

1-1 By: Carona, Ellis S.B. No. 554
1-2 (In the Senate - Filed February 8, 2011; February 17, 2011,
1-3 read first time and referred to Committee on State Affairs;
1-4 April 6, 2011, reported adversely, with favorable Committee
1-5 Substitute by the following vote: Yeas 9, Nays 0; April 6, 2011,
1-6 sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 554 By: Jackson

1-8 A BILL TO BE ENTITLED
1-9 AN ACT

1-10 relating to contracts between dentists and health maintenance
1-11 organizations or insurers.

1-12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-13 SECTION 1. Subchapter I, Chapter 843, Insurance Code, is
1-14 amended by adding Section 843.3115 to read as follows:

1-15 Sec. 843.3115. CONTRACTS WITH DENTISTS. (a) In this
1-16 section, "covered service" means a dental care service for which
1-17 reimbursement is available under an enrollee's health care plan
1-18 contract, or for which reimbursement is available subject to a
1-19 contractual limitation, including:

- 1-20 (1) a deductible;
- 1-21 (2) a copayment;
- 1-22 (3) coinsurance;
- 1-23 (4) a waiting period;
- 1-24 (5) an annual or lifetime maximum limit;
- 1-25 (6) a frequency limitation; or
- 1-26 (7) an alternative benefit payment.

1-27 (b) A contract between a health maintenance organization
1-28 and a dentist may not limit the fee the dentist may charge for a
1-29 service that is not a covered service.

1-30 SECTION 2. Subchapter E, Chapter 1451, Insurance Code, is
1-31 amended by adding Section 1451.2065 to read as follows:

1-32 Sec. 1451.2065. CONTRACTS WITH DENTISTS. (a) In this
1-33 section, "covered service" means a dental care service for which
1-34 reimbursement is available under a patient's employee benefit plan
1-35 or health insurance policy, or for which reimbursement is available
1-36 subject to a contractual limitation, including:

- 1-37 (1) a deductible;
- 1-38 (2) a copayment;
- 1-39 (3) coinsurance;
- 1-40 (4) a waiting period;
- 1-41 (5) an annual or lifetime maximum limit;
- 1-42 (6) a frequency limitation; or
- 1-43 (7) an alternative benefit payment.

1-44 (b) A contract between an insurer and a dentist may not
1-45 limit the fee the dentist may charge for a service that is not a
1-46 covered service.

1-47 SECTION 3. Sections 843.3115 and 1451.2065, Insurance Code,
1-48 as added by this Act, apply only to a contract entered into or
1-49 renewed on or after the effective date of this Act. A contract
1-50 entered into or renewed before the effective date of this Act is
1-51 governed by the law in effect immediately before the effective date
1-52 of this Act, and that law is continued in effect for that purpose.

1-53 SECTION 4. This Act takes effect September 1, 2011.

1-54 * * * * *