House Bill 189 (AS PASSED HOUSE AND SENATE)
By: Representatives Wilkinson of the 52nd, Maxwell of the 17th, Shaw of the 176th, Hembree of the 67th, Mitchell of the 88th, and others

A BILL TO BE ENTITLED
AN ACT

To amend Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to general provisions regarding insurance, so as to provide that no contract or agreement between a dental insurer or network and a dentist shall require the dentist to accept an amount for dental care services that are not covered dental services under a dental benefit plan; to provide that no dental insurer shall publish or otherwise communicate that discounts are available for noncovered dental services; to provide for a short title; to provide for definitions; to provide for related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

SECTION 1.
This Act shall be known and may be cited as the "Noncovered Dental Services Act."

SECTION 2.
Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to general provisions regarding insurance, is amended by adding a new Code section to read as follows:

(a) As used in this Code section:
(1) 'Covered dental services' means dental care services for which a reimbursement is available under a covered person's dental benefit plan, or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation.
(2) 'Covered person' means any subscriber, enrollee, member, beneficiary, or participant, or his or her dependent, for whom benefits are payable when that covered person receives..."
dental care services rendered or authorized by a dentist licensed under Chapter 11 of Title 25.

(3) 'Dental benefit plan' means any individual or group plan, policy, contract, or subscription agreement which includes or is for dental care services that is issued, delivered, issued for delivery, or renewed in this state whether by a health care insurer, health maintenance organization, preferred provider organization, accident and sickness insurer, fraternal benefit society, nonprofit hospital service corporation, nonprofit medical or dental service corporation, health care plan, or any other person, firm, corporation, joint venture, or other similar business entity that pays for, purchases, or furnishes dental care services to patients, insureds, beneficiaries, or covered dependents in this state.

(4) 'Dental insurer' means any person, firm, corporation, joint venture, or other similar business entity that offers dental benefit plans in consideration of periodic payments.

(b) No contract between a dental insurer and a dentist shall require a dentist to accept an amount set by the dental insurer as payment for dental care services that are not covered dental services under the covered person's dental benefit plan.

(c) A dental insurer or other person or entity providing third-party administrator services shall not make available any providers in its dentist network to a plan that sets dental fees for any services except covered services.

(d) A dental insurer shall not draft, publish, disseminate, or circulate explanation of benefit forms that include language which directly or indirectly implies that a dentist may or should extend discounts to patients for noncovered dental services. Statements by a dental insurer which are prohibited by this Code section include but are not limited to, 'Our members value the services you provide and we encourage you to continue extending the discount on noncovered services.'

SECTION 3.

All laws and parts of laws in conflict with this Act are repealed.