LEGISLATURE OF THE STATE OF IDAHO Sixty-fifth Legislature First Regular Session - 2019

IN THE SENATE

SENATE BILL NO. 1069

BY COMMERCE AND HUMAN RESOURCES COMMITTEE

AN ACT

- RELATING TO INSURANCE; AMENDING SECTION 41-1849, IDAHO CODE, TO REVISE
 PROVISIONS REGARDING CONTRACTS WITH PROVIDERS OF DENTAL SERVICES; AND
 AMENDING SECTION 41-3444, IDAHO CODE, TO REVISE PROVISIONS REGARDING
 CONTRACTS WITH PROVIDERS OF DENTAL SERVICES.
- 6 Be It Enacted by the Legislature of the State of Idaho:

1

7 SECTION 1. That Section 41-1849, Idaho Code, be, and the same is hereby 8 amended to read as follows:

41-1849. CONTRACTS WITH PROVIDERS OF DENTAL SERVICES. (1) No person 9 contracting with dentists to provide coverage or reimbursement for dental 10 services may require, as an element of any dental care provider participa-11 tion contract, that any the provider agree to adopt fees set by the person 12 13 for dental care services that are not covered services under the contract. "Covered services" as used in this section means dental care services and 14 procedures under the applicable dental plan, dental plan contract, or plan 15 benefits subject to such contractual limitations on benefits of the dental 16 plan, dental plan contracts or plan benefits as may apply for which payment 17 is available to the covered person or dentist under the covered person's 18 plan or contract or for which payment to the covered person or to the dentist 19 would be available but for the application of contractual limitations on 20 reimbursement, such as deductibles, copayments, coinsurance, and waiting 21 22 periods. All services or procedures are no longer covered services, and the 23 plan can no longer impose, contractually or otherwise, a fee schedule or other limitation when the following criteria have been met: 24

(a) When the third-party payer is no longer liable for paying for an individual service or a procedure, in part or in whole, due to calen dar-year limitations or benefit-year limitations; and
 (b) A patient has received dental services and procedures that equal

29 <u>an additional one hundred percent (100%) of the amount of the patient's</u> 30 capped annual maximum benefit for the calendar year or benefit year.

Once a patient's capped annual maximum benefit amount for a calendar 31 year or benefit year has been exceeded by one hundred percent (100%), a 32 dentist may choose to provide dental services or procedures according to 33 a plan's fee schedule or to provide dental services or procedures at a fee 34 agreed upon with the patient. The dentist must confer with and provide no-35 36 tice to the patient regarding the patient's change in fee status, and any agreed-upon fee shall not exceed the lowest fee available to the dentist's 37 uninsured patients. 38

(2) This section shall apply to any contract with providers for dental
 services that is issued after January December 31, 20149. Contracts that are
 in existence on January December 31, 20149, shall be brought into compliance
 on the next anniversary date, the renewal date, or the expiration date of the

1 applicable collective bargaining contract, if any, whichever date is lat-2 est.

3 SECTION 2. That Section 41-3444, Idaho Code, be, and the same is hereby 4 amended to read as follows:

41-3444. CONTRACTS WITH PROVIDERS OF DENTAL SERVICES. (1) No person 5 contracting with dentists to provide coverage or reimbursement for dental 6 services may require, as an element of any dental care provider participa-7 tion contract, that any the provider agree to adopt fees set by the person 8 for dental care services that are not covered services under the contract. 9 10 "Covered services" as used in this section means dental care services and procedures under the applicable dental plan, dental plan contract, or plan 11 12 benefits subject to such contractual limitations on benefits of the dental plan, dental plan contracts or plan benefits as may apply for which payment 13 is available to the covered person or dentist under the covered person's 14 plan or contract or for which payment to the covered person or to the dentist 15 16 would be available but for the application of contractual limitations on reimbursement, such as deductibles, copayments, coinsurance, and waiting 17 periods. All services or procedures are no longer covered services, and the 18 plan can no longer impose, contractually or otherwise, a fee schedule or 19 other limitation when the following criteria have been met: 20

(a) When the third-party payer is no longer liable for paying for an
 individual service or a procedure, in part or in whole, due to calen dar-year limitations or benefit-year limitations; and

(b) <u>A patient has received dental services and procedures that equal</u>
 an additional one hundred percent (100%) of the amount of the patient's
 capped annual maximum benefit for the calendar year or benefit year.

Once a patient's capped annual maximum benefit amount for a calendar 27 year or benefit year has been exceeded by one hundred percent (100%), a 28 dentist may choose to provide dental services or procedures according to 29 a plan's fee schedule or to provide dental services or procedures at a fee 30 agreed upon with the patient. The dentist must confer with and provide no-31 tice to the patient regarding the patient's change in fee status, and any 32 agreed-upon fee shall not exceed the lowest fee available to the dentist's 33 uninsured patients. 34

(2) This section shall apply to any contract with providers for dental
services that is issued after January December 31, 20149. Contracts that are
in existence on January December 31, 20149, shall be brought into compliance
on the next anniversary date, renewal date, or the expiration date of the applicable collective bargaining contract, if any, whichever date is latest.

2