

HOUSE BILL NO. 225

INTRODUCED BY SQUIRES, HAGER, LYNCH

IN THE HOUSE

JANUARY 17, 1989	INTRODUCED AND REFERRED TO COMMITTEE ON HUMAN SERVICES & AGING.
	FIRST READING.
FEBRUARY 16, 1989	COMMITTEE RECOMMEND BILL DO PASS AS AMENDED. REPORT ADOPTED.
FEBRUARY 17, 1989	PRINTING REPORT.
FEBRUARY 18, 1989	SECOND READING, DO PASS.
FEBRUARY 21, 1989	ENGROSSING REPORT.
FEBRUARY 21, 1989	THIRD READING, PASSED. AYES, 96; NOES, 2.
	TRANSMITTED TO SENATE.

IN THE SENATE

FEBRUARY 28, 1989	INTRODUCED AND REFERRED TO COMMITTEE ON PUBLIC HEALTH, WELFARE & SAFETY.
	FIRST READING.
MARCH 4, 1989	COMMITTEE RECOMMEND BILL BE CONCURRED IN AS AMENDED. REPORT ADOPTED.
MARCH 6, 1989	SECOND READING, CONCURRED IN.
MARCH 8, 1989	THIRD READING, CONCURRED IN. AYES, 50; NOES, 0.
	RETURNED TO HOUSE WITH AMENDMENTS.

IN THE HOUSE

MARCH 10, 1989	RECEIVED FROM SENATE.
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MARCH 11, 1989

SECOND READING, AMENDMENTS
CONCURRED IN.

THIRD READING, AMENDMENTS
CONCURRED IN.

SENT TO ENROLLING.

REPORTED CORRECTLY ENROLLED.

1 ~~House~~ BILL NO. 225
2 INTRODUCED BY Jacques Hager
3
4 A BILL FOR AN ACT ENTITLED: "AN ACT ASSURING DENTAL
5 PATIENTS FREEDOM TO CHOOSE A DENTIST WHEN RECEIVING DENTAL
6 BENEFITS THROUGH HEALTH INSURANCE OR HEALTH MAINTENANCE
7 PLANS; AND PROVIDING AN APPLICABILITY DATE."

8
9 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

10 NEW SECTION. Section 1. Opportunity to select dentist
11 of patient's own choice. (1) The board may include as
12 unprofessional conduct under 37-4-321 participation by a
13 dentist in a health insurance contract or health maintenance
14 plan that requires a patient to select a dentist from a list
15 of dentists under contract to the plan unless the contract
16 or plan allows reasonable opportunity for the patient to
17 select a dentist of his own choice, as provided in
18 subsection (2).

19 (2) A health insurance contract or health maintenance
20 plan furnishes its insured or participant a reasonable
21 opportunity to select a dentist of his own choice if the
22 contract or plan allows either of the following:

23 (a) A dentist may request the right to participate as
24 a provider under the same terms and conditions as those by
25 which other dentists participate. This opportunity for

1 participation must be offered for a period beginning at
2 least 30 days prior to the effective date of the contract or
3 plan and continuing at least 30 days following the effective
4 date of the contract or plan. Each contract or plan must
5 provide an annual period thereafter, of at least 30 days,
6 during which a dentist may exercise this right.

7 (b) The insured or participant may select an alternate
8 plan of dental benefits under which the total annual dollar
9 amount of covered dental services is equivalent to the value
10 of dental benefits under the basic contract or plan and
11 under which the insured or participant may select any
12 dentist to provide such services.

13 NEW SECTION. Section 2. Freedom of choice of
14 dentists. (1) A contract for group health insurance or
15 health maintenance that is offered, delivered, or renewed
16 under Title 33, chapter 22, 30, or 31, and that includes
17 dental care benefits must allow an insured person or member
18 reasonable opportunity to select a dentist of his own
19 choice.

20 (2) The commissioner shall by rule regulate any
21 contract subject to subsection (1) if it restricts
22 reimbursable dental care to that obtained from a closed or
23 limited panel of dentists. The rules must:

24 (a) allow a dentist to request participation as a
25 provider on the same terms and conditions as those by which

other dentists participate. This opportunity for participation must be offered for a period beginning at least 30 days prior to the effective date of the contract or plan and continuing at least 30 days following the effective date of the contract or plan. Each contract or plan must provide an annual period thereafter, of at least 30 days, during which a dentist may exercise this right.

(b) allow the insured or participant to select an alternate plan of dental benefits under which the total annual dollar amount of covered dental service is equivalent to the value of dental benefits under the basic contract or plan and under which the insured or participant may select any dentist to provide the services; or

(c) provide an equivalent mechanism to allow a consumer freedom of choice in the selection of a dentist.

NEW SECTION. Section 3. Extension of authority. Any existing authority to make rules on the subject of the provisions of [this act] is extended to the provisions of [this act].

NEW SECTION. Section 4. Applicability. [This act] applies to contracts entered into or renewed after October 1, 1989.

NEW SECTION. Section 5. Codification instruction. (1) [Section 1] is intended to be codified as an integral part of Title 37, chapter 4, part 3, and the provisions of Title

37, chapter 4, part 3, apply to [section 1].

(2) [Section 2] is intended to be codified as an integral part of Title 33, chapter 15, part 3, and the provisions of Title 33, chapter 15, part 3, apply to [section 2].

-End-

APPROVED BY COMM. ON
HUMAN SERVICES AND AGING

HOUSE BILL NO. 225

INTRODUCED BY SQUIRES, HAGER, LYNCH

A BILL FOR AN ACT ENTITLED: "AN ACT ASSURING DENTAL PATIENTS FREEDOM TO CHOOSE A DENTIST WHEN RECEIVING DENTAL BENEFITS THROUGH PREFERRED PROVIDER HEALTH INSURANCE OR HEALTH MAINTENANCE PLANS; AMENDING SECTION 33-22-1706, MCA; AND PROVIDING AN APPLICABILITY DATE."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

NEW SECTION. --Section 1. Opportunity to select dentist of patient's own choice. --(1) The board may include as unprofessional conduct under 37-4-321 participation by a dentist in a health insurance contract or health maintenance plan that requires a patient to select a dentist from a list of dentists under contract to the plan unless the contract or plan allows reasonable opportunity for the patient to select a dentist of his own choice, as provided in subsection (2).

(2) A health insurance contract or health maintenance plan furnishes its insured or participant a reasonable opportunity to select a dentist of his own choice if the contract or plan allows either of the following:

(a) A dentist may request the right to participate as a provider under the same terms and conditions as those by

which other dentists participate. This opportunity for participation must be offered for a period beginning at least 30 days prior to the effective date of the contract or plan and continuing at least 30 days following the effective date of the contract or plan. Each contract or plan must provide an annual period thereafter, of at least 30 days, during which a dentist may exercise this right.

(b) The insured or participant may select an alternate plan of dental benefits under which the total annual dollar amount of covered dental services is equivalent to the value of dental benefits under the basic contract or plan and under which the insured or participant may select any dentist to provide such services.

SECTION 1. SECTION 33-22-1706, MCA, IS AMENDED TO

READ:

"33-22-1706. Permissible provisions in provider agreements, insurance policies, and subscriber contracts.

(1) A provider agreement, insurance policy, or subscriber contract issued or delivered in this state may contain certain other components designed to control the cost and improve the quality of health care for insureds and subscribers, including:

(a) a provision setting a payment difference for reimbursement of a nonpreferred provider as compared to a preferred provider. If the health benefit plan contains a

1 payment difference provision, the payment difference may not
2 exceed 25% of the reimbursement level at which a preferred
3 provider would be reimbursed. The commissioner shall review
4 differences between copayments, deductibles, and other
5 cost-sharing arrangements.

6 (b) conditions, not inconsistent with other provisions
7 of this part, designed to give policyholders or subscribers
8 an incentive to choose a particular provider.

9 (2) All terms or conditions of an insurance policy or
10 subscriber contract, except those already approved by the
11 commissioner, are subject to the prior approval of the
12 commissioner.

13 (3) A plan offering prepaid dental services under this
14 part must offer its insureds the right to obtain dental care
15 from any licensed dental care provider of their choice at a
16 payment differential no greater than that permitted under
17 subsection (1)(a)."

18 NEW SECTION. Section 2. Freedom of choice of dentists
19 DENTIST PARTICIPATION AS PROVIDER. (1) A contract for group
20 health insurance or DENTAL CARE SERVICES THROUGH A health
21 maintenance ORGANIZATION that is offered, delivered, or
22 renewed under Title 33, chapter 22, 30, or 31 and that
23 includes dental care benefits must allow an insured person
24 or member reasonable opportunity to select a dentist of his
25 own choice.

1 ~~(2) The commissioner shall by rule regulate any~~
2 ~~contract subject to subsection (1) if it restricts~~
3 ~~reimbursable dental care to that obtained from a closed or~~
4 ~~limited panel of dentists. The rules must: THIS CHAPTER MUST~~

5 ~~(a) allow a dentist to request participation as a~~
6 ~~provider on the same terms and conditions as those by which~~
7 ~~other dentists participate. This opportunity for~~
8 ~~participation must be offered for a period beginning at~~
9 ~~least 30 days prior to the effective date of the contract or~~
10 ~~plan and continuing at least 30 days following the effective~~
11 ~~date of the EACH contract or plan. Each contract or plan~~
12 ~~must provide an AT LEAST ONE annual period thereafter, of at~~
13 ~~least 30 days, during which a dentist may exercise this~~
14 ~~right.~~

15 ~~(b) allow the insured or participant to select an~~
16 ~~alternate plan of dental benefits under which the total~~
17 ~~annual dollar amount of covered dental service is equivalent~~
18 ~~to the value of dental benefits under the basic contract or~~
19 ~~plan and under which the insured or participant may select~~
20 ~~any dentist to provide the services, or~~

21 ~~(c) provide an equivalent mechanism to allow a~~
22 ~~consumer freedom of choice in the selection of a dentist.~~

23 NEW SECTION. Section 3. Extension of authority. Any
24 existing authority to make rules on the subject of the
25 provisions of [this act] is extended to the provisions of

1 [this act].

2 NEW SECTION. Section 4. Applicability. [This act]
3 applies to contracts entered into or renewed after October
4 1, 1989.

5 NEW SECTION. Section 5. Codification instruction. {1}
6 {Section--1}--is-intended-to-be-codified-as-an-integral-part
7 of--Title-37--chapter-4--part-3--and-the-provisions-of--Title
8 37--chapter-4--part-3--apply-to--{section-1}.

9 {2} {Section 2} is intended to be codified as an
10 integral part of Title 33, chapter 15--part-3 31, and the
11 provisions of Title 33, chapter 15--part-3 31, apply to
12 [section 2].

-End-

HOUSE BILL NO. 225

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A BILL FOR AN ACT ENTITLED: "AN ACT ASSURING DENTAL PATIENTS FREEDOM TO CHOOSE A DENTIST WHEN RECEIVING DENTAL BENEFITS THROUGH PREFERRED PROVIDER HEALTH INSURANCE OR HEALTH MAINTENANCE PLANS; AMENDING SECTION 33-22-1706, MCA; AND PROVIDING AN APPLICABILITY DATE."

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(2) A health insurance contract or health maintenance plan furnishes its insured or participant a reasonable opportunity to select a dentist of his own choice if the contract or plan allows either of the following:

(a) A dentist may request the right to participate as a provider under the same terms and conditions as those by

which other dentists participate. This opportunity for participation must be offered for a period beginning at least 30 days prior to the effective date of the contract or plan and continuing at least 30 days following the effective date of the contract or plan. Each contract or plan must provide an annual period thereafter, of at least 30 days, during which a dentist may exercise this right.

(b) The insured or participant may select an alternate plan of dental benefits under which the total annual dollar amount of covered dental services is equivalent to the value of dental benefits under the basic contract or plan and under which the insured or participant may select any dentist to provide such services.

SECTION 1. SECTION 33-22-1706, MCA, IS AMENDED TOREAD:

"33-22-1706. Permissible provisions in provider agreements, insurance policies, and subscriber contracts.

(1) A provider agreement, insurance policy, or subscriber contract issued or delivered in this state may contain certain other components designed to control the cost and improve the quality of health care for insureds and subscribers, including:

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1 payment difference provision, the payment difference may not
2 exceed 25% of the reimbursement level at which a preferred
3 provider would be reimbursed. The commissioner shall review
4 differences between copayments, deductibles, and other
5 cost-sharing arrangements.

6 (b) conditions, not inconsistent with other provisions
7 of this part, designed to give policyholders or subscribers
8 an incentive to choose a particular provider.

9 (2) All terms or conditions of an insurance policy or
10 subscriber contract, except those already approved by the
11 commissioner, are subject to the prior approval of the
12 commissioner.

13 (3) A plan offering prepaid dental services under this
14 part must offer its insureds the right to obtain dental care
15 from any licensed dental care provider of their choice at a
16 payment differential no greater than that permitted under
17 subsection (1)(a)."

18 **NEW SECTION. Section 2. Freedom of choice of dentists**
19 **DENTIST PARTICIPATION AS PROVIDER.** (1) A contract for group
20 health insurance or DENTAL CARE SERVICES THROUGH A health
21 maintenance ORGANIZATION that is offered, delivered, or
22 renewed under Title 33, chapter 22, 30, or 31, and that
23 includes dental care benefits must allow an insured person
24 or member reasonable opportunity to select a dentist of his
25 own choice.

1 (2) The commissioner shall by rule regulate any
2 contract subject to subsection (1) if it restricts
3 reimbursable dental care to that obtained from a closed or
4 limited panel of dentists. The rules must: THIS CHAPTER MUST

5 (a) allow a dentist to request participation as a
6 provider on the same terms and conditions as those by which
7 other dentists participate. This opportunity for
8 participation must be offered for a period beginning at
9 least 30 days prior to the effective date of the contract or
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11 date of the EACH contract or plan. Each contract or plan
12 must provide an AT LEAST ONE annual period thereafter, of at
13 least 30 days, during which a dentist may exercise this
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16 alternate plan of dental benefits under which the total
17 annual dollar amount of covered dental service is equivalent
18 to the value of dental benefits under the basic contract or
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21 (c) provide an equivalent mechanism to allow a
22 consumer freedom of choice in the selection of a dentist.

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25 provisions of [this act] is extended to the provisions of

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6 {Section--1}--is-intended-to-be-codified-as-an-integral-part
7 of--Title-37, chapter-4, part-3, and the provisions of--Title
8 37, chapter-4, part-3 apply to {section-1}.

9 {2} [Section 2] is intended to be codified as an
10 integral part of Title 33, chapter 15, part-3 31, and the
11 provisions of Title 33, chapter 15, part-3 31, apply to
12 [section 2].

-End-

SENATE STANDING COMMITTEE REPORT

March 3, 1989

MR. PRESIDENT:

We, your Committee on Public Health, Welfare, and Safety, having had under consideration HB 225 (third reading copy -- blue), respectfully report that HB 225 be amended and as so amended be concurred in:

Sponsor: Squires (Hager)

1. Page 3, lines 15 through 17.

Following: "choice" on line 15

Strike: remainder of line 15 through "(1)(a)" on line 17

Insert: "subject to the same terms and conditions imposed under subsection (1)"

AND AS AMENDED BE CONCURRED IN

Signed: _____


Thomas O. Hager, Chairman

SENATE

scrhb225.303

HB 225

HOUSE BILL NO. 225

INTRODUCED BY SQUIRES, HAGER, LYNCH

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2 exceed 25% of the reimbursement level at which a preferred
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4 differences between copayments, deductibles, and other
5 cost-sharing arrangements.

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8 an incentive to choose a particular provider.

9 (2) All terms or conditions of an insurance policy or
10 subscriber contract, except those already approved by the
11 commissioner, are subject to the prior approval of the
12 commissioner.

13 (3) A plan offering prepaid dental services under this
14 part must offer its insureds the right to obtain dental care
15 from any licensed dental care provider of their choice at--a
16 payment--differential--no--greater--than--that--permitted--under
17 subsection--(1)(a) SUBJECT TO THE SAME TERMS AND CONDITIONS
18 IMPOSED UNDER SUBSECTION (1)."

19 NEW SECTION. Section 2. Freedom of choice of dentists
20 DENTIST PARTICIPATION AS PROVIDER. (1) A contract for group
21 health insurance or DENTAL CARE SERVICES THROUGH A health
22 maintenance ORGANIZATION that is offered, delivered, or
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7 {Section-1} is intended to be codified as an integral part
8 of Title 37, chapter 4, part 3, and the provisions of Title
9 37, chapter 4, part 3, apply to {section-1}.

10 {2} [Section 2] is intended to be codified as an
11 integral part of Title 33, chapter 15, part 3 31, and the
12 provisions of Title 33, chapter 15, part 3 31, apply to
13 [section 2].

-End-