House File 2229 - Introduced

HOUSE FILE 2229
BY COMMITTEE ON COMMERCE

(SUCCESSOR TO HF 2034)

A BILL FOR

- 1 An Act prohibiting the imposition by a dental plan of fee
- 2 schedules for the provision of dental services that are not
- 3 covered by the plan.
- 4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

H.F. 2229

- 1 Section 1. <u>NEW SECTION</u>. 514C.3B Dental coverage fee 2 schedules.
- 3 l. A contract between a dental plan and a dentist for the
- 4 provision of services to covered individuals under the plan
- 5 shall not require that a dentist provide services to those
- 6 covered individuals at a fee set by the dental plan unless such
- 7 services are covered services under the dental plan.
- 8 2. A person or entity providing third-party administrator
- 9 services shall not make available any dentists in its dentist
- 10 network to a dental plan that does any of the following:
- 11 a. Sets fees for dental services that are not covered
- 12 services.
- 13 b. Sets fees for dental services that exceed the maximum fee
- 14 for dental services covered by the dental plan.
- 15 3. For the purposes of this section:
- 16 a. "Covered services" means services reimbursed under the
- 17 dental plan.
- 18 b. "Dental plan" means any policy or contract of insurance
- 19 which provides for coverage of dental services not in
- 20 connection with a medical plan that provides for the coverage
- 21 of medical services.
- 22 EXPLANATION
- 23 This bill creates new Code section 514C.3B which prohibits
- 24 a dental plan from setting fee schedules for participating
- 25 dentists for the provision of dental services that are not
- 26 covered by the plan. The bill also prohibits a third-party
- 27 administrator from making a dentist in its provider network
- 28 available to a dental plan that sets fees for services that are
- 29 not covered or sets fees for dental services that exceed the
- 30 maximum fee for dental services covered by the dental plan.
- 31 For the purposes of the bill, a "covered service" is a
- 32 service reimbursed under the applicable dental plan. A "dental
- 33 plan" is any policy or contract of insurance which provides for
- 34 coverage of dental services not in connection with a medical
- 35 plan which provides for the coverage of medical services.