

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

SENATE BILL 90

45TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2001

INTRODUCED BY

Timothy Z. Jennings

AN ACT

RELATING TO HEALTH; PROVIDING REQUIREMENTS FOR DENTAL CARE SERVICES IN HEALTH CARE INSURANCE PLANS OR CONTRACTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. A new section of the New Mexico Insurance Code is enacted to read:

" NEW MATERIAL REQUIREMENTS RELATING TO DENTAL CARE COVERAGE. --

A. A health care insurer who provides coverage for dental care may not include in the health care insurance plan or contract a provision that:

(1) prohibits a covered person from obtaining dental care services from a dentist of the person's choice, including a specialist; or

(2) restricts a covered person's right to

underscored material = new  
[bracketed material] = delete

1 receive full information from the person's dentist regarding  
2 the care or treatment options that the dentist believes are in  
3 the best interests of the person.

4 B. A health care insurance plan or contract that  
5 provides coverage for dental care services that allows the  
6 health care insurer to review a treatment plan or conduct a  
7 utilization review shall contain a provision that a treatment  
8 plan review or utilization review relating to dental care for  
9 a covered person receiving treatment in this state shall be  
10 conducted by a dentist if the claim for reimbursement or  
11 payment is denied.

12 C. A health care insurer may reimburse a covered  
13 person at a different rate because of the person's choice of a  
14 dentist if the dentist is not a part of the covered person's  
15 dental network or preferred provider organization agreement.  
16 The covered expense for non-network dentists may not be less  
17 than that allowed to a network dentist, although the covered  
18 expense may be reimbursed at a lower percentage or with higher  
19 deductibles than if the service had been provided within the  
20 network.

21 D. A health care insurer may not deny:

22 (1) dental coverage, cancel a health care  
23 insurance plan or contract, or otherwise take action against a  
24 covered person or a dentist because the person has asserted a  
25 right described in this section; or

. 134175. 1

underscored material = new  
[bracketed material] = delete

1 (2) dental coverage or eligibility for dental  
2 coverage because the covered person chooses a dentist who is  
3 not a part of his dental network or a preferred provider  
4 organization agreement.

5 E. A covered person may bring a civil action  
6 against a health care insurer to enforce the person's rights  
7 under this section if the covered person has exhausted the  
8 administrative appeal process.

9 F. A dentist who treats a covered person shall not  
10 waive uncovered dental charges for which the covered person  
11 has liability because the covered person chose the dentist  
12 outside of a dental network or a preferred provider  
13 organization agreement.

14 G. As used in this section:

15 (1) "covered person" means an individual who  
16 is entitled to receive dental care provided by a health care  
17 insurer pursuant to a health care insurance plan or contract;

18 (2) "dentist" means a person licensed  
19 pursuant to state law to provide dental care services; and

20 (3) "health care insurer" means a person that  
21 has a valid certificate of authority in good standing pursuant  
22 to the Insurance Code to act as an insurer, health maintenance  
23 organization, nonprofit health care plan or prepaid dental  
24 plan. "

25 Section 2. EFFECTIVE DATE.--The effective date of the

. 134175. 1

underscored material = new  
[bracketed material] = delete

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

provisions of this act is July 1, 2001.

- 4 -