



LAWS OF ALASKA

2000

Source

CSHB 121(L&C) am S

Chapter No.

69

AN ACT

Relating to patients' rights under a health care insurance plan or contract providing coverage for dental care, and prohibiting certain practices by health care insurers relating to dental care.

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

THE ACT FOLLOWS ON PAGE 1

Approved by the Governor: May 22, 2000

Actual Effective Date: August 20, 2000

AN ACT

1 Relating to patients' rights under a health care insurance plan or contract providing coverage for
2 dental care, and prohibiting certain practices by health care insurers relating to dental care.

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5 * Section 1. AS 21.42 is amended by adding a new section to read:

6 **Sec 21.42.390. Requirements relating to dental care coverage provisions.**

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

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

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

14 (b) A health care insurance plan or contract that provides coverage for dental

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1 services that allows the health care insurer to review a treatment plan or conduct a
2 utilization review must contain a provision that a treatment plan review or utilization
3 review relating to dental care for a covered person receiving treatment in this state
4 must be conducted by a dentist if the claim for reimbursement or payment is denied.

5 (c) A health care insurer may reimburse a covered person at a different rate
6 because of the person's choice of a dentist if the dentist is not a part of the covered
7 person's dental network or preferred provider organization agreement. The covered
8 expense for non-network providers may not be less than that allowed to a network
9 provider, although the covered expense may be reimbursed at a lower percentage or
10 with higher deductibles than if the service had been provided within the network.

11 (d) A health care insurer may not deny

12 (1) dental coverage, cancel a health care insurance plan or contract, or
13 otherwise take action against a covered person or a dentist because the person has
14 asserted a right described in this section;

15 (2) dental coverage or eligibility for dental coverage because the
16 covered person chooses a dentist outside of a preferred provider organization
17 agreement.

18 (e) A covered person may bring a civil action against a health care insurer to
19 enforce the person's rights under this section if the covered person has exhausted the
20 administrative appeal process.

21 (f) A dentist who treats a covered person may not waive uncovered dental
22 expenses for which the covered person has liability because a covered person chose
23 the dentist outside of a dental network or a preferred provider organization agreement.

24 (g) In this section,

25 (1) "covered expense" means charges that are payable under plan
26 provisions;

27 (2) "dentist" means a person licensed in this state to practice dentistry;

28 (3) "preferred provider" means a dental provider who has signed an
29 agreement with a dental care plan to provide services to plan participants at a specific
30 rate.