AMENDMENTS TO LB954

Introduced by Banking, Commerce and Insurance.

1. Strike the original sections and insert the following new sections:

Section 1. (1) For the purposes of this section:

(a) Contracting entity means a person or entity that enters into direct contracts with providers for the delivery of dental services in the ordinary course of business, including a dental carrier or third-party administrator;

(b) Dental carrier means a dental insurance company, a prepaid limited health service organization, or any other entity authorized to offer an insurance plan that provides dental services;

(c) Dental services means services for the diagnosis, prevention, treatment, or cure of a dental condition, illness, injury, or disease. Dental services does not include services delivered by a provider that are billed as medical services under a health insurance plan;

(d) Provider means an individual or entity that provides dental services or supplies, as defined by the health benefits plan or dental benefits plan, including a dentist or physician, but not a physician organization that leases or rents its network to a third party;

(e) Provider network contract means a contract between a contracting entity and a provider that specifies the rights and responsibilities of the contracting entity and provides for the delivery and payment of dental services to an enrollee; and

(f) Third party means a person or entity that enters into a contract with a contracting entity or with another third party to gain access to the dental services or contractual discounts of a provider network contract. Third party does not include an employer or other group for whom the dental carrier or contracting entity provides administrative...
(2) A dental insurance plan, contract, or provider network contract with a provider shall not include any restrictions on methods of claim payment for dental services in which the only acceptable payment method is a credit card payment.

(3) A dental carrier may grant a third party access to a provider network contract, or a provider's dental services or contractual discounts provided pursuant to a provider network contract if, at the time the provider network contract is entered into or renewed, the dental carrier allows a provider who is part of a dental carrier's provider network to choose not to participate in third-party access to the provider network contract. The third-party access provision of the provider network contract shall be clearly identified. A dental carrier shall not grant a third party access to the provider network contract of any provider who does not participate in third-party access to the provider network contract.

(4) A contracting entity may grant a third party access to a provider network contract, or a provider's dental services or contractual discounts provided pursuant to a provider network contract, if the following requirements are met:

(a) The contracting entity identifies all third parties in existence in a list on its Internet web site that is updated at least once every ninety days;

(b) The provider network contract specifically states that the contracting entity may enter into an agreement with a third party that would allow the third party to obtain the contracting entity's rights and responsibilities as if the third party were the contracting entity, and when the contracting entity is a dental carrier, the provider chose to participate in third-party access at the time the provider network contract was entered into; and

(c) The third party accessing the provider network contract agrees
to comply with all applicable terms of the provider network contract.

(5) A provider is not bound by and is not required to perform dental
treatment or services under a provider network contract granted to a
third party in violation of this section.

(6) Subsections (3), (4), and (5) of this section shall not apply if
any of the following is true:

(a) The provider network contract is for dental services provided to
a beneficiary of the federal medicare program pursuant to Title XVIII of
the federal Social Security Act, 42 U.S.C. 1395 et seq., or the federal
medicaid program pursuant to Title XIX of the federal Social Security
Act, 42 U.S.C. 1396 et seq., as such sections existed on January 1, 2020;

or

(b) Access to a provider network contract is granted to a dental
carrier or an entity operating in accordance with the same brand licensee
program as the contracting entity or to an entity that is an affiliate of
the contracting entity. A list of the contracting entity's affiliates
shall be made available to a provider on the contracting entity's web
site.

(7) This section shall take effect on January 1, 2021, and shall
apply to all provider network contracts that are delivered, issued for
delivery, or executed in this state on or after the effective date of
this act.

Sec. 2. The Revisor of Statutes shall assign section 1 of this act
to Chapter 44, article 7.