

1 HB397  
2 165214-1  
3 By Representatives Daniels, Patterson, McCutcheon, Black,  
4 Wingo, Brown, Alexander, Williams (JW), Beckman, Hall, Farley,  
5 Sanderford, Johnson (R), Millican, Robinson, Rogers, Scott,  
6 Ledbetter and Ball  
7 RFD: Insurance  
8 First Read: 02-APR-15

2  
3  
4  
5  
6  
7  
8 SYNOPSIS: Under existing law, health insurance  
9 policies and health maintenance organization plans  
10 offer coverage for certain dental services.

11 This bill would provide that certain health  
12 insurance policies, health maintenance organization  
13 plans, and other health benefit plans, which cover  
14 dental services shall not require a dentist to  
15 provide services to covered individuals at a fee  
16 set by the plan or policy unless the services are  
17 covered under the plan or policy. The bill would  
18 not apply to health care service plans.

19  
20 A BILL  
21 TO BE ENTITLED  
22 AN ACT  
23

24 Relating to the terms of certain health insurance  
25 policies, health maintenance organization plans, and other  
26 health benefit plans, with respect to dental services; to  
27 prohibit a policy or plan to set fees for services that are

1 not covered by the plan or policy; and to provide certain  
2 exceptions.

3 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

4 Section 1. As used in this act, the following terms  
5 shall have the following meanings:

6 (1) COVERED PERSON. Any individual, family, or  
7 family member on whose behalf third-party payment or  
8 prepayment of health or medical expenses is provided under an  
9 insurance policy, plan, or contract providing for third-party  
10 payment or prepayment of health care or medical expenses.

11 (2) DENTAL CARE PROVIDER. A licensed dentist.

12 (3) INSURANCE POLICY, PLAN, OR CONTRACT PROVIDING  
13 FOR THIRD-PARTY PAYMENT OR PREPAYMENT OF HEALTH OR MEDICAL  
14 EXPENSES. Includes an individual or group policy for accident  
15 or health insurance, an individual or group hospital or health  
16 care service contract, an individual or group health  
17 maintenance organization contract, an organized delivery  
18 system contract, a preferred provider organization contract,  
19 and any other similar policy, plan, or contract.

20 Section 2. An insurance policy, plan, or contract  
21 providing for third-party payment or prepayment of health or  
22 medical expenses issued after January 1 following the  
23 effective date of this act shall not require a dental care  
24 provider to provide service to a covered person at a fee set  
25 by the policy or plan unless the services are covered by the  
26 policy or plan.

1                   Section 3. Nothing in this act shall be construed as  
2 limiting the ability of an insurer or a third-party  
3 administrator to restrict any of the following as related to  
4 covered services:

- 5                   (1) Balance billing.
- 6                   (2) Waiting periods.
- 7                   (3) Frequency limitations.
- 8                   (4) Deductibles.
- 9                   (5) Maximum annual benefits.

10                   Section 4. Nothing in this act shall apply to  
11 corporations organized pursuant to Article 6 of Chapter 20 of  
12 Title 10A, commencing at Section 10A-20-6.01, Code of Alabama  
13 1975.

14                   Section 5. This act shall become effective on the  
15 first day of the third month following its passage and  
16 approval by the Governor, or its otherwise becoming law.