

SENATE CORPORATIONS AND TRANSPORTATION COMMITTEE SUBSTITUTE FOR  
SENATE BILL 90

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

INTRODUCED BY

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

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

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) "covered expense" means charges that are  
 19 payable under plan provisions;

20 (3) "dentist" means a person licensed  
 21 pursuant to state law to provide dental care services; and

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

1 plan. "

2 Section 2. EFFECTIVE DATE. -- The effective date of the  
3 provisions of this act is July 1, 2001.

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