



Reprinted  
January 27, 2010

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## SENATE BILL No. 129

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DIGEST OF SB 129 (Updated January 26, 2010 4:22 pm - DI 97)

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

**Synopsis:** Contracts for dental services. Prohibits dental insurers and health maintenance organizations from requiring dentists to accept certain payments.

**Effective:** July 1, 2010.

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### Leising, Gard, Errington

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January 5, 2010, read first time and referred to Committee on Health and Provider Services.  
January 21, 2010, amended, reported favorably — Do Pass.  
January 26, 2010, read second time, amended, ordered engrossed.

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SB 129—LS 6485/DI 97+



Second Regular Session 116th General Assembly (2010)

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 2009 Regular and Special Sessions of the General Assembly.

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## SENATE BILL No. 129

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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, 2010]: **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 **reimbursement is contractually limited by a deductible,**  
7 **copayment, coinsurance, waiting period, annual or lifetime**  
8 **maximum, frequency limitation, alternative benefit payment, or**  
9 **another 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) This section does not apply to a discount medical card  
16 program provider agreement regulated under IC 27-17.

17 SECTION 2. IC 27-13-34-15.2 IS ADDED TO THE INDIANA



1 CODE AS A NEW SECTION TO READ AS FOLLOWS  
2 [EFFECTIVE JULY 1, 2010]: **Sec. 15.2. (a) As used in this section,**  
3 **"covered services" means limited health services for which any**  
4 **coverage is available under an enrollee's individual contract or**  
5 **group contract, regardless of whether the coverage is contractually**  
6 **limited by a deductible, copayment, coinsurance, waiting period,**  
7 **annual or lifetime maximum, frequency limitation, alternative**  
8 **benefit payment, or another limitation.**  
9 (b) A limited service health maintenance organization may not,  
10 under a contract described in section 15 of this chapter, require a  
11 dentist to accept an amount set by the limited service health  
12 maintenance organization as payment for limited health services  
13 provided to an enrollee unless the limited health services are  
14 covered services under the enrollee's individual contract or group  
15 contract.  
16 (c) This section does not apply to a discount medical card  
17 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. 129, 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 1, line 3, after "4.7." insert "(a)".

Page 1, line 5, after "unless" insert **"the health care services are covered services under the insured's policy."**

**(b) This section does not apply to a discount medical card program provider agreement regulated under IC 27-17."**

Page 1, delete lines 6 through 7.

Page 1, line 10, after "15.2." insert "(a)".

Page 1, line 13, after "enrollee" insert **"unless the limited health services are covered services under the enrollee's individual contract or group contract."**

**(b) This section does not apply to a discount medical card program provider agreement regulated under IC 27-17."**

Page 1, delete lines 14 through 15.

and when so amended that said bill do pass.

(Reference is to SB 129 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 7, Nays 2.

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SENATE MOTION

Madam President: I move that Senate Bill 129 be amended to read as follows:

Page 1, line 3, delete "An" and insert **"As used in this section, "covered services" means health care services for which any reimbursement is available under an insured's policy, regardless of whether the reimbursement is contractually limited by a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation, alternative benefit payment, or another limitation."**

**(b) An insurer may not, under an"**

Page 1, line 3, after "chapter" insert ",".

Page 1, line 4, delete "must not".

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Page 1, line 8, delete "(b)" and insert "(c)".

Page 1, line 12, delete "A" and insert "**As used in this section, "covered services" means limited health services for which any coverage is available under an enrollee's individual contract or group contract, regardless of whether the coverage is contractually limited by a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation, alternative benefit payment, or another limitation.**

**(b) A limited service health maintenance organization may not, under a".**

Page 1, line 13, delete "must not" and insert ",".

Page 2, line 1, delete "(b)" and insert "(c)".

Page 2, delete lines 3 through 9.

(Reference is to SB 129 as printed January 22, 2010.)

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