

Stricken language would be deleted from and underlined language would be added to law as it existed prior to the 82nd General Assembly.

1 State of Arkansas
2 82nd General Assembly
3 Regular Session, 1999
4

As Engrossed: H3/24/99

A Bill

Act 1232 of 1999
HOUSE BILL 2118

5 By: Representatives P. Malone, Laverty, Horn, Ammons, Biggs, Creekmore, Eason, Faris, Gullett,
6 Haak, Kidd, Lendall, Minton, Rackley, M. Steele, T. Steele, Taylor, Trammell, Wilkins, Womack
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For An Act To Be Entitled

10 "AN ACT TO PROVIDE FOR A DENTAL POINT OF SERVICE
11 OPTION IN HEALTH CARE PLANS; AND FOR OTHER PURPOSES."

Subtitle

14 "AN ACT TO PROVIDE FOR A DENTAL POINT OF
15 SERVICE OPTION IN HEALTH CARE PLANS."

18 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

20 SECTION 1. This act shall be cited as the "Dental Point of Service
21 Act".

23 SECTION 2. The General Assembly finds that the quality of dental care
24 is improved through patient choice among dentists and that utilization of
25 dentists varies less than utilization of other providers. Patients should
26 have the freedom to go to dentists outside their managed care network when the
27 carrier is not required to pay the dentist more than it pays in-network
28 dentists. Therefore, health carriers should be required to offer a point-of-
29 service option for dental care.

31 SECTION 3. As used in this act:

32 (1) "Commissioner" means the Insurance Commissioner of this state.

33 (2) "Covered person" means a person covered by a health plan including
34 an enrollee, subscriber, policyholder, beneficiary of a group plan or
35 individual covered by any other health plan.

36 (3) "Dentist" means a person licensed under the Arkansas Dental

1 Practice Act.

2 (4) "Health care service" means that service offered or provided by the
3 health care providers within the scope of their practice and relating to the
4 prevention, cure or treatment of illness or disease.

5 (5) "Health carrier" means any insurance company, health maintenance
6 organization or hospital and medical service corporation as defined in
7 Arkansas Code 23-75-101 subject to the following laws:

8 (A) The Arkansas Insurance Code;

9 (B) Provisions pertaining to health maintenance organizations,
10 beginning at Arkansas Code 23-76-101; and

11 (C) Any successor laws of the foregoing.

12 (6) "Health plan" means any policy, contract or agreement offered by a
13 health carrier to provide, reimburse or pay for health care services except
14 the following:

15 (A) Workers' compensation coverage;

16 (B) Self-funded or self-insured health plans, unless the plan is
17 established or maintained for employees of a governmental entity; and

18 (C) A policy, contract or agreement that limits coverage for
19 dental services in connection with the treatment of a covered accidental
20 injury or the treatment of a non-dental physiological condition.

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22 SECTION 4. (a) Every health plan which provides dental benefits
23 issued, renewed, extended or modified by a health carrier shall also include a
24 point of service option which provides benefits to covered persons through
25 dentists who are not members of the carrier's provider network.

26 (b)(1)The benefits offered under this option shall be the same as those
27 offered through the network.

28 (2) The rate of reimbursement for out-of-network dentists may
29 differ from the rate of reimbursement for non-capitated dentists in the
30 network, but by no more than ten percent (10%).

31 (3) The co-payment, co-insurance and other cost-sharing features
32 may differ between the use of in-network and out-of-network dentists, but by
33 no more than twenty-five percent (25%).

34 (c) The out-of-network dentist may bill the patient for the balance of
35 any charges which are not otherwise reimbursed by the health carrier. If,
36 however, after a request by the covered person in advance of treatment, the

1 provider fails to disclose a reasonable range of the total of charges for non-
2 emergency services to be provided, the covered person shall not be liable for
3 such additional charges.

4 (d) The health carrier shall fully disclose to the covered person, in
5 clear, understandable language, the terms and conditions of this option. This
6 requirement may be satisfied by the health carrier providing to the employer
7 or other purchaser of the plan presentation materials for dissemination to
8 covered persons.

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10 SECTION 5. Within one hundred twenty (120) days of the effective date
11 of this act, the commissioner shall promulgate necessary rules and regulations
12 for carrying out this act, giving maximum possible effect to the legislature's
13 intent to promote quality medical care through increased choice.

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15 SECTION 6. The commissioner shall enforce this act, using the powers
16 granted to the commissioner elsewhere in the Arkansas Insurance Code.

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18 SECTION 7. In any legal proceeding in which the validity of this act is
19 challenged, the Attorney General shall defend the act, regardless of the state
20 agency or official named as an official party.

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22 SECTION 8. This act applies to health plans issued, renewed, extended
23 or modified by a health carrier on or after the effective date of this act.
24 "Renewed, extended or modified" shall include a change in premium or other
25 financial term.

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27 SECTION 9. All provisions of this act of a general and permanent nature
28 are amendatory to the Arkansas Code of 1987 Annotated and the Arkansas Code
29 Revision Commission shall incorporate the same in the Code.

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31 SECTION 10. If any provision of this act or the application thereof to
32 any person or circumstance is held invalid, such invalidity shall not affect
33 other provisions or applications of the act which can be given effect without
34 the invalid provision or application, and to this end the provisions of this
35 act are declared to be severable.

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SECTION 11. All laws and parts of laws in conflict with this act are hereby repealed.

/s/ P. Malone, et al

APPROVED: 4/8/1999

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