A BILL TO BE ENTITLED
AN ACT TO PROHIBIT HEALTH BENEFIT PLANS AND INSURERS FROM LIMITING OR FIXING THE FEE A DENTIST MAY CHARGE PATIENTS FOR SERVICES UNLESS THE SERVICES ARE COVERED FOR REIMBURSEMENT UNDER THE PLAN OR INSURER CONTRACT WITH THE DENTIST.

The General Assembly of North Carolina enacts:

SECTION 1. Chapter 58 of the General Statutes is amended by adding a new section to read:
"§ 58-50-290. Health benefit plans or insurers contracting for provision of dental services; no limitation on fees for noncovered services.
  (a) No contract between a health benefit plan or insurer and a dentist for the provision of dental services to plan members or insurance subscribers may require that a dentist provide services at a fee limited or set by the plan or insurer, unless the services are reimbursed as covered services under the contract.
  (b) This section applies to dental plans and dental insurance policies offered by health benefit plans or insurers which provide for coverage of dental services not in connection with or incidental to coverage under a basic medical plan or health insurance policy, and this section shall further apply to Dental Service Corporations regulated under Article 65 of this Chapter."

SECTION 2. G.S. 58-65-2 reads as rewritten:
"§ 58-65-2. Other laws applicable to service corporations.
  The following provisions of this Chapter are applicable to service corporations that are subject to this Article:
  G.S. 58-2-125. Authority over all insurance companies; no exemptions from license.
  G.S. 58-2-160. Reporting and investigation of insurance and reinsurance fraud and the financial condition of licensees; immunity from liability.
  G.S. 58-2-162. Embezzlement by insurance agents, brokers, or administrators.
  G.S. 58-2-185. Record of business kept by companies and agents; Commissioner may inspect.
  G.S. 58-2-190. Commissioner may require special reports.
  G.S. 58-2-195. Commissioner may require records, reports, etc., for agencies, agents, and others.
SECTION 3. This act is effective when it becomes law and applies to contracts between dentists and health benefit plans or insurers delivered, amended, or renewed on or after that date.