

COMMITTEE AMENDMENT
HOUSE OF REPRESENTATIVES
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB3023 _____
Of the printed Bill
Page _____ Section _____ Lines _____
Of the Engrossed Bill

By striking the Title, the Enacting Clause, the entire bill, and by inserting in lieu thereof the following language:

AMEND TITLE TO CONFORM TO AMENDMENTS

Adopted: _____

Amendment submitted by: Rande Worthen _____

Reading Clerk

1 STATE OF OKLAHOMA

2 2nd Session of the 58th Legislature (2022)

3 PROPOSED COMMITTEE
4 SUBSTITUTE
5 FOR
6 HOUSE BILL NO. 3023

By: Worthen

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8 PROPOSED COMMITTEE SUBSTITUTE

9 An Act relating to dental insurance claims; amending
10 36 O.S. 2021, Section 7301, which relates to dental
11 plans; modifying definition; defining terms; making
12 certain requirements; providing standards for
13 requirements; providing for codification; and
14 providing an effective date.

15 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

16 SECTION 1. AMENDATORY 36 O.S. 2021, Section 7301, is
17 amended to read as follows:

18 Section 7301. A. No contract between a dental plan of a health
19 benefit plan and a dentist for the provision of services to patients
20 may require that a dentist provide services to its subscribers at a
21 fee set by the health benefit plan unless the services are covered
22 services under the applicable subscriber agreement.

23 B. As used in this section:

24 1. "Covered services" means services ~~reimbursable~~ reimbursed
under the applicable subscriber agreement, subject notwithstanding,

1 or without regard to the contractual limitations on subscriber
2 benefits as may apply, ~~including, for example, deductibles, waiting~~
3 ~~period or frequency limitations;~~

4 2. "Dental plan" means and shall include any policy of
5 insurance which is issued by a health benefit plan which provides
6 for coverage of dental services not in connection with a medical
7 plan; and

8 3. "Health benefit plan" means any plan or arrangement as
9 defined in subsection C of Section 6060.4 of this title or any
10 dental service corporation authorized pursuant to Section 2671 of
11 this title.

12 C. A health benefit plan or dental plan shall establish and
13 maintain appeal procedures for any claim by a dentist or a
14 subscriber that is denied based on lack of medical necessity. Any
15 such denial shall be based upon a determination by a dentist who
16 holds a nonrestricted license in the United States. Any written
17 communication to a dentist that includes or pertains to a denial of
18 benefits for all or part of a claim on the basis of a lack of
19 medical necessity shall include the identifier and license number
20 together with state of issuance, and a contact telephone number of
21 the licensed dentist making the adverse determination. The dentist
22 who reviewed the claim shall only be contacted at the telephone
23 number provided in the written communication about the denial during
24 business hours.

1 SECTION 2. NEW LAW A new section of law to be codified
2 in the Oklahoma Statutes as Section 7301.1 of Title 36, unless there
3 is created a duplication in numbering, reads as follows:

4 A. As used in this section:

5 1. "Bundling" means the practice of combining distinct dental
6 procedures into one procedure for billing purposes;

7 2. "Dental plan" means and shall include any policy of
8 insurance which is issued by a health benefit plan which provides
9 for coverage of dental services not in connection with a medical
10 plan;

11 3. "Downcoding" means the adjustment of a claim submitted to a
12 dental plan to a less complex or lower cost procedure code;

13 4. "Health benefit plan" means any plan or arrangement as
14 defined in subsection C of Section 6060.4 of Title 36 of the
15 Oklahoma Statutes or any dental service corporation authorized
16 pursuant to Section 2671 of Title 36 of the Oklahoma Statutes; and

17 5. "Material change" means a change to the following:

- 18 a. a dental plan's rules, guidelines, policies, or
- 19 procedures concerning payment for dental services,
- 20 b. the general practices of the dental plan that affect
- 21 reimbursements paid to providers, or
- 22 c. how a dental plan adjudicates and pays claims for
- 23 services.

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1 B. An insurer that contracts or renews a contract with a dental
2 provider shall:

3 1. Make the insurer's current dental plan policies available
4 online; and

5 2. If requested by a provider, send a copy of the policies to
6 the provider through mail or electronic mail.

7 C. Dental policies and plans as described in subsection B of
8 this section shall provide the following to providers:

9 1. A summary of all material changes made to a dental plan
10 since the policies were last updated;

11 2. The downcoding and bundling policies that the insurer
12 reasonably expects to be applied to the dental provider or
13 provider's services as a matter of policy; and

14 3. A description of the dental plan's utilization review
15 procedures, including:

16 a. a procedure for an enrollee of the dental plan to
17 obtain a review of an adverse determination, and

18 b. a statement of a provider's rights and
19 responsibilities regarding the procedures described in
20 subparagraph a of this paragraph.

21 D. An insurer may not maintain a dental plan that:

22 1. Based on the provider's contracted fee for covered
23 services, uses downcoding in a manner that prevents a dental
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1 provider from collecting the fee for actual services performed
2 either from the plan or the patient; or

3 2. Uses bundling in a manner where a procedure code is labeled
4 as nonbillable to the patient unless, under generally accepted
5 practice standards, the procedure code is for a procedure that may
6 be provided in conjunction with another procedure.

7 E. An insurer shall ensure that an explanation of benefits for
8 a dental plan includes the reason for any downcoding or bundling
9 result.

10 SECTION 3. This act shall become effective November 1, 2022.

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