HOUSE FILE BY (PROPOSED COMMITTEE ON COMMERCE BILL BY CHAIRPERSON COWNIE)

## A BILL FOR

1 An Act relating to insurance coverage for dental care services. 2 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA: Section 1. <u>NEW SECTION</u>. 514C.3C Dental coverage —
2 assignment of health insurance benefits.

A person who is the owner of any rights or benefits under a 3 4 policy or contract of insurance which provides for coverage of 5 dental care services shall be permitted to assign all or any 6 part of that person's rights and privileges under the policy or 7 contract, including but not limited to the right to designate 8 a beneficiary and to have an individual policy or contract 9 issued in accordance with the terms of the policy or contract. 10 Such assignment shall be without prejudice to the insurer on 11 account of any payment the insurer makes or individual policy 12 or contract the insurer issues before receiving notice of the 13 assignment, provided that the insurer was acting in good faith. 14 If written proof of an assignment of benefits is presented to 15 an insurer, health maintenance organization, managed care plan, 16 health care plan, preferred provider organization, or other 17 third-party payor, then payment shall be made directly to the 18 health care professional or health care facility providing the 19 dental services. Nothing in this section shall be construed to 20 prevent any persons from reconciling duplicate payments. NEW SECTION. 514C.3D Uniform coordination of 21 Sec. 2. 22 benefits.

A policy or contract of insurance which provides for coverage of dental care services shall provide for coordination of benefits in a manner so that the policy or contract pays the same amount for the dental care services provided regardless of the existence of other coverage for the dental care services, so long as the total amount paid does not exceed one hundred percent of the amount of the applicable claim. Such coordination of benefits shall be effected consistent with rules adopted by the commissioner of insurance under chapter 17A, based upon similar model rules developed by the national association of insurance commissioners.

34 Sec. 3. Section 514J.103, subsection 1, Code 2013, is 35 amended to read as follows:

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1 1. Except as provided in subsection 2, this chapter shall 2 apply to all health carriers, including health carriers issuing 3 a policy or certificate that provides coverage for dental care. 4 Sec. 4. Section 514J.103, subsection 2, paragraph a, Code 5 2013, is amended to read as follows: a. A policy or certificate that provides coverage only for a 6 7 specified disease, specified accident or accident-only, credit, 8 disability income, hospital indemnity, long-term care, dental 9 care, vision care, or any other limited supplemental benefit. 10 EXPLANATION 11 This bill relates to insurance coverage for dental care 12 services. 13 New Code section 514C.3C provides that a person who owns 14 rights or benefits under a policy or contract of insurance 15 which provides for coverage of dental care services must be 16 allowed to assign any or part of that person's rights and 17 privileges under the policy or contract, including the right 18 to designate a beneficiary and to have an individual policy or 19 contract issued. The assignment is without prejudice to an 20 insurer that makes a payment in good faith under the policy 21 or contract before receiving notice of the assignment. Ιf 22 written proof of the assignment of benefits is presented to an 23 insurer, health maintenance organization, managed care plan, 24 health care plan, preferred provider organization, or other 25 third-party payor, the payment for coverage of dental care 26 services shall be made directly to the health care provider 27 providing the services. The section shall not be construed to 28 prevent reconciliation of duplicate payments. 29 New Code section 514C.3D provides that a policy or contract 30 of insurance which provides for coverage of dental care 31 services shall provide for coordination of benefits in a 32 manner so that the policy or contract pays the same amount 33 for the dental care services provided regardless of whether 34 there is other coverage for the services, so long as the total

35 amount paid does not exceed 100 percent of the amount of the

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1 claim. The commissioner of insurance shall adopt rules to 2 provide for such coordination of benefits, based on similar 3 model rules developed by the national association of insurance 4 commissioners.

5 Code section 514J.103 is amended to provide that decisions 6 of health carriers issuing a policy or certificate that 7 provides coverage for dental care are subject to the external 8 review provisions of Code chapter 514J, and the chapter is also 9 applicable to a policy or certificate that provides coverage 10 only for dental care.

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