SENATE DOCKET, NO. 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

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

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

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

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

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