



BILL STATUS

1 SB296
2 165214-1
3 By Senator Bussman
4 RFD: Health and Human Services
5 First Read: 19-MAR-15



165214-1 : n : 03/04/2015 : FC / agb LRS2015-868

SYNOPSIS: Under existing law, health insurance policies and health maintenance organization plans offer coverage for certain dental services.

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

A BILL

TO BE ENTITLED

AN ACT

Relating to the terms of certain health insurance policies, health maintenance organization plans, and other health benefit plans, 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 provide certain exceptions.

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) DENTAL CARE PROVIDER. A licensed dentist.

(3) 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 issued after January 1 following the effective date of this act 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.



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.