FILED ON: 5/16/2014

SENATE . . . . . No. 2156

The Commonwealth of Massachusetts

In the Year Two Thousand Fourteen

An Act relative to financial services contracts for dental benefits corporations..

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section 108B of Chapter 175 of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by inserting at the end of said section the following sentence:- "Any contract for the provision of healthcare services or benefits with a registered dentist shall not require that such dentist provide dental services to a covered person at a particular fee unless said dental services are restorative, endodontic, periodontic, removable and fixed prosthodontic, maxillofacial prosthetic, implant, oral and maxillofacial surgery, or orthodontic dental services, as defined by the Code on Dental Procedures and Nomenclature standard code set or its successor, for which the company provides payment under the applicable group or individual policy of accident, sickness or health insurance. Furthermore, any contract for the provision of healthcare services or benefits with a registered dentist shall not require that such dentist provide dental services to a covered person at a particular fee unless said dental services are diagnostic, preventive, or adjunctive general dental services, as defined by the Code on Dental Procedures and Nomenclature standard code set or its successor, for which the company provides payment or would provide payment but for the contractual application of deductibles, copayments, coinsurance, annual or lifetime maximums, frequency limitations, alternative benefit payments, or waiting periods, under the applicable group or individual policy of accident, sickness or health insurance. Any modification of the contract shall require the consent of both parties. Fees for covered services shall be set in good faith and not be nominal."

SECTION 2. Section 7 of chapter 176B of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by inserting after the second paragraph the following paragraph:- "Any such agreement shall not require that a dentist provide dental services to subscribers or their covered dependents at a particular fee unless said dental services are restorative, endodontic, periodontic, removable and fixed prosthodontic, maxillofacial prosthetic, implant, oral and maxillofacial surgery, or orthodontic dental services, as defined by the Code on

Dental Procedures and Nomenclature standard code set or its successor, for which the medical services corporation provides reimbursement under the applicable service agreement. Furthermore, any such agreement shall not require that a dentist provide dental services to subscribers or their covered dependents at a particular fee unless said dental services are diagnostic, preventive, or adjunctive general dental services, as defined by the Code on Dental Procedures and Nomenclature standard code set or its successor, for which the medical services corporation provides payment or would provide payment but for the contractual application of deductibles, copayments, coinsurance, annual or lifetime maximums, frequency limitations, alternative benefit payments, or waiting periods, under the applicable service agreement. Any modification of any such agreement shall require the consent of both parties. Fees for covered services shall be set in good faith and not be nominal."

SECTION 3. Section 7 of chapter 176E of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by inserting after the second paragraph the following paragraph:- "Any written agreement between a dental service corporation and a participating dentist shall not require that the dentist provide dental services to subscribers or their covered dependents at a particular fee unless said dental services are restorative, endodontic, periodontic, removable and fixed prosthodontic, maxillofacial prosthetic, implant, oral and maxillofacial surgery, or orthodontic dental services, as defined by the Code on Dental Procedures and Nomenclature standard code set or its successor, for which the dental service corporation provides reimbursement under the applicable service agreement. Furthermore, any written agreement between a dental service corporation and a participating dentist shall not require that the dentist provide dental services to subscribers or their covered dependents at a particular fee unless said dental services are diagnostic, preventive, or adjunctive general dental services, as defined by the Code on Dental Procedures and Nomenclature standard code set or its successor, for which the dental service corporation provides payment or would provide payment but for the contractual application of deductibles, copayments, coinsurance, annual or lifetime maximums, frequency limitations, alternative benefit payments, or waiting periods, under the applicable service agreement. Any modification of the written agreement shall require the consent of both parties. Fees for covered services shall be set in good faith and not be nominal."

SECTION 4. Section 21 of chapter 176G of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by inserting after sub-section (d) the following sub-section:- "(e) Any contract between a health maintenance organization and a participating provider who is a registered dentist shall not require that such dentist provide dental services to a member at a particular fee unless said dental services are restorative, endodontic, periodontic, removable and fixed prosthodontic, maxillofacial prosthetic, implant, oral and maxillofacial surgery, or orthodontic dental services, as defined by the Code on Dental Procedures and Nomenclature standard code set or its successor, for which the health maintenance organization provides reimbursement under the applicable health maintenance contract. Furthermore, any contract between a health maintenance organization and a participating provider who is a registered

dentist shall not require that the dentist provide dental services to a member at a particular fee unless said dental services are diagnostic, preventive, or adjunctive general dental services, as defined by the Code on Dental Procedures and Nomenclature standard code set or its successor, for which the health maintenance organization provides reimbursement or would provide reimbursement but for the contractual application of deductibles, copayments, coinsurance, annual or lifetime maximums, frequency limitations, alternative benefit payments, or waiting periods, under the applicable health maintenance contract. Any modification of the contract shall require the consent of both parties. Fees for covered services shall be set in good faith and not be nominal."

SECTION 5. Section 2 of chapter 176I of the General Laws, as appearing in the 2008 Official Edition, is hereby amended by inserting after the first paragraph the following paragraph:- "Any preferred provider arrangement with a health care provider who is a registered dentist shall not require that such dentist provide dental services to a covered person at a particular fee unless said dental services are restorative, endodontic, periodontic, removable and fixed prosthodontic, maxillofacial prosthetic, implant, oral and maxillofacial surgery, or orthodontic dental services, as defined by the Code on Dental Procedures and Nomenclature standard code set or its successor, for which the organization provides reimbursement under the applicable preferred provider arrangement. Furthermore, any preferred provider arrangement with a health care provider who is a registered dentist shall not require that such dentist provide dental services to a covered person at a particular fee unless said dental services are diagnostic, preventive, or adjunctive general dental services, as defined by the Code on Dental Procedures and Nomenclature standard code set or its successor, for which the organization provides reimbursement or would provide reimbursement but for the contractual application of deductibles, copayments, coinsurance, annual or lifetime maximums, frequency limitations, alternative benefit payments, or waiting periods, under the applicable preferred provider agreement. Any modification to the preferred provider arrangement shall require the consent of both parties. Fees for covered services shall be set in good faith and not be nominal."