

Second Regular Session of the 122nd General Assembly (2022)

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 2021 Regular Session of the General Assembly.

SENATE ENROLLED ACT No. 136

AN ACT to amend the Indiana Code concerning insurance.

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

SECTION 1. IC 27-7-17.5 IS ADDED TO THE INDIANA CODE AS A **NEW** CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2022]:

Chapter 17.5. Dental Plans Setting Fees for Dental Services

Sec. 1. As used in this chapter, "covered individual" means an individual who is entitled to:

- (1) dental services; or
- (2) coverage of dental services.

Sec. 2. As used in this chapter, "covered service" means a dental service for which a reimbursement:

- (1) is available under a dental plan; or
 - (2) would be available under a dental plan but for the application of contractual limitations such as:
 - (A) deductibles;
 - (B) copayments;
 - (C) coinsurance;
 - (D) waiting periods;
 - (E) annual or lifetime maximums;
 - (F) frequency limitations;
 - (G) alternative benefit payments; or
 - (H) any other limitation;
- under the dental plan.**

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Sec. 3. (a) As used in this chapter, "dental plan" means any of the following:

- (1) A policy issued by an insurer (as defined in IC 27-1-2-3(x)) that provides coverage for dental services.**
- (2) A contract under which a health maintenance organization (as defined in IC 27-13-1-19) provides or covers dental services.**
- (3) A preferred provider plan (as defined in IC 27-8-11-1(g)) that provides or covers dental services.**

(b) The term does not include the following:

- (1) A policy providing comprehensive coverage described in Class 1(b) and Class 2(a) of IC 27-1-5-1.**
- (2) Accident only, Medicare supplement, long term care, or disability income insurance.**
- (3) Coverage issued as a supplement to liability insurance.**
- (4) Automobile medical payment insurance.**
- (5) A specified disease policy.**
- (6) Worker's compensation or similar insurance.**
- (7) A student health plan.**
- (8) A supplemental plan that always pays in addition to other coverage.**

Sec. 4. As used in this chapter, "dental service" means any service provided by a dentist within the scope of the dentist's licensure under IC 25-14.

Sec. 5. As used in this chapter, "person" means an individual, a corporation, a limited liability company, a partnership, or any other legal entity.

Sec. 6. As used in this chapter, "provider" means:

- (1) a dentist licensed under IC 25-14; or**
- (2) a dental office through which one (1) or more dentists licensed under IC 25-14 provide dental services.**

Sec. 7. A dental plan may not directly or indirectly require a provider to provide a dental service to a covered individual at a fee amount that is:

- (1) set by the dental plan; or**
- (2) subject to the approval of the dental plan;**

unless the dental service is a covered service.

Sec. 8. A third party administrator or other person that:

- (1) is not a dental plan; but**
- (2) arranges for providers to provide dental services through dental plans or through another sort of network arrangement;**



shall not arrange for a provider to provide dental services for a dental plan that sets the amount of the fee for the dental services unless the dental services are covered services under the dental plan.

Sec. 9. (a) If:

- (1) an insurer (as defined in IC 27-1-2-3(x));
 - (2) a health maintenance organization (as defined in IC 27-13-1-19);
 - (3) a preferred provider plan (as defined in IC 27-8-11-1(g));
- or
- (4) any other person;

violates this chapter, the insurance commissioner may enter an order requiring the person to cease and desist from violating this chapter.

(b) If a person violates a cease and desist order issued under subsection (a), the insurance commissioner, after notice and hearing under IC 4-21.5, may:

- (1) impose a civil penalty upon the person of not more than ten thousand dollars (\$10,000) for each day of violation;
- (2) suspend or revoke the person's certificate of authority, if the person holds a certificate of authority under this title; or
- (3) both impose a civil penalty upon the person under subdivision (1) and suspend or revoke the person's certificate of authority under subdivision (2).



President of the Senate

President Pro Tempore

Speaker of the House of Representatives

Governor of the State of Indiana

Date: _____ Time: _____

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