

**SENATE . . . . . No. 545**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

*Harriette L. Chandler*

*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:	
<i>Harriette L. Chandler</i>	<i>First Worcester</i>	
<i>Kevin G. Honan</i>	<i>17th Suffolk</i>	
<i>Lindsay N. Sabadosa</i>	<i>1st Hampshire</i>	<i>5/3/2019</i>

**SENATE . . . . . No. 545**

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By Ms. Chandler, a petition (accompanied by bill, Senate, No. 545) of Harriette L. Chandler and Kevin G. Honan for legislation 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. Section 108B of Chapter 175 of the General Laws, as appearing in the 2016  
2 Official Edition, is hereby amended by inserting at the end of said section the following  
3 sentence:- “No contract for the provision of healthcare services or benefits with a registered  
4 dentist shall require that such dentist provide dental services to a covered person at a particular  
5 fee unless said dental services are covered services. For the purposes of this section, “covered  
6 services” means dental services for which reimbursement is available or would be available but  
7 for the application of contractual limitations such as deductibles, copayments, coinsurance,  
8 waiting periods, annual or lifetime maximums, frequency limitations, age limitations, or  
9 alternative benefit payments.

10           SECTION 2. Section 7 of Chapter 176B of the General Laws, as appearing in the 2016  
11 Official Edition, is hereby amended by inserting after the second paragraph the following  
12 paragraph:- “No such agreement shall require that a dentist provide dental services to subscribers

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

18 SECTION 3. Section 7 of Chapter 176E of the General Laws, as appearing in the 2016  
19 Official Edition, is hereby amended by inserting after the second paragraph the following  
20 paragraph:- “No written agreement between a dental service corporation and a participating  
21 dentist shall require that the dentist provide dental services to subscribers or their covered  
22 dependents at a particular fee unless said dental services are covered services. For the purposes  
23 of this section, “covered services” means dental services for which reimbursement is available or  
24 would be available but for the application of contractual limitations such as deductibles,  
25 copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations,  
26 age limitations, or alternative benefit payments.”

27 SECTION 4. Section 21 of Chapter 176G of the General Laws, as appearing in the 2016  
28 Official Edition, is hereby amended by inserting after sub-section (d) the following sub-section:-  
29 “(e) No contract between a health maintenance organization and a participating provider who is a  
30 registered dentist shall require that such dentist provide dental services to a member at a  
31 particular fee unless said dental services are covered services. For the purposes of this section,  
32 “covered services” means dental services for which reimbursement is available or would be  
33 available but for the application of contractual limitations such as deductibles, copayments,  
34 coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, age  
35 limitations, or alternative benefit payments.

36           SECTION 5. Section 2 of Chapter 176I of the General Laws, as appearing in the 2016  
37 Official Edition, is hereby amended by inserting after the first paragraph the following  
38 paragraph:- “No preferred provider arrangement with a health care provider who is a registered  
39 dentist shall require that such dentist provide dental services to a covered person at a particular  
40 fee unless said dental services are covered services. For the purposes of this section, “covered  
41 services” means dental services for which reimbursement is available or would be available but  
42 for the application of contractual limitations such as deductibles, copayments, coinsurance,  
43 waiting periods, annual or lifetime maximums, frequency limitations, age limitations, or  
44 alternative benefit payments.