

IN THE SENATE

SENATE BILL NO. 1124

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1
2 RELATING TO INSURANCE; AMENDING SECTION 41-1849, IDAHO CODE, TO REVISE
3 PROVISIONS REGARDING CONTRACTS WITH PROVIDERS OF DENTAL SERVICES; AND
4 AMENDING SECTION 41-3444, IDAHO CODE, TO REVISE PROVISIONS REGARDING
5 CONTRACTS WITH PROVIDERS OF DENTAL SERVICES.

6 Be It Enacted by the Legislature of the State of Idaho:

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

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

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

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

30 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 tice to the patient regarding the patient's change in fee status, and any
36 agreed-upon fee shall not exceed the lowest fee available to the dentist's
37 uninsured patients.

38 (2) A person contracting with dentists must provide one (1) or more
39 methods of payment or reimbursement that:

40 (a) Provide the dentist one hundred percent (100%) of the contracted
41 amount of the payment or reimbursement; and

1 (b) Do not require the dentist to incur a fee to access the payment or
 2 reimbursement.

3 (3) A person contracting with dentists may extend the provider network
 4 to other entities when:

5 (a) Full disclosure of the agreement has been provided to the dentist,
 6 including any variations in obligations and fee schedule from the orig-
 7 inal contract; and

8 (b) The dentist has been provided a timeframe of no less than two (2)
 9 weeks to confirm or decline participation.

10 (4) Subsections (2) and (3) of tThis section shall apply to any contract
 11 with providers for dental services that is issued after December 31, 20219.
 12 Contracts that are in existence on December 31, 20219, shall be brought into
 13 compliance on the next anniversary date, the renewal date, or the expiration
 14 date of the applicable collective bargaining contract, if any, whichever
 15 date is latest.

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

18 41-3444. CONTRACTS WITH PROVIDERS OF DENTAL SERVICES. (1) No person
 19 contracting with dentists to provide coverage or reimbursement for dental
 20 services may require, as an element of any dental care provider participa-
 21 tion contract, that the provider agree to adopt fees set by the person for
 22 dental care services that are not covered services under the contract. "Cov-
 23 ered services" as used in this section means dental care services and proce-
 24 dures under the applicable dental plan, dental plan contract, or plan ben-
 25 efits for which payment is available to the covered person or dentist un-
 26 der the covered person's plan or contract or for which payment to the cov-
 27 ered person or to the dentist would be available but for the application of
 28 contractual limitations on reimbursement, such as deductibles, copayments,
 29 coinsurance, and waiting periods. All services or procedures are no longer
 30 covered services, and the plan can no longer impose, contractually or oth-
 31 erwise, a fee schedule or other limitation when the following criteria have
 32 been met:

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

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

39 Once a patient's capped annual maximum benefit amount for a calendar
 40 year or benefit year has been exceeded by one hundred percent (100%), a
 41 dentist may choose to provide dental services or procedures according to
 42 a plan's fee schedule or to provide dental services or procedures at a fee
 43 agreed upon with the patient. The dentist must confer with and provide no-
 44 tice to the patient regarding the patient's change in fee status, and any
 45 agreed-upon fee shall not exceed the lowest fee available to the dentist's
 46 uninsured patients.

47 (2) A person contracting with dentists must provide one (1) or more
 48 methods of payment or reimbursement that:

1 (a) Provide the dentist one hundred percent (100%) of the contracted
2 amount of the payment or reimbursement; and

3 (b) Do not require the dentist to incur a fee to access the payment or
4 reimbursement.

5 (3) A person contracting with dentists may extend the provider network
6 to other entities when:

7 (a) Full disclosure of the agreement has been provided to the dentist,
8 including any variations in obligations and fee schedule from the orig-
9 inal contract; and

10 (b) The dentist has been provided a timeframe of no less than two (2)
11 weeks to confirm or decline participation.

12 (4) Subsections (2) and (3) of tThis section shall apply to any contract
13 with providers for dental services that is issued after December 31, 20219.
14 Contracts that are in existence on December 31, 20219, shall be brought into
15 compliance on the next anniversary date, renewal date, or the expiration
16 date of the applicable collective bargaining contract, if any, whichever
17 date is latest.