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CS FOR SENATE BILL NO. 258(L&C)

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - SECOND SESSION

BY THE SENATE LABOR AND COMMERCE COMMITTEE

Offered: 3/26/10

Referred: Rules

Sponsor(s): SENATOR HUGGINS

REPRESENTATIVES Gara, Kerttula

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** may
 8 **(1)** 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) not limit a fee set by a dentist for a service unless the service is**

1 covered under the insurer's plan or contract; and

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

5 (A) the health care insurer may not

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

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

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

13 (B) the terms or provisions of the contract

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

15 (ii) may authorize the insurer to provide information
16 to the insured describing the dentist's choice of contract and fee
17 schedules;

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