- 1 SB433
- 2 136761-1
- 3 By Senator Bussman
- 4 RFD: Health
- 5 First Read: 20-MAR-12

1	136761-1:n:02/10/2012:LCG/tj LRS2012-977	
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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 the like, which cover dental services
14		shall not require a dentist to provide services to
15		covered individuals at a fee set by the plan or
16		policy unless the services are covered under the
17		plan or policy.
18		This bill would not apply to any corporation
19		organized pursuant to Article 6 of Chapter 20 of
20		Title 10A, Code of Alabama 1975.
21		
22		A BILL
23		TO BE ENTITLED
24		AN ACT
25		

Relating to the terms of certain health insurance policies, health maintenance organization plans, and the like, with respect to dental services; to prohibit a policy or plan to set fees for services that are not covered by the plan or policy; and to exclude corporations organized pursuant to Article 6 of Chapter 20 of Title 10A, Code of Alabama 1975.

BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

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

- (1) COVERED PERSON. Any individual, family, or family member on whose behalf third-party payment or prepayment of health or medical expenses is provided under an insurance policy, plan, or contract providing for third-party payment or prepayment of health care or medical expenses.
- (2) COVERED SERVICES. Dental care services for which a reimbursement is available under an enrollee's plan contract or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation.
 - (3) DENTAL CARE PROVIDER. A licensed dentist.
- (4) INSURANCE POLICY, PLAN, OR CONTRACT PROVIDING
 FOR THIRD-PARTY PAYMENT OR PREPAYMENT OF HEALTH OR MEDICAL
 EXPENSES. Includes an individual or group policy for accident
 or health insurance, an individual or group hospital or health

care service contract, an individual or group health
maintenance organization contract, an organized delivery
system contract, a preferred provider organization contract,
and any other similar policy, plan, or contract.

Section 2. An insurance policy, plan, or contract providing for third-party payment or prepayment of health or medical expenses shall not require a dental care provider to provide service to a covered person at a fee set by the policy or plan unless the services are covered by the policy or plan.

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

- (1) Balance billing.
- (2) Waiting periods.
- (3) Frequency limitations.
- (4) Deductibles.

(5) Maximum annual benefits.

Section 4. Nothing in this act shall apply to

corporations organized pursuant to Article 6 of Chapter 20 of

Title 10A, Code of Alabama 1975.

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