

CS FOR HOUSE BILL NO. 309(HSS)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - SECOND SESSION

BY THE HOUSE HEALTH AND SOCIAL SERVICES COMMITTEE

Offered: 3/29/10

Referred: Finance

Sponsor(s): REPRESENTATIVE THOMAS

A BILL

FOR AN ACT ENTITLED

1 "An Act prohibiting health care insurers that provide dental care coverage from setting
2 fees that a dentist may charge under a preferred provider contract for dental services
3 not covered under the insurer's policy, and relating to preferred provider contracts
4 between insurers and dentists."

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

6 * **Section 1.** AS 21.42.392(c) is amended to read:

7 (c) A health care insurer **that provides coverage for dental care**

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

14 **(2)** **may not limit a fee set by a dentist for a service unless the**
15 **service is covered under the insurer's plan or contract, except as provided under**

1 (3) of this subsection; and

2 (3) may offer a dentist the option of entering into a preferred
3 provider contract with the insurer that provides a fee schedule for covered
4 services only or a fee schedule for both covered and uncovered services; under
5 this paragraph,

6 (A) the health care insurer may not

7 (i) take an action against the dentist based on the
8 dentist's refusal to enter into a contract with an insurer;

9 (ii) fail to list a dentist who does not enter into a
10 contract with an insurer in the insurer's marketing materials; or

11 (iii) take action against the dentist during the
12 management or administration of a contract based on the dentist's
13 choice of contract;

14 (B) the terms or provisions of the contract

15 (i) may not violate AS 45.50.562 - 45.50.566; and

16 (ii) must require both the insurer and the dentist to
17 provide information to the insured describing the dentist's choice
18 of contract and fee schedules;

19 (C) "covered service" means a health care service for which
20 a health care insurer pays a benefit for all or part of the service, including
21 a benefit that is available but limited by deductible, coinsurance, or
22 frequency terms under the contract between the insurer and the insured.