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FISCAL IMPACT REPORT

SPONSOR: SCORC DATE TYPED: 02/16/01 HB _____
 SHORT TITLE: Dental Care Coverage Requirements SB 90/SCORCS
 ANALYST: Wilson

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY01	FY02	FY01	FY02		
	NFI				

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

Public Regulation Commission (PRC)
 Health Policy Commission (HPC)
 General Services Department (GSD)

SUMMARY

Synopsis of SCORSC Substitute

The Senate Corporation and Transportation Committee for SB 90 places new requirements on dental plans that employ networks or preferred provider organizations.

Significant Issues

The PRC provided the following:

- c A dentist must be involved in the review if the claim payment is denied.
- c Reimbursement for out of network coverage can be at reduced levels but must be based on approved charges applicable to the same services provided in-network.
- c Dentist cannot waive non-covered charges.

OTHER SUBSTANTIVE ISSUES

The HPC provided the following:

- c Several insurers have a specific network of dentists.
- c When companies change insurance plans, the dentists on the previous network might not be on the current network. This may disrupt not only dental services that a covered employee may be receiving, but also what services are provided.

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- c Covered persons may be willing to pay more out of pocket expenses to see the dentist of their choice if given the choice.

POSSIBLE QUESTIONS

How would the provisions of SB 90 Be enforced? For example SB 90 states that an out-of -network dentist “may not waive uncovered dental charges for which the covered person has liability.” Who will enforce this?

DW/ar