



Reprinted
January 31, 2012

SENATE BILL No. 303

DIGEST OF SB 303 (Updated January 30, 2012 5:12 pm - DI 84)

Citations Affected: IC 27-8; IC 27-13.

Synopsis: Dental benefits. Prohibits dental insurers and health maintenance organizations from requiring dentists to accept certain payments.

Effective: July 1, 2012.

Becker, Gard

January 5, 2012, read first time and referred to Committee on Health and Provider Services.
January 26, 2012, amended, reported favorably — Do Pass.
January 30, 2012, read second time, amended, ordered engrossed.

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SB 303—LS 6491/DI 97+



Second Regular Session 117th General Assembly (2012)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2011 Regular Session of the General Assembly.

SENATE BILL No. 303

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 27-8-11-4.7 IS ADDED TO THE INDIANA CODE
2 AS A **NEW** SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
3 1, 2012]: **Sec. 4.7. (a) As used in this section, "covered services"**
4 **means health care services for which any reimbursement is**
5 **available under an insured's policy, regardless of whether the**
6 **actual reimbursement is contractually limited by a deductible,**
7 **copayment, coinsurance, waiting period, annual or lifetime**
8 **maximum, frequency limitation, alternative benefit payment, or**
9 **any other limitation.**
- 10 (b) An insurer may not, under an agreement under section 3 of
11 this chapter, require a dentist to accept an amount set by the
12 insurer as payment for health care services provided to an insured
13 unless the health care services are covered services under the
14 insured's policy.
- 15 (c) An insurer may not provide merely de minimis
16 reimbursement or coverage in an effort to avoid the requirements
17 of this section.

SB 303—LS 6491/DI 97+



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1 **(d) This section does not apply to a discount medical card**
 2 **program provider agreement regulated under IC 27-17.**
 3 SECTION 2. IC 27-13-34-15.2 IS ADDED TO THE INDIANA
 4 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
 5 [EFFECTIVE JULY 1, 2012]: **Sec. 15.2. (a) As used in this section,**
 6 **"covered services" means limited health services for which any**
 7 **coverage is available under an enrollee's individual contract or**
 8 **group contract, regardless of whether the actual coverage is**
 9 **contractually limited by a deductible, copayment, coinsurance,**
 10 **waiting period, annual or lifetime maximum, frequency limitation,**
 11 **alternative benefit payment, or any other limitation.**
 12 **(b) A limited service health maintenance organization may not,**
 13 **under a contract described in section 15 of this chapter, require a**
 14 **dentist to accept an amount set by the limited service health**
 15 **maintenance organization as payment for limited health services**
 16 **provided to an enrollee unless the limited health services are**
 17 **covered services under the enrollee's individual contract or group**
 18 **contract.**
 19 **(c) A limited service health maintenance organization may not**
 20 **provide merely de minimis reimbursement or coverage in an effort**
 21 **to avoid the requirements of this section.**
 22 **(d) This section does not apply to a discount medical card**
 23 **program provider agreement regulated under IC 27-17.**

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COMMITTEE REPORT

Madam President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 303, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill be AMENDED as follows:

- Page 8, delete lines 12 through 42.
- Delete pages 9 through 11.
- Page 12, delete lines 1 through 7.
- Page 12, delete lines 29 through 42.
- Page 13, delete lines 1 through 26.
- Page 14, delete lines 8 through 42.
- Delete pages 15 through 16.
- Renumber all SECTIONS consecutively.

and when so amended that said bill do pass.

(Reference is to SB 303 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 5, Nays 4.

SENATE MOTION

Madam President: I move that Senate Bill 303 be amended to read as follows:

- Page 1, delete lines 1 through 17.
- Delete pages 2 through 7.
- Page 8, delete lines 1 through 11.
- Page 8, delete lines 31 through 32.
- Page 9, delete lines 12 through 13.
- Renumber all SECTIONS consecutively.

(Reference is to SB 303 as printed January 27, 2012.)

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