

SB 169 – AS AMENDED BY THE SENATE

03/28/13 1051s
03/28/13 1144s

2013 SESSION

13-1003
01/10

SENATE BILL **169**

AN ACT relative to non-covered services under dental insurance plans.

SPONSORS: Sen. Sanborn, Dist 9; Sen. Rausch, Dist 19; Sen. Soucy, Dist 18; Rep. Hammond, Hills 24

COMMITTEE: Commerce

ANALYSIS

This bill declares that no insurer offering a dental plan shall require a participating dentist to provide services to an enrolled participant at a fee set by the insurer unless such dental services are covered services.

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struck through~~].
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

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STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT relative to non-covered services under dental insurance plans.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 Findings and Purpose. This act is intended to prohibit the practice where dental and
2 healthcare plans establish fees for services to be provided by a dental provider that are not covered
3 by the plan. For a dental or healthcare plan to require a discount, the service has to be covered by
4 the plan at a rate that is determined in good faith and not nominal. The prohibition in this act is
5 intended to be broadly construed to apply to all dental and healthcare plans available in New
6 Hampshire.

7 2 New Section; Dental Services; Individual. Amend RSA 415 by inserting after section 6-r the
8 following new section:

9 415:6-s Dental Services.

10 I. No insurer, health maintenance organization, health service corporation, dental insurer,
11 or any other similar entity, including Delta Dental Plan of New Hampshire, Inc., offering an accident
12 or sickness policy that covers dental services, subject to regulation by the department of insurance,
13 and no contract or participating provider agreement with a dentist shall require, directly or
14 indirectly, that a dentist who is a participating provider provide services to an enrolled participant at
15 a fee set by, or at a fee subject to the approval of, the regulated entity unless the dental services are
16 covered dental services.

17 II. In this section “covered dental services” means dental services for which reimbursement
18 is available under an enrollee’s plan contract, or for which reimbursement would be available but for
19 the application of contractual limitations such as deductibles, copayments, coinsurance, waiting
20 periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any
21 other limitation.

22 III. Carriers offering dental coverage shall inform covered persons in the plan description
23 that no in-network discount is available under the plan contract for services that are not covered
24 dental services.

25 3 New Section; Dental Services; Group. Amend RSA 415 by inserting after section 18-w the
26 following new section:

27 415:18-x Dental Services.

28 I. No insurer, health maintenance organization, health service corporation, dental insurer,
29 or any other similar entity, including Delta Dental Plan of New Hampshire, Inc., offering a general

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1 blanket or group policy that covers dental services, subject to regulation by the department of
2 insurance, and no contract or participating provider agreement with a dentist shall require, directly
3 or indirectly, that a dentist who is a participating provider provide services to an enrolled participant
4 at a fee set by, or at a fee subject to the approval of, the regulated entity unless the dental services
5 are covered dental services.

6 II. In this section “covered dental services” means dental services for which reimbursement
7 is available under an enrollee’s plan contract, or for which reimbursement would be available but for
8 the application of contractual limitations such as deductibles, copayments, coinsurance, waiting
9 periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any
10 other limitation.

11 III. Carriers offering dental coverage shall inform covered persons in the plan description
12 that no in-network discount is available under the plan contract for services that are not covered
13 dental services.

14 4 New Section; Dental Services; Discount Medical Plan Organizations. Amend RSA 415-I by
15 inserting after section 5 the following new section:

16 415-I:5-a Dental Services.

17 I. No entity subject to regulation by or registration with the department of insurance under
18 this chapter, that covers dental services, and no contract or participating provider agreement
19 between any such entity and a dentist shall require, directly or indirectly, that a dentist who is a
20 participating provider provide services to a plan member at a fee set by, or at a fee subject to the
21 approval of, the regulated entity unless the dental services are covered dental services.

22 II. In this section “covered dental services” means dental services for which reimbursement
23 is available to a plan member, or for which reimbursement would be available but for the application
24 of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or
25 lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation.

26 III. An entity offering a discount medical plan subject to this chapter with dental coverage
27 shall inform covered persons in the plan description that no in-network discount is available under
28 the plan contract for services that are not covered dental services.

29 5 New Section; Dental Services; Health Service Corporations. Amend RSA 420-A by inserting
30 after section 17-g the following new section:

31 420-A:17-h Dental Services.

32 I. No health service corporation subject to regulation by the department of insurance, or any
33 similar corporation licensed under the laws of another state, that issues or renews any policy of
34 accident or health insurance that covers dental services, and no contract or participating provider
35 agreement with a dentist shall require, directly or indirectly, that a dentist who is a participating
36 provider provide services to a certificate holder at a fee set by, or at a fee subject to the approval of,
37 the regulated entity unless the dental services are covered dental services.

1 II. In this section “covered dental services” means dental services for which reimbursement
2 is available under a certificate holders insurance contract, or for which reimbursement would be
3 available but for the application of contractual limitations such as deductibles, copayments,
4 coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative
5 benefit payments, or any other limitation.

6 III. Health service corporations offering dental coverage shall inform certificate holders in
7 the plan description that no in-network discount is available under the insurance contract for
8 services that are not covered dental services.

9 6 New Section; Dental Services; Health Maintenance Organizations. Amend RSA 420-B by
10 inserting after section 12 the following new section:

11 420-B:12-a Dental Services.

12 I. No health maintenance organization subject to regulation by the department of insurance,
13 that covers dental services, and no contract or participating provider agreement with a dentist shall
14 require, directly or indirectly, that a dentist who is a participating provider provide services to an
15 enrolled participant at a fee set by, or at a fee subject to the approval of, the regulated entity unless
16 the dental services are covered dental services.

17 II. In this section “covered dental services” means dental services for which reimbursement
18 is available under an enrollee’s policy or plan contract, or for which reimbursement would be
19 available but for the application of contractual limitations such as deductibles, copayments,
20 coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative
21 benefit payments, or any other limitation.

22 III. Health maintenance organizations offering dental coverage shall inform enrolled
23 participants in the evidence of coverage that no in-network discount is available under the policy or
24 plan contract for services that are not covered dental services.

25 7 New Section; Dental Services; Managed Care. Amend RSA 420-J by inserting after section 8-d
26 the following new section:

27 420-J:8-e Dental Services.

28 I. No health carrier subject to regulation by the department of insurance, that covers dental
29 services, and no contract or participating provider agreement with a dentist shall require, directly or
30 indirectly, that a dentist who is a participating provider provide services to a covered person at a fee
31 set by, or at a fee subject to the approval of, the regulated entity unless the dental services are
32 covered dental services.

33 II. In this section “covered dental services” means dental services for which reimbursement
34 is available under a covered person’s health benefit plan, or for which reimbursement would be
35 available but for the application of contractual limitations such as deductibles, copayments,
36 coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative
37 benefit payments, or any other limitation.

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1 III. Health carriers offering dental coverage shall inform covered persons in the evidence of
2 coverage that no in-network discount is available under the plan contract for services that are not
3 covered dental services.

4 8 Delta Dental; Dental Services. Amend RSA 420-F:1, III to read as follows:

5 III. Delta shall be governed by this chapter and shall be exempt from this title, except for the
6 provisions of RSA 400-A:39, RSA 402-C, RSA 404-F, RSA 415:18, XVI, relative to continuation of
7 coverage, ***RSA 415:6-s, RSA 415:18-x, RSA 415-I:5-a, RSA 420-A:17-h, RSA 420-B:12-a***, RSA 420-
8 G:11, II, II-a and III, ***RSA 420-J:8-e***, and 1961, 345; provided, however, if any of the provisions of
9 1961, 345 are inconsistent with this chapter the provisions of this chapter shall prevail. Delta and its
10 agents shall be subject to the fees prescribed for health service corporations under RSA 400-A:29,
11 VII.

12 9 Effective Date. This act shall take effect July 1, 2014.