

1 **HOUSE OF REPRESENTATIVES - FLOOR VERSION**

2 STATE OF OKLAHOMA

3 2nd Session of the 59th Legislature (2024)

4 COMMITTEE SUBSTITUTE
5 FOR
6 HOUSE BILL NO. 3383

By: McEntire

7
8 COMMITTEE SUBSTITUTE

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

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

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

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

21 B. As used in this section:

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

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.

COMMITTEE REPORT BY: COMMITTEE ON RULES, dated 03/04/2024 - DO PASS,
As Amended.