

CS FOR HOUSE BILL NO. 121(L&C)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FIRST LEGISLATURE - SECOND SESSION

BY THE HOUSE LABOR AND COMMERCE COMMITTEE

Offered: 4/14/00
Referred: Finance

Sponsor(s): REPRESENTATIVE BUNDE

A BILL

FOR AN ACT ENTITLED

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

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

5 * **Section 1.** The uncodified law of the State of Alaska is amended by adding a new
6 section to read:

7 SHORT TITLE. This Act may be known as the Alaska Dental Care Bill of Rights.

8 * **Sec. 2.** AS 21.42 is amended by adding a new section to read:

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

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

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

14 (2) restricts a covered person's right to receive full information from

1 the person's dentist regarding the care or treatment options that the dentist believes are
2 in the best interests of the person.

3 (b) A health care insurance plan or contract that provides coverage for dental
4 services that allows the health care insurer to review a treatment plan or conduct a
5 utilization review must contain a provision that a treatment plan review or utilization
6 review relating to dental care for a covered person receiving treatment in this state
7 must be conducted by a dentist if the claim for reimbursement or payment is denied.

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

14 (d) A health care insurer may not deny

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

18 (2) dental coverage or eligibility for dental coverage because the
19 covered person chooses a dentist outside of a preferred provider organization
20 agreement.

21 (e) A covered person may bring a civil action against a health care insurer to
22 enforce the person's rights under this section if the covered person has completed
23 arbitration of the dispute.

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

27 (g) In this section,

28 (1) "covered expense" means charges that are payable under plan
29 provisions;

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

31 (3) "preferred provider" means a dental provider who has signed an

1 agreement with a dental care plan to provide services to plan participants at a specific
2 rate.