

Amendment No. 482

Senate Amendment to Senate Bill No. 341

(BDR 57-261)

Proposed by: Senate Committee on Commerce, Labor and Energy**Amends:** Summary: Yes Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

ASSEMBLY ACTION				Initial and Date	SENATE ACTION				Initial and Date
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) variations of green bold underlining is language proposed to be added in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill proposed to be retained in this amendment.

AAK/WLK



Date: 4/18/2015

S.B. No. 341—Revises provisions relating to plans for dental care. (BDR 57-261)



SENATE BILL NO. 341—SENATORS SMITH, FORD, SPEARMAN, PARKS; ATKINSON,
DENIS, KIHUEN AND WOODHOUSE

MARCH 16, 2015

JOINT SPONSOR: ASSEMBLYWOMAN JOINER

Referred to Committee on Commerce, Labor and Energy

SUMMARY—Revises provisions relating to ~~plans for dental care;~~ dentists.
(BDR 57-261)FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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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 ~~plans for dental care;~~ dentists; revising provisions relating to insurers who offer individual health insurance, insurers who offer group health insurance, nonprofit corporations for dental service, health maintenance organizations and organizations for dental care; establishing requirements relating to the use of a network of dentists by a third party; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Under existing law, a person who wishes to provide coverage for dental care may obtain a certificate of authority from the Commissioner of Insurance and may contract with dentists to provide dental care. (NRS 695D.110, 695D.225) ~~This~~ Section 10 of this bill requires that ~~a notice containing certain information be provided to a dentist relating to agreements between~~ an organization for dental care ~~and~~ which enters into an agreement with a third party to provide access to dentists. ~~This~~ to comply with certain requirements. Section 11 of this bill requires the organization for dental care to provide the dentist with a notice containing certain information. Section 11 also requires such a third party to ~~to (1) comply with any applicable provisions in the contract between an organization for dental care and a dentist as if the third party were the organization for dental care; (2) furnish certain information to dentists; and (3) maintain a website or toll-free telephone number for dentists to obtain contact information for the person used by the third party to reimburse the dentist for covered services. This bill~~ Section 11 also follows a dentist to decline to provide services pursuant to a plan for dental care operated by a third party if the dentist does not have the capacity to care for the additional patients; prohibits the assignment or sale of a contract which includes a dentist that would hinder the ability of the dentist to manage his or her practice. Sections 1 and 2 of this bill apply similar provisions to an insurer who offers a policy of individual health insurance. Sections 4 and 5 of this bill apply similar provisions to an insurer who offers a policy of group health insurance. Sections 6 and 7 of this bill apply similar provisions to a nonprofit corporation for dental service. Sections 8 and 9 of this bill apply similar provisions to a health maintenance organization.

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

Section 1. Chapter 689A of NRS is hereby amended by adding thereto a new section to read as follows:

For the purpose of the contract between an insurer and a dentist, a third party who enters into an agreement with an insurer to access dentists within a network of dentists maintained by the insurer shall comply with the provisions of NRS 689A.035.

Sec. 2. NRS 689A.035 is hereby amended to read as follows:

689A.035 1. An insurer shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the insurer to its insureds.

2. An insurer shall not contract with a provider of health care to provide health care to an insured unless the insurer uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

3. A contract between an insurer and a provider of health care may be modified:

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

(b) Except as otherwise provided in this paragraph, by the insurer upon giving to the provider 45 days' written notice of the modification of the insurer's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the modification must not become effective unless agreed to by both parties as described in paragraph (a).

4. If an insurer contracts with a provider of health care to provide health care to an insured, the insurer shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

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

5. If an insurer contracts with a dentist, the insurer shall, before entering into the contract and before executing an agreement with a third party to provide access to dentists within the network of dentists maintained by the insurer, provide the dentist with a notice. The notice must be in a form prescribed by the Commissioner and include, without limitation:

(a) The name of each third party to whom a contract which includes the dentist has been assigned or sold;

(b) Information about each policy of health insurance offered by a third party, including, without limitation, contact information for the third party and the procedure for submitting claims for payment to the third party; and

(c) The approximate number of members in each network of dentists or policy of health insurance, including any policy operated by a third party. If the actual number of members in a network of dentists or such a policy is not available, the insurer or third party, as appropriate, shall estimate the number to the best of its ability.

1 6. A third party who enters into an agreement with an insurer to access
2 dentists within a network of dentists maintained by the insurer shall maintain an
3 Internet website or a toll-free telephone number through which a dentist may
4 obtain the name, address and telephone number of the person used by the third
5 party to reimburse the dentist for covered services.

6 7. The assignment or sale of a contract which includes a dentist to a third
7 party must not hinder the ability of the dentist to manage his or her practice,
8 including, without limitation, his or her ability to schedule patients.

9 8. The provisions of this section do not require an insurer to provide a
10 notice to a dentist when the insurer issues a policy to an insured.

11 9. As used in this section, ~~“provider”~~ :

12 (a) “Covered service” has the meaning ascribed to it in NRS 695D.227.

13 (b) “Provider” of health care” means a provider of health care who is licensed
14 pursuant to chapter 630, 631, 632 or 633 of NRS.

15 Sec. 3. NRS 689A.330 is hereby amended to read as follows:

16 689A.330 If any policy is issued by a domestic insurer for delivery to a
17 person residing in another state, and if the insurance commissioner or
18 corresponding public officer of that other state has informed the Commissioner that
19 the policy is not subject to approval or disapproval by that officer, the
20 Commissioner may by ruling require that the policy meet the standards set forth in
21 NRS 689A.030 to 689A.320, inclusive, and section 1 of this act.

22 Sec. 4. Chapter 689B of NRS is hereby amended by adding thereto a new
23 section to read as follows:

24 For the purpose of the contract between an insurer that issues a policy of
25 group health insurance and a dentist, a third party who enters into an agreement
26 with the insurer to access dentists within a network of dentists maintained by the
27 insurer shall comply with the provisions of NRS 689B.015.

28 Sec. 5. NRS 689B.015 is hereby amended to read as follows:

29 689B.015 1. An insurer that issues a policy of group health insurance shall
30 not charge a provider of health care a fee to include the name of the provider on a
31 list of providers of health care given by the insurer to its insureds.

32 2. An insurer specified in subsection 1 shall not contract with a provider of
33 health care to provide health care to an insured unless the insurer uses the form
34 prescribed by the Commissioner pursuant to NRS 629.095 to obtain any
35 information related to the credentials of the provider of health care.

36 3. A contract between an insurer specified in subsection 1 and a provider of
37 health care may be modified:

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

39 (b) Except as otherwise provided in this paragraph, by the insurer upon giving
40 to the provider 45 days' written notice of the modification of the insurer's schedule
41 of payments, including any changes to the fee schedule applicable to the provider's
42 practice. If the provider fails to object in writing to the modification within the 45-
43 day period, the modification becomes effective at the end of that period. If the
44 provider objects in writing to the modification within the 45-day period, the
45 modification must not become effective unless agreed to by both parties as
46 described in paragraph (a).

47 4. If an insurer specified in subsection 1 contracts with a provider of health
48 care to provide health care to an insured, the insurer shall:

49 (a) If requested by the provider of health care at the time the contract is made,
50 submit to the provider of health care the schedule of payments applicable to the
51 provider of health care; or

52 (b) If requested by the provider of health care at any other time, submit to the
53 provider of health care the schedule of payments, including any changes to the fee

schedule applicable to the provider's practice, specified in paragraph (a) within 7 days after receiving the request.

5. If an insurer specified in subsection 1 contracts with a dentist, the insurer shall, before entering into the contract and before executing an agreement with a third party to provide access to dentists within the network of dentists maintained by the insurer, provide the dentist with a notice. The notice must be in a form prescribed by the Commissioner and include, without limitation:

(a) The name of each third party to whom a contract which includes the dentist has been assigned or sold;

(b) Information about each policy of group health insurance offered by a third party, including, without limitation, contact information for the third party and the procedure for submitting claims for payment to the third party; and

(c) The approximate number of members in each network of dentists or policy of group health insurance, including any policy operated by a third party. If the actual number of members in a network of dentists or such a policy is not available, the insurer or third party, as appropriate, shall estimate the number to the best of its ability.

6. A third party who enters into an agreement with an insurer specified in subsection 1 to access dentists within a network of dentists maintained by the insurer shall maintain an Internet website or a toll-free telephone number through which a dentist may obtain the name, address and telephone number of the person used by the third party to reimburse the dentist for covered services.

7. The assignment or sale of a contract which includes a dentist to a third party must not hinder the ability of the dentist to manage his or her practice, including, without limitation, his or her ability to schedule patients.

8. The provisions of this section do not require an insurer specified in subsection 1 to provide a notice to a dentist when the insurer issues a policy to a group.

9. As used in this section, ~~the "provider"~~:

(a) "Covered service" has the meaning ascribed to it in NRS 695D.227.

(b) "Provider of health care" means a provider of health care who is licensed pursuant to chapter 630, 631, 632 or 633 of NRS.

Sec. 6. Chapter 695B of NRS is hereby amended by adding thereto a new section to read as follows:

For the purpose of the contract between a corporation subject to the provisions of this chapter and a dentist, a third party who enters into an agreement with the corporation to access dentists within a network of dentists maintained by the corporation shall comply with the provisions of NRS 695B.035.

Sec. 7. NRS 695B.035 is hereby amended to read as follows:

695B.035 1. A corporation subject to the provisions of this chapter shall not charge a provider of health care a fee to include the name of the provider on a list of providers of health care given by the corporation to its insureds.

2. A corporation specified in subsection 1 shall not contract with a provider of health care to provide health care to an insured unless the corporation uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

3. A contract between a corporation specified in subsection 1 and a provider of health care may be modified:

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

(b) Except as otherwise provided in this paragraph, by the corporation upon giving to the provider 45 days' written notice of the modification of the corporation's schedule of payments, including any changes to the fee schedule

1 applicable to the provider's practice. If the provider fails to object in writing to the
2 modification within the 45-day period, the modification becomes effective at the
3 end of that period. If the provider objects in writing to the modification within the
4 45-day period, the modification must not become effective unless agreed to by both
5 parties as described in paragraph (a).

6 4. If a corporation specified in subsection 1 contracts with a provider of health
7 care to provide health care to an insured, the corporation shall:

8 (a) If requested by the provider of health care at the time the contract is made,
9 submit to the provider of health care the schedule of payments applicable to the
10 provider of health care; or

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

15 5. If a corporation specified in subsection 1 contracts with a dentist, the
16 corporation shall, before entering into the contract and before executing an
17 agreement with a third party to provide access to dentists within the network of
18 dentists maintained by the corporation, provide the dentist with a notice. The
19 notice must be in a form prescribed by the Commissioner and include, without
20 limitation:

21 (a) The name of each third party to whom a contract which includes the
22 dentist has been assigned or sold;

23 (b) Information about each contract for dental services offered by a third
24 party, including, without limitation, contact information for the third party and
25 the procedure for submitting claims for payment to the third party; and

26 (c) The approximate number of members in each network of dentists or
27 contract for dental services, including any contract for dental services operated
28 by a third party. If the actual number of members in a network of dentists or a
29 contract for dental services is not available, the corporation or third party, as
30 appropriate, shall estimate the number to the best of its ability.

31 6. A third party who enters into an agreement with a corporation specified
32 in subsection 1 to access dentists within a network of dentists maintained by the
33 corporation shall maintain an Internet website or a toll-free telephone number
34 through which a dentist may obtain the name, address and telephone number of
35 the person used by the third party to reimburse the dentist for covered services.

36 7. The assignment or sale of a contract which includes a dentist to a third
37 party must not hinder the ability of the dentist to manage his or her practice,
38 including, without limitation, his or her ability to schedule patients.

39 8. The provisions of this section do not require a corporation specified in
40 subsection 1 to provide a notice to a dentist when the corporation issues a
41 contract for dental services to an insured or employer.

42 9. As used in this section ~~1, "provider":~~

43 (a) "Covered service" has the meaning ascribed to it in NRS 695D.227.

44 (b) "Provider of health care" means a provider of health care who is licensed
45 pursuant to chapter 630, 631, 632 or 633 of NRS.

46 Sec. 8. Chapter 695C of NRS is hereby amended by adding thereto a
47 new section to read as follows:

48 For the purpose of the contract between a health maintenance organization
49 and a dentist, a third party who enters into an agreement with a health
50 maintenance organization to access dentists within a network of dentists
51 maintained by the health maintenance organization shall comply with the
52 provisions of NRS 695C.125.

53 Sec. 9. NRS 695C.125 is hereby amended to read as follows:

695C.125 1. A health maintenance organization shall not contract with a provider of health care to provide health care to an insured unless the health maintenance organization uses the form prescribed by the Commissioner pursuant to NRS 629.095 to obtain any information related to the credentials of the provider of health care.

2. A contract between a health maintenance organization and a provider of health care may be modified:

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

(b) Except as otherwise provided in this paragraph, by the health maintenance organization upon giving to the provider 45 days' written notice of the modification of the health maintenance organization's schedule of payments, including any changes to the fee schedule applicable to the provider's practice. If the provider fails to object in writing to the modification within the 45-day period, the modification becomes effective at the end of that period. If the provider objects in writing to the modification within the 45-day period, the modification must not become effective unless agreed to by both parties as described in paragraph (a).

3. If a health maintenance organization contracts with a provider of health care to provide health care to an enrollee, the health maintenance organization shall:

(a) If requested by the provider of health care at the time the contract is made, submit to the provider of health care the schedule of payments applicable to the provider of health care; or

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

4. If a health maintenance organization contracts with a dentist, the health maintenance organization shall, before entering into the contract and before executing an agreement with a third party to provide access to dentists within the network of dentists maintained by the health maintenance organization, provide the dentist with a notice. The notice must be in a form prescribed by the Commissioner and include, without limitation:

(a) The name of each third party to whom a contract which includes the dentist has been assigned or sold;

(b) Information about each health care plan offered by a third party, including, without limitation, contact information for the third party and the procedure for submitting claims for payment to the third party; and

(c) The approximate number of members in each network of dentists or health care plan, including any health care plans operated by a third party. If the actual number of members in a network of dentists or a health care plan is not available, the health maintenance organization or third party, as appropriate, shall estimate the number to the best of its ability.

5. A third party who enters into an agreement with a health maintenance organization to access dentists within a network of dentists maintained by the health maintenance organization shall maintain an Internet website or a toll-free telephone number through which a dentist may obtain the name, address and telephone number of the person used by the third party to reimburse the dentist for covered services.

6. The assignment or sale of a contract which includes a dentist to a third party must not hinder the ability of the dentist to manage his or her practice, including, without limitation, his or her ability to schedule patients.

1 7. The provisions of this section do not require a health maintenance
2 organization to provide a notice to a dentist when the health maintenance
3 organization issues a health care plan to an enrollee or employer.

4 8. As used in this section, "provider" :

5 (a) "Covered service" has the meaning ascribed to it in NRS 695D.227.

6 (b) "Provider of health care" means a provider of health care who is licensed
7 pursuant to chapter 630, 631, 632 or 633 of NRS.

8 ~~Section 1~~ Sec. 10. Chapter 695D of NRS is hereby amended by adding
9 thereto a new section to read as follows:

10 ~~1. At the time an organization for dental care enters into a contract with a~~
11 ~~dentist and upon request by a dentist with whom an organization for dental care~~
12 ~~has entered into such a contract, the organization for dental care shall provide~~
13 ~~the dentist with a notice relating to agreements with third parties to provide~~
14 ~~access to dentists within the network of dentists maintained by the organization~~
15 ~~for dental care. The organization for dental care may only offer the services of~~
16 ~~the dentist within a network of dentists or to a third party if the contract with the~~
17 ~~dentist expressly authorizes the organization for dental care to do so.~~

18 ~~2. The notice required pursuant to subsection 1 must be in bold type and~~
19 ~~written in plain terms and include, without limitation:~~

20 ~~(a) The name of each network of dentists or plan for dental care, including~~
21 ~~any plans for dental care offered by a third party, in which the dentist would be~~
22 ~~included;~~

23 ~~(b) Information about each plan for dental care offered by a third party,~~
24 ~~including, without limitation, contact information for the third party, the~~
25 ~~procedure for submitting claims for payment to the third party and an~~
26 ~~explanation of the benefits offered under the plan for dental care; and~~

27 ~~(c) The approximate number of members in each network of dentists or plan~~
28 ~~for dental care, including any plans for dental care operated by a third party. If~~
29 ~~the actual number of members in a network of dentists or a plan for dental care is~~
30 ~~not available, the organization for dental care or third party, as appropriate, shall~~
31 ~~estimate the number to the best of its ability.~~

32 ~~3. For the purpose of the contract between an organization for dental care~~
33 ~~and a dentist, a third party who enters into an agreement with an organization for~~
34 ~~dental care to access dentists within a network of dentists maintained by the~~
35 ~~organization for dental care shall be deemed to be the organization for dental~~
36 ~~care and shall comply with all applicable provisions of the contract, including,~~
37 ~~without limitation, all requirements to encourage access to the dentist and to pay~~
38 ~~the dentist according to the rates and methodology set forth in the contract unless~~
39 ~~the dentist separately agrees to different terms. The third party shall furnish the~~
40 ~~dentist with an explanation of benefits and information on how to submit claims~~
41 ~~for payment and shall identify the contractual source of any discount.~~

42 ~~4. A third party who enters into an agreement with an organization for~~
43 ~~dental care to access dentists within a network of dentists maintained by the~~
44 ~~organization for dental care shall maintain a website or a toll free telephone~~
45 ~~number through which the dentist may obtain the name, address and telephone~~
46 ~~number of the person used by the third party to reimburse the dentist for covered~~
47 ~~services.~~

48 ~~5. Within 30 days after receiving a notice pursuant to subsection 1, a dentist~~
49 ~~may, for the reason of a lack of capacity to care for additional patients, notify the~~
50 ~~organization for dental care that he or she will not provide services pursuant to~~
51 ~~any plan for dental care operated by a third party. The unrelated provisions of the~~
52 ~~contract between a dentist who opts out of providing services pursuant to a plan~~

~~for dental care operated by a third party and an organization for dental care are unaffected by the decision of a dentist pursuant to this subsection.~~

~~6. As used in this section, "covered service" has the meaning ascribed to it in NRS 695D.227.~~ comply with the provisions of NRS 695D.225.

Sec. 11. NRS 695D.225 is hereby amended to read as follows:

695D.225 1. Except as otherwise provided in NRS 695D.227, a contract between an organization for dental care and a dentist may be modified:

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

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

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

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

(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. If an organization for dental care contracts with a dentist, the organization for dental care shall, before entering into the contract and before executing an agreement with a third party to provide access to dentists within the network of dentists maintained by the organization for dental care, provide the dentist with a notice. The notice must be in a form prescribed by the Commissioner and include, without limitation:

(a) The name of each third party to whom a contract which includes the dentist has been assigned or sold;

(b) Information about each plan for dental care offered by a third party, including, without limitation, contact information for the third party and the procedure for submitting claims for payment to the third party; and

(c) The approximate number of members in each network of dentists or plan for dental care, including any plans for dental care operated by a third party. If the actual number of members in a network of dentists or a plan for dental care is not available, the organization for dental care or third party, as appropriate, shall estimate the number to the best of its ability.

4. A third party who enters into an agreement with an organization for dental care to access dentists within a network of dentists maintained by the organization for dental care shall maintain an Internet website or a toll-free telephone number through which a dentist may obtain the name, address and telephone number of the person used by the third party to reimburse the dentist for covered services.

5. The assignment or sale of a contract which includes a dentist to a third party must not hinder the ability of the dentist to manage his or her practice, including, without limitation, his or her ability to schedule patients.

6. The provisions of this section do not require an organization for dental care to provide a notice to a dentist when the organization for dental care issues a plan for dental care to a member or employer.

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

8 8. As used in this section, "covered service" has the meaning ascribed to it
9 in NRS 695D.227.