

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 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 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:

1 Under existing law, a person who wishes to provide coverage for dental care
2 may obtain a certificate of authority from the Commissioner of Insurance and may
3 contract with dentists to provide dental care. (NRS 695D.110, 695D.225) **Section**
4 **10** of this bill requires that an organization for dental care which enters into an
5 agreement with a third party to provide access to dentists to comply with certain
6 requirements. **Section 11** of this bill requires the organization for dental care to
7 provide the dentist with a notice containing certain information. **Section 11** also
8 requires such a third party to maintain a website or toll-free telephone number for
9 dentists to obtain contact information for the person used by the third party to
10 reimburse the dentist for covered services. **Section 11** also prohibits the assignment
11 or sale of a contract which includes a dentist that would hinder the ability of the
12 dentist to manage his or her practice. **Sections 1 and 2** of this bill apply similar
13 provisions to an insurer who offers a policy of individual health insurance. **Sections**
14 **4 and 5** of this bill apply similar provisions to an insurer who offers a policy of
15 group health insurance. **Sections 6 and 7** of this bill apply similar provisions to a



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16 nonprofit corporation for dental service. **Sections 8 and 9** of this bill apply similar
17 provisions to a health maintenance organization.

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

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

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

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

8 689A.035 1. An insurer shall not charge a provider of health
9 care a fee to include the name of the provider on a list of providers
10 of health care given by the insurer to its insureds.

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

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

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

20 (b) Except as otherwise provided in this paragraph, by the
21 insurer upon giving to the provider 45 days' written notice of the
22 modification of the insurer's schedule of payments, including any
23 changes to the fee schedule applicable to the provider's practice. If
24 the provider fails to object in writing to the modification within the
25 45-day period, the modification becomes effective at the end of that
26 period. If the provider objects in writing to the modification within
27 the 45-day period, the modification must not become effective
28 unless agreed to by both parties as described in paragraph (a).

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

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

34 (b) If requested by the provider of health care at any other time,
35 submit to the provider of health care the schedule of payments,
36 including any changes to the fee schedule applicable to the
37 provider's practice, specified in paragraph (a) within 7 days after
38 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.*

6. *A third party who enters into an agreement with an insurer 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 to provide a notice to a dentist when the insurer issues a policy to an insured.*

9. As used in this section ~~“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. 3. NRS 689A.330 is hereby amended to read as follows:

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



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

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

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

9 689B.015 1. An insurer that issues a policy of group health
10 insurance shall not charge a provider of health care a fee to include
11 the name of the provider on a list of providers of health care given
12 by the insurer to its insureds.

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

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

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

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

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

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

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

42 5. *If an insurer specified in subsection 1 contracts with a*
43 *dentist, the insurer shall, before entering into the contract and*
44 *before executing an agreement with a third party to provide access*
45 *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 ~~["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



1 name of the provider on a list of providers of health care given by
2 the corporation to its insureds.

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

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

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

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

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

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

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

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

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

42 (b) *Information about each contract for dental services offered*
43 *by a third party, including, without limitation, contact information*
44 *for the third party and the procedure for submitting claims for*
45 *payment to the third party; and*



(c) *The approximate number of members in each network of dentists or contract for dental services, including any contract for dental services operated by a third party. If the actual number of members in a network of dentists or a contract for dental services is not available, the corporation 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 a corporation specified in subsection 1 to access dentists within a network of dentists maintained by the corporation 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 a corporation specified in subsection 1 to provide a notice to a dentist when the corporation issues a contract for dental services to an insured or employer.*

9. As used in this section ~~["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. 8. Chapter 695C of NRS is hereby amended by adding thereto a new section to read as follows:

For the purpose of the contract between a health maintenance organization and a dentist, 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 comply with the provisions of NRS 695C.125.

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*



1 *telephone number of the person used by the third party to*
2 *reimburse the dentist for covered services.*

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

7 7. *The provisions of this section do not require a health*
8 *maintenance organization to provide a notice to a dentist when the*
9 *health maintenance organization issues a health care plan to an*
10 *enrollee or employer.*

11 8. As used in this section ~~["provider"]~~:

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

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

16 **Sec. 10.** Chapter 695D of NRS is hereby amended by adding
17 thereto a new section to read as follows:

18 *For the purpose of the contract between an organization for*
19 *dental care and a dentist, a third party who enters into an*
20 *agreement with an organization for dental care to access dentists*
21 *within a network of dentists maintained by the organization for*
22 *dental care shall comply with the provisions of NRS 695D.225.*

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

24 695D.225 1. Except as otherwise provided in NRS
25 695D.227, a contract between an organization for dental care and a
26 dentist may be modified:

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

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

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

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

44 (b) If requested by the dentist at any other time, submit to the
45 dentist the schedule of payments, including any changes to the fee



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

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

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

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

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

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

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

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

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



- 1 8. *As used in this section, “covered service” has the meaning*
2 *ascribed to it in NRS 695D.227.*

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