**South Carolina General Assembly**

118th Session, 2009-2010

**H. 4894**

**STATUS INFORMATION**

General Bill

Sponsors: Rep. Loftis

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Introduced in the House on April 27, 2010

Currently residing in the House Committee on **Medical, Military, Public and Municipal Affairs**

Summary: Dentists

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

4/27/2010 House Introduced and read first time [HJ](file:///h:\HJ%20Archive\2010\04-27-10.docx)‑27

4/27/2010 House Referred to Committee on **Medical, Military, Public and Municipal Affairs** [HJ](file:///h:\HJ%20Archive\2010\04-27-10.docx)‑27

**VERSIONS OF THIS BILL**

[4/27/2010](file:///p:\pprever\2009-10\4894_20100427.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38‑71‑235 SO AS TO PROVIDE THAT CONTRACTS BETWEEN DENTAL PLANS AND DENTISTS MAY NOT ESTABLISH FEES THAT A DENTIST MUST ACCEPT FOR SERVICES RENDERED BY THE DENTIST BUT NOT COVERED BY THE DENTAL PLAN.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑235. (A) As used in this section:

(1) ‘Covered person’ means an individual who is entitled to dental services or benefits provided, arranged, offered, delivered, administered, paid for, or reimbursed by a dental insurance plan.

(2) ‘Covered services’ means with respect to a dental insurance plan, the dental services that a dentist or oral surgeon has agreed to provide on behalf of the dental insurance plan to the covered persons under the dental insurance plan with the expectation of receiving payment, other than copayments or deductibles, directly or indirectly from the dental insurance plan. However, covered services must not include any dental services provided by a dentist or oral surgeon to a covered person who already has met or exceeded the annual or other periodic payment maximum established by the dental plan or which are not a benefit that the covered person is entitled to receive under the dental insurance plan’s agreement, certificate, contract, or evidence of coverage with or for the benefit of the covered person.

(3) ‘Dental plan’ means a dental insurance policy or dental benefit plan offered by an insurer or health maintenance organization, including a qualified dental benefit plan offered or administered by the State, or a subdivision or instrumentality of the State that provides, arranges, offers, delivers, administers, pays, or reimburses dental services of a type provided by dentists or oral surgeons.

(B) A contract between a dental plan of a health care entity and a dentist or oral surgeon for the provision of services to patients may not require that a dentist or oral surgeon provide services to its subscribers at a fee set by the health care entity unless the services are covered services under the subscriber agreement.”

SECTION 2. This act applies to contracts entered into, amended, extended, or renewed after June 30, 2010.

SECTION 3. This act takes effect upon approval by the Governor.

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