

**HOUSE . . . . . No. 1005**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

***Kevin G. Honan***

*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

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

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Kevin G. Honan</i>	<i>17th Suffolk</i>	<i>1/17/2019</i>
<i>Harriette L. Chandler</i>	<i>First Worcester</i>	<i>1/17/2019</i>
<i>Steven Ultrino</i>	<i>33rd Middlesex</i>	<i>1/29/2019</i>

**HOUSE . . . . . No. 1005**

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By Mr. Honan of Boston, a petition (accompanied by bill, House, No. 1005) of Kevin G. Honan, Harriette L. Chandler and Steven Ultrino relative to financial services contracts for dental benefits' corporations. Financial Services.

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**The Commonwealth of Massachusetts**

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**In the One Hundred and Ninety-First General Court  
(2019-2020)**  
\_\_\_\_\_

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:*

1 SECTION 1.

2 Section 108B of Chapter 175 of the General Laws, as appearing in the 2018 Official  
3 Edition, is hereby amended by inserting at the end of said section the following sentence: - “No  
4 contract for the provision of healthcare services or benefits with a registered dentist shall require  
5 that such dentist provide dental services to a covered person at a particular fee unless said dental  
6 services are covered services. For the purposes of this section, “covered services” means dental  
7 services for which reimbursement is available or would be available but for the application of  
8 contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or  
9 lifetime maximums, frequency limitations, age limitations, or alternative benefit payments.

10 SECTION 2.

11 Section 7 of chapter 176B of the General Laws, as appearing in the 2018 Official Edition,  
12 is hereby amended by inserting after the second paragraph the following paragraph: - “No such

13 agreement shall require that a dentist provide dental services to subscribers or their covered  
14 dependents at a particular fee unless said dental services are covered services. For the purposes  
15 of this section, “covered services” means dental services for which reimbursement is available or  
16 would be available but for the application of contractual limitations such as deductibles,  
17 copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations,  
18 age limitations, or alternative benefit payments.

19 SECTION 3.

20 Section 7 of chapter 176E of the General Laws, as appearing in the 2018 Official Edition,  
21 is hereby amended by inserting after the second paragraph the following paragraph: - “No  
22 written agreement between a dental service corporation and a participating dentist shall require  
23 that the dentist provide dental services to subscribers or their covered dependents at a particular  
24 fee unless said dental services are covered services. For the purposes of this section, “covered  
25 services” means dental services for which reimbursement is available or would be available but  
26 for the application of contractual limitations such as deductibles, copayments, coinsurance,  
27 waiting periods, annual or lifetime maximums, frequency limitations, age limitations, or  
28 alternative benefit payments.”

29 SECTION 4.

30 Section 21 of chapter 176G of the General Laws, as appearing in the 2018 Official  
31 Edition, is hereby amended by inserting after sub-section (d) the following sub-section: - “(e) No  
32 contract between a health maintenance organization and a participating provider who is a  
33 registered dentist shall require that such dentist provide dental services to a member at a  
34 particular fee unless said dental services are covered services. For the purposes of this section,

35 “covered services” means dental services for which reimbursement is available or would be  
36 available but for the application of contractual limitations such as deductibles, copayments,  
37 coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, age  
38 limitations, or alternative benefit payments.

39 SECTION 5.

40 Section 2 of chapter 176I of the General Laws, as appearing in the 2018 Official Edition,  
41 is hereby amended by inserting after the first paragraph the following paragraph: - “No preferred  
42 provider arrangement with a health care provider who is a registered dentist shall require that  
43 such dentist provide dental services to a covered person at a particular fee unless said dental  
44 services are covered services. For the purposes of this section, “covered services” means dental  
45 services for which reimbursement is available or would be available but for the application of  
46 contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or  
47 lifetime maximums, frequency limitations, age limitations, or alternative benefit payments.