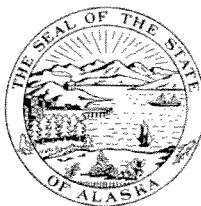


# ALASKA STATE LEGISLATURE

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## Charlie Huggins Senator

### SPONSOR STATEMENT SB 258

SB 258 protects a consumer's access to dental care by prohibiting insurance companies from setting fee limits on non-covered procedures and also requires there be no minimum age requirement for covered services.

A national trend has developed where dental managed care insurance plans limit a patient's access to dental care by setting caps on dentist's fees for services that are not even covered by the insurance plan. Dental managed care plans offer a service providing consumers with dental care at reduced rates. The insurance company sets a fee limit for a service and the consumer knows upfront how much will be covered and how much he or she will have to pay out of pocket. The problem arises when an insurance carrier tries to set fee limits on services that are not covered. Insurance companies have begun setting fee limits for certain non-covered services, forcing dentists to reevaluate their decision to participate in the insurance plan thus decreasing the number of dentists participating in the managed care plan. This leaves consumers with fewer dental care options, which usually results in greater costs both financially and in quality of care.

A second, more recent troubling clause appearing in dental managed care plans is minimum age restrictions. Before benefits are allowed, some insurance companies require that a child be at least four years old. This presents a huge problem in young children obtaining necessary dental care. Dental cavities in very young children continue to be a problem in Alaska and arbitrarily setting minimum age requirements will handicap efforts to restore dental health to this vulnerable population. Tooth decay is highly preventable through early and sustained home care and regular professional preventive services. In May 2003, the American Academy of Pediatrics issued a policy statement urging dental exams for very young children. The policy recommends that infants receive an oral health assessment from a health care professional by six months and be referred to a dental health professional by one year. This important statement recognizes that oral health problems can begin long before a child reaches the age of three.

SB 258 goes a long way towards protecting consumers' access to care and preventing the aforementioned problems, thus ensuring that Alaskans continue to receive the dental care they need. I strongly urge your support of SB 258.

**SENATE BILL NO. 258**

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - SECOND SESSION

BY SENATOR HUGGINS

Introduced: 2/5/10

Referred: Health and Social Services, Labor and Commerce

**A BILL**

**FOR AN ACT ENTITLED**

1 "An Act prohibiting health care insurers that provide dental care coverage from setting  
2 a minimum age for receiving dental care coverage, allowing those insurers to set a  
3 maximum age for receiving dental care coverage as a dependent, and prohibiting those  
4 insurers from setting fees that a dentist may charge for dental services not covered  
5 under the insurer's policy."

6 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

7 \* **Section 1.** AS 21.42.392(a) is amended to read:

8 (a) A health care insurer who provides coverage for dental care may not  
9 include in the health care insurance plan or contract a provision that

10 (1) prohibits a covered person from obtaining dental care services from  
11 a dentist of the person's choice, including a specialist;

12 (2) restricts a covered person's right to receive full information from  
13 the person's dentist regarding the care or treatment options that the dentist believes are

1 in the best interests of the person;

2 (3) sets a minimum age for receiving dental care coverage; or

3 (4) permits an insurer to limit a fee set by a dentist for a service  
4 unless the service is covered under the insurer's plan or contract.

5 \* Sec. 2. AS 21.42.392(c) is amended to read:

6 (c) A health care insurer that provides coverage for dental care may

7 (1) reimburse a covered person at a different rate because of the  
8 person's choice of a dentist if the dentist is not a part of the covered person's dental  
9 network or preferred provider organization agreement; the [. THE] covered expense  
10 for non-network providers may not be less than that allowed to a network provider,  
11 although the covered expense may be reimbursed at a lower percentage or with higher  
12 deductibles than if the service had been provided within the network; and

13 (2) set the maximum age for a person to receive coverage for  
14 dental care as a dependent.