[First Reprint]

SENATE, No. 2853

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED AUGUST 27, 2020

Sponsored by:

Senator NELLIE POU

District 35 (Bergen and Passaic)

Senator JOSEPH PENNACCHIO

District 26 (Essex, Morris and Passaic)

SYNOPSIS

Prohibits certain provisions in agreements between insurance carriers and dentists.

CURRENT VERSION OF TEXT

As reported by the Senate Commerce Committee on October 22, 2020, with amendments.



(Sponsorship Updated As Of: 1/28/2021)

1	AN ACT	concerning	dental	insurance	and	supplementing
2	P.L.1997, c.192 (C.26:2S-1 et seq.).					

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

- 1. a. A carrier shall not include in an agreement between the carrier and a participating dentist a provision that:
- (1) allows the carrier to deny payment to a participating dentist for a ¹covered ¹ procedure performed or for a ¹covered ¹ service provided on behalf of a covered person; and
- (2) prohibits the dentist from collecting the amount owed from the covered person for that procedure or service.
- b. ¹Nothing this act shall exempt or limit a participating dentist from the provisions of the "Insurance Fraud Prevention Act," P.L.1983, c.320 (C.17:33A-1 et seq.).
 - <u>c.</u>¹ As used in this section:

"Carrier" means an insurance company, health service corporation, hospital service corporation, medical service corporation, dental service corporation, dental plan organization or health maintenance organization authorized to issue dental contracts ¹, policies, ¹ or plans in this State.

¹"Covered person" means a person on whose behalf a carrier offering a dental plan is obligated to pay benefits for or provide dental procedures or services pursuant to the plan.

"Covered procedure or service" means a dental care procedure or service for which a reimbursement is available under a covered person's dental plan, or for which a reimbursement would be available but for the application of contractual limitations including, but not limited to, deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation, or services not reimbursable by the carrier due a provision in the dental plan.

"Dental plan" means a benefits plan, policy, or contract which pays or provides dental expense benefits for covered procedures or services and is delivered or issued for delivery in this State by or through a carrier either on a stand-alone basis or as part of other coverage including, but not limited to, health benefits coverage.

For the purposes of this act, dental plan shall not include the following plans, policies, or contracts: accident only, credit disability, long-term care, Medicare supplement coverage; TRICARE supplement coverage, coverage for Medicare services pursuant to a contract with the United States government, the State Medicaid program established pursuant to P.L.1968, c.413 (C.30:4D-1 et seq.), the NJ FamilyCare

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

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1	Program established pursuant to P.L.2005, c.156 (C.30:4J-8 et al.),
2	coverage arising out of a worker's compensation or similar law, the State
3	Health Benefits Program, the School Employees' Health Benefits
4	Program, or a self-insured health benefits plan governed by the
5	provisions of the federal "Employee Retirement Income Security Act of
6	1974," 29 U.S.C. s.1001 et seq., coverage under a policy of private
7	passenger automobile insurance issued pursuant to P.L.1972, c.70
8	(C.39:6A-1 et seq.), or hospital confinement indemnity coverage. ¹
9	"Participating dentist" means a dentist who has entered into a
10	contract with a carrier to provide dental services to covered persons for
11	a predetermined fee or set of fees.
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2. This act shall take effect on the 90th day next following 13 enactment, and shall apply to dental contracts or plans issued or 14

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renewed after the effective date.