

Senate File 286 - Introduced

SENATE FILE 286

BY SCHOENJAHN

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:

1 Section 1. NEW SECTION. 514C.3C Dental coverage —
2 assignment of health insurance benefits.

3 A person who is the owner of any rights or benefits under a
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.

21 Sec. 2. NEW SECTION. 514C.3D Uniform coordination of
22 benefits.

23 A policy or contract of insurance which provides for
24 coverage of dental care services shall provide for coordination
25 of benefits in a manner so that the policy or contract pays the
26 same amount for the dental care services provided regardless
27 of the existence of other coverage for the dental care
28 services, so long as the total amount paid does not exceed one
29 hundred percent of the amount of the applicable claim. Such
30 coordination of benefits shall be effected consistent with
31 rules adopted by the commissioner of insurance under chapter
32 17A, based upon similar model rules developed by the national
33 association of insurance commissioners.

34 Sec. 3. NEW SECTION. 514C.3E Freedom of choice of dentists
35 in dental plans.

1 1. A dental plan which is delivered, renewed, issued for
2 delivery, or otherwise contracted for in this state on or after
3 July 1, 2013, shall not do either of the following:

4 a. Prevent any person who is a party to or a beneficiary
5 of such dental plan from selecting the dentist of the person's
6 choice to furnish the dental care services offered by the
7 dental plan, or interfere with such selection.

8 b. Deny any dentist the right to participate as a
9 contracting provider for the dental plan.

10 2. The payment or reimbursement for a noncontracting
11 provider by a dental plan shall be the same as or greater
12 than the payment or reimbursement for a contracting provider.
13 However, a dental plan is not required to make a payment or
14 reimbursement in an amount that is greater than the amount
15 specified in the dental plan or that is greater than the fee
16 charged by the dentist for the dental care services rendered.

17 3. Any provision in a dental plan which is delivered,
18 renewed, issued for delivery, or otherwise contracted for in
19 this state on or after July 1, 2013, which is contrary to this
20 section is, to the extent of the conflict, void.

21 4. For the purposes of this section:

22 a. "*Contracting provider*" means, with respect to any dental
23 plan, a dentist who has entered into a contract with the dental
24 plan for the provision of dental care services to covered
25 individuals under the dental plan.

26 b. "*Dental care services*" means any services furnished to a
27 person for the purpose of preventing, alleviating, curing, or
28 healing human dental abnormalities, accidents, or diseases.

29 c. "*Dental plan*" means any policy or contract of insurance
30 which provides for coverage of dental care services not in
31 connection with a medical plan that provides for the coverage
32 of medical services.

33 d. "*Dentist*" means any person who furnishes dental care
34 services and who is licensed as a dentist pursuant to chapter
35 153.

1 of insurance which provides for coverage of dental care
2 services shall provide for coordination of benefits in a
3 manner so that the policy or contract pays the same amount
4 for the dental care services provided regardless of whether
5 there is other coverage for the services, so long as the total
6 amount paid does not exceed 100 percent of the amount of the
7 claim. The commissioner of insurance shall adopt rules to
8 provide for such coordination of benefits, based on similar
9 model rules developed by the national association of insurance
10 commissioners.

11 New Code section 514C.3E provides that a policy or contract
12 of insurance which provides for coverage of dental care
13 services not in connection with a medical plan that covers
14 medical services, shall not prevent a party or beneficiary
15 of the dental plan from selecting a dentist of the person's
16 choice to furnish dental care services provided by the plan
17 or deny any dentist the right to participate as a contracting
18 dentist for the dental plan. The payment or reimbursement for
19 a noncontracting dentist by a dental plan must be the same or
20 greater than the payment or reimbursement for a contracting
21 dentist. However, a dental plan is not required to make a
22 payment or reimbursement in an amount greater than the amount
23 specified in the plan or that is greater than the fee charged
24 by the dentist. A provision in a dental plan that is contrary
25 to the new Code section is void. New Code section 514C.3E is
26 applicable to a dental plan that is delivered, renewed, issued
27 for delivery, or otherwise contracted for in this state on or
28 after July 1, 2013.

29 Code section 514J.103 is amended to provide that decisions
30 of health carriers issuing a policy or certificate that
31 provides coverage for dental care are subject to the external
32 review provisions of Code chapter 514J, and the chapter is also
33 applicable to a policy or certificate that provides coverage
34 only for dental care.