

1-1 By: Lozano, et al. (Senate Sponsor - Carona) H.B. No. 1776  
1-2 (In the Senate - Received from the House May 13, 2011;  
1-3 May 13, 2011, read first time and referred to Committee on State  
1-4 Affairs; May 19, 2011, reported favorably by the following vote:  
1-5 Yeas 8, Nays 0; May 19, 2011, sent to printer.)

1-6 A BILL TO BE ENTITLED  
1-7 AN ACT

1-8 relating to contracts between dentists and health maintenance  
1-9 organizations or insurers.

1-10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-11 SECTION 1. Subchapter I, Chapter 843, Insurance Code, is  
1-12 amended by adding Section 843.3115 to read as follows:

1-13 Sec. 843.3115. CONTRACTS WITH DENTISTS. (a) In this  
1-14 section, "covered service" means a dental care service for which  
1-15 reimbursement is available under an enrollee's health care plan  
1-16 contract, or for which reimbursement is available subject to a  
1-17 contractual limitation, including:

- 1-18 (1) a deductible;
- 1-19 (2) a copayment;
- 1-20 (3) coinsurance;
- 1-21 (4) a waiting period;
- 1-22 (5) an annual or lifetime maximum limit;
- 1-23 (6) a frequency limitation; or
- 1-24 (7) an alternative benefit payment.

1-25 (b) A contract between a health maintenance organization  
1-26 and a dentist may not limit the fee the dentist may charge for a  
1-27 service that is not a covered service.

1-28 SECTION 2. Subchapter E, Chapter 1451, Insurance Code, is  
1-29 amended by adding Section 1451.2065 to read as follows:

1-30 Sec. 1451.2065. CONTRACTS WITH DENTISTS. (a) In this  
1-31 section, "covered service" means a dental care service for which  
1-32 reimbursement is available under a patient's employee benefit plan  
1-33 or health insurance policy, or for which reimbursement is available  
1-34 subject to a contractual limitation, including:

- 1-35 (1) a deductible;
- 1-36 (2) a copayment;
- 1-37 (3) coinsurance;
- 1-38 (4) a waiting period;
- 1-39 (5) an annual or lifetime maximum limit;
- 1-40 (6) a frequency limitation; or
- 1-41 (7) an alternative benefit payment.

1-42 (b) A contract between an insurer and a dentist may not  
1-43 limit the fee the dentist may charge for a service that is not a  
1-44 covered service.

1-45 SECTION 3. Sections 843.3115 and 1451.2065, Insurance Code,  
1-46 as added by this Act, apply only to a contract entered into or  
1-47 renewed on or after the effective date of this Act. A contract  
1-48 entered into or renewed before the effective date of this Act is  
1-49 governed by the law in effect immediately before the effective date  
1-50 of this Act, and that law is continued in effect for that purpose.

1-51 SECTION 4. This Act takes effect September 1, 2011.

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