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HOUSE BILL NO. 1263

Offered January 19, 2010

A *BILL to amend the Code of Virginia by adding in Article 1 of Chapter 34 of Title 38.2 a section numbered 38.2-3407.17, relating to limitations by a dental plan on reimbursements for certain services provided by dentists and oral surgeons.*

Patrons—Ware, R.L., Cox, J.A., Hugo, Loupassi and Peace

Referred to Committee on Commerce and Labor

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Article 1 of Chapter 34 of Title 38.2 a section numbered 38.2-3407.17 as follows:

§ 38.2-3407.17. Payment for services by dentists and oral surgeons.

A. As used in this section:

"Covered services" means the health care services that a dentist or oral surgeon has agreed to provide on behalf of a dental plan to its insured, subscribers, or enrollees with an expectation of receiving payment, other than copayments or deductibles, directly or indirectly from the dental plan.

"Dental plan" includes (i) an insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical, and surgical or major medical coverage on an expense-incurred basis, (ii) an entity providing individual or group accident and sickness subscription contracts, (iii) a dental services plan offering or administering prepaid dental services, (iv) a health maintenance organization providing a health care plan, and (v) a dental plan organization.

B. No contract between a dental plan and a dentist or oral surgeon for the provision of health care to patients may establish the fee or rate that the dentist or oral surgeon is required to accept for the provision of health care services or require that a dentist or oral surgeon accept the reimbursement paid by the dental plan as payment in full for health care services unless the services are covered services under the applicable dental plan.

C. This section shall apply with respect to any contract between a dental plan and a dentist or oral surgeon for the provision of health care to patients that is entered into, amended, extended, or renewed on or after July 1, 2010.

INTRODUCED

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