

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2019

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HOUSE BILL 704\*  
Committee Substitute Favorable 4/30/19

Short Title: Dental Bill of Rights.

(Public)

Sponsors:

Referred to:

April 11, 2019

1 A BILL TO BE ENTITLED  
2 AN ACT TO CLARIFY CERTAIN PROVIDER AND PATIENT RIGHTS REGARDING  
3 HEALTH BENEFIT PLAN CONTRACTS FOR THE PROVISION OF DENTAL  
4 SERVICES.

5 The General Assembly of North Carolina enacts:

6 SECTION 1. G.S. 58-80-290 reads as rewritten:

7 "**§ 58-50-290. Health benefit plans or insurers contracting for provision of dental services;**  
8 **no limitation on fees for noncovered ~~services~~ services or on methods of claims**  
9 **payment.**

10 (a) No agreement between an insurer or an entity that writes stand-alone dental insurance  
11 and a dentist for the provision of dental services on a preferred or in-network basis to plan  
12 members or insurance subscribers in connection with coverage under a stand-alone dental plan,  
13 but not in connection with or incidental to coverage under a medical plan or health insurance  
14 policy, may require that a dentist provide services at a fee limited or set by the plan or insurer,  
15 unless the services are reimbursed as covered services under the contract.

16 (b) For purposes of this section, "covered services" means a service for which  
17 reimbursement is available under an insurer's policy, without regard to contractual limitations by  
18 a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency  
19 limitation, alternative benefit payment, or other limitation.

20 (c) No agreement between an insurer or another entity contracting for the provision of  
21 dental services and a provider of dental services shall contain restrictions on methods of claim  
22 payment in which the only acceptable payment method from the insurer or entity to the provider  
23 of the dental services is a credit card payment."

24 SECTION 2. Article 50 of Chapter 58 of the General Statutes is amended by adding  
25 the following new section to read:

26 "**§ 58-50-292. Dental provider networks; confidential business information.**

27 (a) The following definitions apply in this section:

28 (1) Provider network contract. – A contract between an insurer and a dental  
29 services provider specifying the rights and responsibilities of the insurer and  
30 the provider for the delivery of and payment for dental services.

31 (2) Insurer. – As defined in G.S. 58-3-225(a).

32 (3) Third party. – A person or entity that enters into a contract with an insurer or  
33 with another entity to gain access to a dental provider network contract. Third  
34 party does not include an employer group or other group for which the insurer  
35 provides administrative services, including payment of claims.

36 (b) An insurer may grant access to its provider network contract to a third party if:



1           (1) At the time the provider network contract is entered into and at the time the  
2 provider network contract is renewed, the insurer allows any provider who is  
3 part of the carrier's provider network to choose not to participate in third  
4 party-access to the provider network contract. The third party access provision  
5 of any provider network contract shall be clearly identified in the provider  
6 network contract. An insurer shall not grant third party access to the provider  
7 network contract of any provider who does not participate in third party  
8 access.

9           (2) The insurer includes on its Web site a listing identifying all third parties who  
10 have been granted such access.

11           (3) The third party accessing the provider network contract agrees to comply with  
12 all of the provider network contract's terms.

13           (c) This section shall not apply to the assignment of or access to a provider network  
14 contract to an entity operating under the same brand licensee program as the contracting entity  
15 or any affiliates of the contracting entity."

16           **SECTION 3.** G.S. 58-3-200(c) reads as rewritten:

17           "(c) Coverage Determinations. – If an insurer or its authorized representative determines  
18 that services, supplies, or other items are covered under its health benefit ~~plan,~~ plan or dental  
19 plan, including any determination under G.S. 58-50-61, the insurer shall not subsequently retract  
20 its determination after the services, supplies, or other items have been provided, or reduce  
21 payments for a service, supply, or other item furnished in reliance on such a determination, unless  
22 the determination was based on a material misrepresentation about the insured's health condition  
23 that was knowingly made by the insured or the provider of the service, supply, or other item. For  
24 purposes of this subsection, a pretreatment estimate means a voluntary request for a projection  
25 of dental benefits or payment that does not require authorization, and a pretreatment estimate for  
26 dental services shall not be considered a coverage determination."

27           **SECTION 4.** This act becomes effective January 1, 2020, and applies to health  
28 benefit contracts issued, renewed, or amended on or after that date.