Nothing in this chapter shall prohibit the predetermination of benefits for dental care expenses prior to treatment by the attending dentist.

SECTION 4. Section 83-51-5, Mississippi Code of 1972, is brought forward as follows:

83-51-5. Any health insurance policy or employee benefit plan which is delivered, renewed, issued for delivery, or otherwise contracted for in this state shall, to the extent that it provides benefits for dental care expenses:

(a) Disclose, if applicable, that the benefit offered is limited to the least costly treatment;

(b) Define and explain the standard upon which the payment of benefits or reimbursement for the cost of dental care services is based, such as "usual and customary," "reasonable and customary," "usual, customary and reasonable," or fees or words of similar import, or it shall specify in dollars and cents the amount of the payment or reimbursement for dental care services to be provided. Payment or reimbursement for a non-contracting provider dentist shall be the same as the payment or reimbursement for a contracting provider dentist; provided, however, that the health insurance policy or the employee benefit plan shall not be required to make payment or reimbursement in an amount which is greater than the amount specified or which is greater than the fee charged by the providing dentist for the dental care services rendered.

SECTION 5. Section 83-51-7, Mississippi Code of 1972, is brought forward as follows:

83-51-7. Any provision in a health insurance policy or employee benefit plan which is delivered, renewed, issued for delivery, or otherwise contracted for in this state which is contrary to this chapter shall, to the extent of such conflict, be void.

SECTION 6. Section 83-51-9, Mississippi Code of 1972, is brought forward as follows:

83-51-9. The provisions of this chapter do not mandate that any type of benefits for dental care expenses be provided by a health insurance policy or an employee benefit plan.

SECTION 7. Section 83-51-11, Mississippi Code of 1972, is brought forward as follows:

83-51-11. Notwithstanding any other provision of this chapter:

(a) A dentist may contract directly with a patient for the

furnishing of dental care services to such patient as may be otherwise authorized by law;

(b) Any person providing a health insurance policy or employee benefit plan, or an employer, or an employee organization may:

(i) Make available to its insureds, beneficiaries, participants, employees or members information relating to dental care services by distributing factually accurate information regarding dental care services, rates, fees, location and hours of service, provided such distribution is made upon the request of any dentist licensed by the state; or

(ii) Establish an administrative mechanism which facilitates payment for dental care services by insureds, beneficiaries, participants, employees or members to the dentist of their choice; or

(iii) Pay or reimburse, on a non-discriminatory basis, its insureds, beneficiaries, participants, employees or members for the cost of dental care services rendered by the dentist of their choice.

SECTION 8. Section 83-51-13, Mississippi Code of 1972, is brought forward as follows:

83-51-13. The provisions of this chapter do not apply to Article 3, Chapter 41, Title 83, Mississippi Code of 1972, which provides for the organizing of nonprofit hospital, medical and surgical service corporations, and do not apply to the Nonprofit Dental Service Corporation Law or to employee benefit plans paid for completely by the employer covering the employee and his or her dependents.

SECTION 9. This act shall take effect and be in force from and after July 1, 2010.