

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021

H

1

HOUSE BILL 391

Short Title: Dental Patient Transparency Act. (Public)

Sponsors: Representatives K. Baker, Potts, Sasser, and Lambeth (Primary Sponsors).

For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Health, if favorable, Insurance, if favorable, Rules, Calendar, and Operations of the House

March 25, 2021

A BILL TO BE ENTITLED

AN ACT TO REQUIRE DISCLOSURE OF THE DATA AND METHODOLOGIES USED BY DENTAL SERVICES BENEFIT PLANS BY WHICH DENTISTS ARE SUBJECT TO RATING OR PROFILING SYSTEMS OR DESIGNATIONS TO ENSURE ACCURATE, FAIR, AND USEFUL RATING OF THOSE DENTISTS AND TO INCLUDE ADDITIONAL INFORMATION ON HEALTH BENEFIT PLANS IDENTIFICATION CARDS.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 58-3-245 is amended by adding a new subsection to read:

"(e) Every insurer offering a dental services benefit plan and that provides a designation or rating or profiling system for any dentist that is part of the benefit plan network shall be required to do all of the following:

- (1) Utilize designations and rating or profiling systems that are fair and accurate.
- (2) Disclose to consumers and dentists the basis for the designation, rating, or profile, including the use of claims data, practice criteria or guidelines, or any other criteria.
- (3) Provide a mechanism by which a dentist is able to challenge and correct any erroneous designation or any erroneous data or methodologies used as part of the designation, or rating or profiling system."

SECTION 2.(a) G.S. 58-3-247(a) reads as rewritten:

"(a) Every insurer offering a health benefit plan as defined under ~~G.S. 58-3-167, including the State Health Plan, G.S. 58-3-167~~ shall provide the health benefit plan subscriber or members with an insurance identification card. The card shall ~~contain at a minimum:~~contain, at a minimum, all of the following information:

- ...
- (7) The policyholder's obligations with regard to ~~co-payments, copayments,~~ if applicable, for at least all of the following:
 - a. Primary care office visit.
 - b. Specialty care office visit.
 - c. Urgent care visit.
 - d. Emergency room visit.
- (8) The phone number or ~~Web site~~website address whereby the subscriber, member, or service provider, in compliance with privacy rules under the



1 Health Insurance Portability and Accountability Act may readily obtain the
2 following:

- 3 a. Confirmation of eligibility.
- 4 b. Benefits verification in order to estimate patient financial
5 responsibility.
- 6 c. Prior authorization for services and procedures.
- 7 d. The list of participating providers in the network.
- 8 e. The employer group number.
- 9 f. Special mental health medical benefits under the health plan, if
10 applicable.

11 (9) An indication of whether the health benefit plan is a fully insured or
12 self-funded plan. Plans that are fully insured shall be noted by using the phrase
13 "NCDOI" to indicate to the consumer that the Department is able to provide
14 assistance regarding the regulation of the plan."

15 **SECTION 2.(b)** G.S. 135-48.51 reads as rewritten:

16 **"§ 135-48.51. Coverage and operational mandates related to Chapter 58 of the General**
17 **Statutes.**

18 The following provisions of Chapter 58 of the General Statutes apply to the State Health Plan:

- 19 (1) G.S. 58-3-191, Managed care reporting and disclosure requirements.
- 20 (2) G.S. 58-3-221, Access to nonformulary and restricted access prescription
21 drugs.
- 22 (3) G.S. 58-3-223, Managed care access to specialist care.
- 23 (4) G.S. 58-3-225, Prompt claim payments under health benefit plans.
- 24 (5) G.S. 58-3-235, Selection of specialist as primary care provider.
- 25 (6) G.S. 58-3-240, Direct access to pediatrician for minors.
- 26 (7) G.S. 58-3-245, Provider directories.
- 27 (7a) G.S. 58-3-247, Insurance identification card.
- 28 (8) G.S. 58-3-250, Payment obligations for covered services.
- 29 (9) G.S. 58-3-265, Prohibition on managed care provider incentives.
- 30 (10) G.S. 58-3-280, Coverage for the diagnosis and treatment of lymphedema.
- 31 (11) G.S. 58-3-285, Coverage for hearing aids.
- 32 (12) G.S. 58-50-30, Right to choose services of certain providers.
- 33 (13) G.S. 58-67-88, Continuity of care."

34 **SECTION 3.** This act becomes effective October 1, 2021.