

**COMMITTEE AMENDMENT**  
HOUSE OF REPRESENTATIVES  
State of Oklahoma

SPEAKER:

CHAIR:

I move to amend HB3383 \_\_\_\_\_  
Of the printed Bill  
Page \_\_\_\_\_ Section \_\_\_\_\_ Lines \_\_\_\_\_  
Of the Engrossed Bill

By striking the Title, the Enacting Clause, the entire bill, and by inserting in lieu thereof the following language:

**AMEND TITLE TO CONFORM TO AMENDMENTS**

Adopted: \_\_\_\_\_

Amendment submitted by: Marcus McEntire \_\_\_\_\_

\_\_\_\_\_  
Reading Clerk

1 STATE OF OKLAHOMA

2 2nd Session of the 59th Legislature (2024)

3 PROPOSED COMMITTEE  
4 SUBSTITUTE  
5 FOR  
6 HOUSE BILL NO. 3383

By: McEntire

7 PROPOSED COMMITTEE SUBSTITUTE

8 An Act relating to dental insurance claims; amending  
9 36 O.S. 2021, Section 7301, which relates to dental  
10 plans; modifying definition; and providing an  
11 effective date.

12 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

13 SECTION 1. AMENDATORY 36 O.S. 2021, Section 7301, is  
14 amended to read as follows:

15 Section 7301. A. No contract between a dental plan of a health  
16 benefit plan and a dentist for the provision of services to patients  
17 may require that a dentist provide services to its subscribers at a  
18 fee set by the health benefit plan unless the services are covered  
19 services under the applicable subscriber agreement.

20 B. As used in this section:

21 1. "Covered services" means services ~~reimbursable~~ reimbursed  
22 under the applicable subscriber agreement, ~~subject~~ notwithstanding,  
23 and without regard to the contractual limitations on subscriber  
24

1 ~~benefits as may apply, including, for example, deductibles, waiting~~  
2 ~~period or frequency limitations;~~

3 2. "Dental plan" means and shall include any policy of  
4 insurance which is issued by a health benefit plan which provides  
5 for coverage of dental services not in connection with a medical  
6 plan; and

7 3. "Health benefit plan" means any plan or arrangement as  
8 defined in subsection C of Section 6060.4 of this title or any  
9 dental service corporation authorized pursuant to Section 2671 of  
10 this title.

11 C. A health benefit plan or dental plan shall establish and  
12 maintain appeal procedures for any claim by a dentist or a  
13 subscriber that is denied based on lack of medical necessity. Any  
14 such denial shall be based upon a determination by a dentist who  
15 holds a nonrestricted license in the United States. Any written  
16 communication to a dentist that includes or pertains to a denial of  
17 benefits for all or part of a claim on the basis of a lack of  
18 medical necessity shall include the identifier and license number  
19 together with state of issuance, and a contact telephone number of  
20 the licensed dentist making the adverse determination. The dentist  
21 who reviewed the claim shall only be contacted at the telephone  
22 number provided in the written communication about the denial during  
23 business hours.

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SECTION 2. This act shall become effective November 1, 2024.

59-2-9963 TJ 02/19/24