

SENATE BILL NO. 497—COMMITTEE ON
COMMERCE, LABOR AND ENERGY

MARCH 25, 2013

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Revises provisions relating to dental care.
(BDR 57-1096)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: No.

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to dental care; revising provisions relating to plans for dental care; revising provisions governing certain billing practices of dentists; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Section 1 of this bill prohibits a plan for dental care or a contract between an organization for dental care and a dentist who provides dental care to persons enrolled in such a plan and their dependents from requiring the dentist to accept a fee set by or subject to the approval of an organization for dental care for dental care other than certain covered services. **Section 1** further prohibits an organization for dental care or any other person providing services as a third-party administrator from making any dentists available in its network of dentists to a plan for dental care that sets fees for any dental care except covered services.

Existing law authorizes the Commissioner of Insurance to: (1) suspend or revoke the certificate of authority issued to an organization for dental care that fails to comply substantially with the provisions which govern plans for dental care; and (2) impose a fine of not more than \$500 for each violation. (NRS 695D.300) An organization for dental care that violates the provisions of **section 1** is subject to those provisions.

Section 3 of this bill requires, under certain circumstances, a dentist to charge the same fees for a covered service for which reimbursement is not available because the patient has exceeded the benefit provided for the calendar year under the terms of a policy given to the patient pursuant to a plan for dental care as the dentist would have charged the patient if the benefit provided for the calendar year under the terms of the policy had not been exceeded.

Existing law authorizes the Board of Dental Examiners of Nevada to suspend or revoke the license or renewal certificate of, or to impose a fine against, a dentist or dental hygienist who violates any provisions which govern dentistry and dental



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24 hygiene. (NRS 631.350) A dentist who violates the provisions of **section 3** is
25 subject to that provision.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

1 **Section 1.** Chapter 695D of NRS is hereby amended by
2 adding thereto a new section to read as follows:

3 ***1. No plan for dental care and no contract between an***
4 ***organization for dental care and a dentist may require, directly or***
5 ***indirectly, that the dentist provide dental care to a member at a fee***
6 ***set by or subject to the approval of the organization for dental care***
7 ***unless the dental care is a covered service.***

8 ***2. An organization for dental care or any other person***
9 ***providing services as a third-party administrator shall not make***
10 ***available any dentists in its network of dentists to a plan for dental***
11 ***care that sets fees for any dental care except covered services.***

12 ***3. As used in this section, "covered service" means dental***
13 ***care for which reimbursement is available under a member's***
14 ***policy, or for which reimbursement would be available but for the***
15 ***application of a contractual limitation, including, without***
16 ***limitation, any deductible, copayment, coinsurance, waiting***
17 ***period, annual or lifetime maximum, frequency limitation,***
18 ***alternative benefit payment or any other limitation.***

19 **Sec. 2.** NRS 695D.225 is hereby amended to read as follows:

20 695D.225 1. ~~1A~~ ***Except as otherwise provided in section 1***
21 ***of this act, a*** contract between an organization for dental care and a
22 dentist may be modified:

23 (a) At any time pursuant to a written agreement executed by
24 both parties.

25 (b) Except as otherwise provided in this paragraph, by the
26 organization for dental care upon giving to the dentist 45 days'
27 written notice of the modification of the organization for dental
28 care's schedule of payments, including any changes to the fee
29 schedule applicable to the dentist's practice. If the dentist fails to
30 object in writing to the modification within the 45-day period, the
31 modification becomes effective at the end of that period. If the
32 dentist objects in writing to the modification within the 45-day
33 period, the modification must not become effective unless agreed to
34 by both parties as described in paragraph (a).

35 2. If an organization for dental care contracts with a dentist, the
36 organization for dental care shall:

37 (a) If requested by the dentist at the time the contract is made,
38 submit to the dentist the schedule of payments applicable to the
39 dentist; or



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(b) If requested by the dentist at any other time, submit to the dentist the schedule of payments, including any changes to the fee schedule applicable to the dentist's practice, specified in paragraph (a) within 7 days after receiving the request.

3. The provisions of this section do not apply to an organization for dental care that provides services to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services. This subsection does not exempt an organization for dental care from any provision of this chapter for services provided pursuant to any other contract.

Sec. 3. Chapter 631 of NRS is hereby amended by adding thereto a new section to read as follows:

1. If a dentist accepts payment for the costs of dental care from a patient's plan for dental care and the dentist provides a covered service to the patient for which reimbursement is not available because the patient has exceeded the benefit provided for the calendar year under the terms of the patient's policy, the dentist shall charge the same fees to the patient for the covered service as the dentist would have charged the patient pursuant to the terms of the policy if the benefit provided for the calendar year under the terms of the policy had not been exceeded.

2. As used in this section:

(a) "Covered service" has the meaning ascribed to it in section 1 of this act.

(b) "Dental care" has the meaning ascribed to it in NRS 695D.030.

(c) "Plan for dental care" has the meaning ascribed to it in NRS 695D.070.

(d) "Policy" has the meaning ascribed to it in NRS 695D.080.

Sec. 4. This act becomes effective upon passage and approval.

