

1 HB192
2 126059-1
3 By Representatives Johnson (R) and Hurst
4 RFD: Insurance
5 First Read: 08-MAR-11

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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
19 A BILL
20 TO BE ENTITLED
21 AN ACT
22

23 Relating to the terms of certain health insurance
24 policies, health maintenance organization plans, and the like,
25 with respect to dental services; to prohibit a policy or plan
26 to set fees for services that are not covered by the plan or
27 policy.

1 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

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

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

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

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

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

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

27 (1) Balance billing.

1 (2) Waiting periods.

2 (3) Frequency limitations.

3 (4) Deductibles.

4 (5) Maximum annual benefits.

5 Section 4. This act shall become effective on the
6 first day of the third month following its passage and
7 approval by the Governor, or its otherwise becoming law.