

IN THE SENATE

SENATE BILL NO. 1124, As Amended

BY HEALTH AND WELFARE COMMITTEE

AN ACT

1 RELATING TO INSURANCE; AMENDING SECTION 41-1849, IDAHO CODE, TO REVISE
2 PROVISIONS REGARDING CONTRACTS WITH PROVIDERS OF DENTAL SERVICES; AND
3 AMENDING SECTION 41-3444, IDAHO CODE, TO REVISE PROVISIONS REGARDING
4 CONTRACTS WITH PROVIDERS OF DENTAL SERVICES.
5

6 Be It Enacted by the Legislature of the State of Idaho:

7 SECTION 1. That Section 41-1849, Idaho Code, be, and the same is hereby
8 amended to read as follows:

9 41-1849. CONTRACTS WITH PROVIDERS OF DENTAL SERVICES. (1) No person
10 contracting with dentists to provide coverage or reimbursement for dental
11 services may require, as an element of any dental care provider participa-
12 tion contract, that the provider agree to adopt fees set by the person for
13 dental care services that are not covered services under the contract. "Cov-
14 ered services" as used in this section means dental care services and proce-
15 dures under the applicable dental plan, dental plan contract, or plan ben-
16 efits for which payment is available to the covered person or dentist un-
17 der the covered person's plan or contract or for which payment to the cov-
18 ered person or to the dentist would be available but for the application of
19 contractual limitations on reimbursement, such as deductibles, copayments,
20 coinsurance, and waiting periods. All services or procedures are no longer
21 covered services, and the plan can no longer impose, contractually or oth-
22 erwise, a fee schedule or other limitation when the following criteria have
23 been met:

24 (a) When the third-party payer is no longer liable for paying for an
25 individual service or a procedure, in part or in whole, due to calen-
26 dar-year limitations or benefit-year limitations; and

27 (b) A patient has received dental services and procedures that equal
28 an additional one hundred percent (100%) of the amount of the patient's
29 capped annual maximum benefit for the calendar year or benefit year.

30 Once a patient's capped annual maximum benefit amount for a calendar
31 year or benefit year has been exceeded by one hundred percent (100%), a
32 dentist may choose to provide dental services or procedures according to
33 a plan's fee schedule or to provide dental services or procedures at a fee
34 agreed upon with the patient. The dentist must confer with and provide no-
35 tice to the patient regarding the patient's change in fee status, and any
36 agreed-upon fee shall not exceed the lowest fee available to the dentist's
37 uninsured patients.

38 (2) A person contracting with dentists must provide one (1) or more
39 methods of payment or reimbursement that:

40 (a) Provide the dentist one hundred percent (100%) of the contracted
41 amount of the payment or reimbursement; and

1 (b) Do not require the dentist to incur a fee to access the payment or
 2 reimbursement.

3 (3) A person contracting with dentists may extend the provider network
 4 to other entities when:

5 (a) Full disclosure of the agreement has been provided to the dentist,
 6 including any variations in obligations and fee schedule from the orig-
 7 inal contract; and

8 (b) The dentist has been provided a timeframe of no less than two (2)
 9 weeks to decline participation.

10 This subsection shall not apply to a person operating in accordance with the
 11 same brand licensee program as the contracting person or to a person that is
 12 an affiliate, as long as the contractual terms, obligations, and fee sched-
 13 ule remain the same as the original agreement.

14 (4) Subsections (2) and (3) of tThis section shall apply to any contract
 15 with providers for dental services that is issued after December 31, 2021~~9~~.
 16 Contracts that are in existence on December 31, 2021~~9~~, shall be brought into
 17 compliance on the next anniversary date, the renewal date, or the expiration
 18 date of the applicable collective bargaining contract, if any, whichever
 19 date is latest.

20 SECTION 2. That Section 41-3444, Idaho Code, be, and the same is hereby
 21 amended to read as follows:

22 41-3444. CONTRACTS WITH PROVIDERS OF DENTAL SERVICES. (1) No person
 23 contracting with dentists to provide coverage or reimbursement for dental
 24 services may require, as an element of any dental care provider participa-
 25 tion contract, that the provider agree to adopt fees set by the person for
 26 dental care services that are not covered services under the contract. "Cov-
 27 ered services" as used in this section means dental care services and proce-
 28 dures under the applicable dental plan, dental plan contract, or plan ben-
 29 efits for which payment is available to the covered person or dentist un-
 30 der the covered person's plan or contract or for which payment to the cov-
 31 ered person or to the dentist would be available but for the application of
 32 contractual limitations on reimbursement, such as deductibles, copayments,
 33 coinsurance, and waiting periods. All services or procedures are no longer
 34 covered services, and the plan can no longer impose, contractually or oth-
 35 erwise, a fee schedule or other limitation when the following criteria have
 36 been met:

37 (a) When the third-party payer is no longer liable for paying for an
 38 individual service or a procedure, in part or in whole, due to calen-
 39 dar-year limitations or benefit-year limitations; and

40 (b) A patient has received dental services and procedures that equal
 41 an additional one hundred percent (100%) of the amount of the patient's
 42 capped annual maximum benefit for the calendar year or benefit year.

43 Once a patient's capped annual maximum benefit amount for a calendar
 44 year or benefit year has been exceeded by one hundred percent (100%), a
 45 dentist may choose to provide dental services or procedures according to
 46 a plan's fee schedule or to provide dental services or procedures at a fee
 47 agreed upon with the patient. The dentist must confer with and provide no-
 48 tice to the patient regarding the patient's change in fee status, and any

1 agreed-upon fee shall not exceed the lowest fee available to the dentist's
2 uninsured patients.

3 (2) A person contracting with dentists must provide one (1) or more
4 methods of payment or reimbursement that:

5 (a) Provide the dentist one hundred percent (100%) of the contracted
6 amount of the payment or reimbursement; and

7 (b) Do not require the dentist to incur a fee to access the payment or
8 reimbursement.

9 (3) A person contracting with dentists may extend the provider network
10 to other entities when:

11 (a) Full disclosure of the agreement has been provided to the dentist,
12 including any variations in obligations and fee schedule from the orig-
13 inal contract; and

14 (b) The dentist has been provided a timeframe of no less than two (2)
15 weeks to decline participation.

16 This subsection shall not apply to a person operating in accordance with the
17 same brand licensee program as the contracting person or to a person that is
18 an affiliate, as long as the contractual terms, obligations, and fee sched-
19 ule remain the same as the original agreement.

20 (4) Subsections (2) and (3) of tThis section shall apply to any contract
21 with providers for dental services that is issued after December 31, 20219.
22 Contracts that are in existence on December 31, 20219, shall be brought into
23 compliance on the next anniversary date, renewal date, or the expiration
24 date of the applicable collective bargaining contract, if any, whichever
25 date is latest.