#### A BILL FOR AN ACT

RELATING TO DENTAL SERVICE CORPORATIONS.

#### BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1	SECTION 1. The Hawaii Revised Statutes is amended by
2	adding to title 24 a new chapter to be appropriately designated
3	and to read as follows:
4	"CHAPTER
5	DENTAL SERVICE CORPORATIONS
6	§ -1 Definitions. As used in this chapter:
7	"Capitated basis" means fixed per member per month payment
8	or percentage of premium payment wherein the provider assumes
9	the full risk for the cost of contracted services without regard
10	to the type, value, or frequency of services provided. For
11	purposes of this definition, capitated basis includes the cost
12	associated with operating staff model facilities.
13	"Carrier" means a dental service corporation, a health
14	maintenance organization, an insurer, a nonprofit hospital and
15	medical service corporation, a mutual benefit society, or other
16	entity responsible for the payment of benefits or provision of
17	services under a group contract.
18	"Commissioner" means the insurance commissioner.

- "Copayment" means an amount an enrollee must pay to receive
  a specific service which is not fully prepaid.

  "Dental care services" include the practices, acts, and
  operations pertaining to dentistry as defined in section 448-1.
- 5 "Dental insurance plan" means insurance, as defined in
- 6 section 431:1-201, for dental care services.
- 7 "Dental service corporation" means any person who
- 8 undertakes to provide or to arrange for or administer one or
- 9 more dental insurance plans.
- 10 "Enrollee" means an individual who is covered by a dental
- 11 service corporation.
- 12 "Evidence of coverage" means a statement of the essential
- 13 features and services of the dental service corporation coverage
- 14 that is given to the subscriber by the dental service
- 15 corporation or by the group contract holder.
- "Grievance" means a written complaint submitted in
- 17 accordance with the dental service corporation's formal
- 18 grievance procedure by or on behalf of the enrollee regarding
- 19 any aspect of the dental service corporation relative to the
- 20 enrollee.

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service corporation.

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1 "Group contract" means a contract for dental care services 2 which by its terms limits eligibility to members of a specified 3 group. The group contract may include coverage for dependents. 4 "Group contract holder" means the person to which a group 5 contract has been issued. 6 "Individual contract" means a contract for dental care 7 services issued to and covering an individual. The individual 8 contract may include dependents of the subscriber. 9 "Insolvent" or "insolvency" means that the dental service 10 corporation has been declared insolvent and placed under an 11 order of supervision, rehabilitation, or liquidation by a court 12 of competent jurisdiction. 13 "Net worth" means the excess of total assets over total 14 liabilities, but the liabilities shall not include fully 15 subordinated debt. 16 "Participating provider" means a provider as defined in **17** this section, who, under an express or implied contract with the 18 dental service corporation or with its contractor or 19 subcontractor, has agreed to provide dental care services to **20** enrollees with an expectation of receiving payment, other than 21 copayment or deductible, directly or indirectly from the dental

1 "Person" has the same meaning as in section 431:1-212. 2 "Provider" means any person licensed to practice dentistry 3 as defined in section 448-1 or otherwise authorized to furnish 4 dental care services. 5 "Replacement coverage" means the benefits provided by a 6 succeeding carrier. 7 "Subscriber" means an individual whose employment or other 8 status, except family dependency, is the basis for eligibility for enrollment in the dental service corporation, or in the case 9 10 of an individual contract, the person in whose name the contract 11 is issued. 12 "Uncovered expenditures" means the costs to the dental 13 service corporation for dental care services that are the 14 obligation of the dental service corporation, for which an 15 enrollee may also be liable in the event of the dental service 16 corporation's insolvency, and for which no alternative **17** arrangements have been made that are acceptable to the 18 commissioner. Uncovered expenditures may include, but are not 19 limited to, out-of-network services not covered by a policy, 20 endorsement, or contract; referral services and; dental care 21 services which are not the obligation of the dental service 22 corporation. Uncovered expenditures shall not include

- 1 expenditures for services when a provider has agreed not to bill
- 2 the enrollee even though the provider is not paid by the dental
- 3 service corporation, or for services that are guaranteed,
- 4 insured, or assumed by a person or organization other than the
- 5 dental service corporation.
- 7 (a) Any person may apply to the commissioner for a certificate
- 8 of authority to establish and operate a dental service
- 9 corporation in compliance with this chapter. No person shall
- 10 establish or operate a dental service corporation in this State
- 11 without obtaining a certificate of authority under this
- 12 chapter. A foreign corporation may qualify under this chapter,
- 13 subject to its registration to do business in this State in
- 14 compliance with all provisions of this chapter and other
- 15 applicable state laws.
- 16 (b) Any dental service corporation formed and operating
- 17 pursuant to chapter 423 as of July 1, 2013, shall submit an
- 18 application for a certificate of authority under subsection (c)
- 19 within ninety days of July 1, 2013. The applicant may continue
- 20 to operate until the commissioner acts upon the application. In
- 21 the event that an application made pursuant to this subsection
- 22 is denied, the applicant shall thereafter be treated as a dental

1	service c	orporation whose certificate of authority has been
2	revoked.	
3	(c)	Each application for a certificate of authority shall
4	be verifie	ed by an officer or authorized representative of the
5	applicant	, shall be in a form prescribed by the commissioner,
6	and shall	set forth or be accompanied by the following:
7	(1)	A copy of the organizational documents of the
8		applicant, such as the articles of incorporation,
9		articles of association, partnership agreement, trust
10		agreement, or other applicable documents, and all
11		amendments thereto;
12	(2)	A copy of the bylaws, rules and regulations, or
13		similar document, if any, regulating the conduct of
14		the internal affairs of the applicant;
15	(3)	A list of the names, addresses, official positions,
16		and biographical information on forms acceptable to
17		the commissioner of the persons who are to be
18		responsible for the conduct of the affairs and day-to-
19		day operations of the applicant, including all members
20		of the board of directors, board of trustees,
21		executive committee or other governing board or
22		committee, and the principal officers in the case of a

T		corporation, or the partners or members in the case of
2		a partnership or association;
3	(4)	A copy of any contract form made or to be made between
4		any class of providers and the dental service
5		corporation and a copy of any contract made or to be
6		made between third party administrators, marketing
7		consultants, or persons listed in paragraph (3) and
8		the dental service corporation;
9	(5)	A copy of the form of evidence of coverage to be
10		issued to the enrollees;
11	(6)	A copy of the form of group contract, if any, which is
12		to be issued to employers, unions, trustees, or other
13		organizations;
14	(7)	Financial statements showing the applicant's assets,
15		liabilities, and sources of financial support, and
16		both a copy of the applicant's most recent audited
17		financial statement and an unaudited current financial
18		statement;
19	(8)	A financial feasibility plan which includes detailed
20		enrollment projections, the methodology for
21		determining premium rates to be charged during the
22		first twelve months of operations certified by an

1		actuary or other qualified person, a projection of
2		balance sheets, cash flow statements showing any
3		capital expenditures, purchase and sale of
4		investments, deposits with the State, income and
5		expense statements anticipated from the start of
6		operations until the organization has had net income
7		for at least one year, and a statement as to the
8		sources of working capital as well as any other
9		sources of funding;
10	(9)	A power of attorney duly executed by such applicant,
11		if not domiciled in this State, appointing the
12		commissioner and the commissioner's successors in
13		office, and duly authorized deputies, as the true and
14		lawful attorney of such applicant in and for this
15		State upon whom all lawful process in any legal action
16		or proceeding against the dental service corporation
17		on a cause of action arising in this State may be
18		served;
19	(10)	A statement or map reasonably describing the
20		geographic area or areas to be served;

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1	(11)	A description of the internal grievance procedures to
2		be utilized for the investigation and resolution of
3		enrollee complaints and grievances;
4	(12)	A description of the proposed quality assurance
5		program, including the formal organizational
6		structure, methods for developing criteria, procedures
7		for comprehensive evaluation of the quality of care
8		rendered to enrollees, and processes to initiate
9		corrective action and reevaluation when deficiencies
10		in provider or organizational performance are
11		identified;
12	(13)	A description of the procedures to be implemented to
13		meet the protection against insolvency requirements in
14		section -6;
15	(14)	A list of the names, addresses, and license numbers of
16		all providers or groups of providers with which the
17		dental service corporation has agreements; and
18	(15)	Such other information as the commissioner may
19		require.
20	(d)	If the commissioner finds that the applicant has met
21	the requi	rements for and is fully entitled thereto under the
22	applicable	e insurance laws, the commissioner shall issue an

- 1 appropriate certificate of authority to the applicant. If the
- 2 commissioner does not so find, the commissioner shall deny the
- 3 applicant the certificate of authority within a reasonable
- 4 length of time following filing of the completed application by
- 5 the applicant. A certificate of authority shall be denied only
- 6 after the commissioner complies with the requirements of section
- 7 -13.
- 8 (e) The commissioner may adopt rules under chapter 91 for
- 9 the implementation and administration of this chapter.
- 10 § -3 Fiduciary responsibilities. (a) Any director,
- 11 officer, employee, or partner of a dental service corporation
- 12 who receives, collects, disburses, or invests funds in
- 13 connection with the activities of an organization shall be
- 14 responsible for the funds in a fiduciary relationship to the
- 15 organization.
- 16 (b) A dental service corporation shall maintain in force a
- 17 fidelity bond or fidelity insurance on such employees, officers,
- 18 directors, and partners in an amount not less than \$250,000 for
- 19 each dental service corporation or a maximum of \$5,000,000 in
- 20 aggregate maintained on behalf of dental service corporations
- 21 owned by a common parent corporation, or a sum as may be
- 22 prescribed by the commissioner.

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1	§ -4 Annual and quarterly reports. (a) Each dental
2	service corporation shall file with the commissioner:
3	(1) An audit, by an independent certified public
4	accountant or an accounting firm designated by the
5	dental service corporation of the financial
6	statements, reporting the financial condition and
7	results of operations of the dental service
8	corporation, annually on or before June 1, or a later
9	date as the commissioner upon request or for cause may
10	specify. The dental service corporation, on an annual
11	basis and prior to the commencement of the audit,
12	shall notify the commissioner in writing of the name
13	and address of the person or firm retained to conduct
<b>L4</b>	the annual audit. The commissioner may disapprove the

dental service corporation's designation within fifteen days of receipt of the dental service corporation's notice, and the dental service corporation shall be required to designate another independent certified public accountant or accounting

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1	(2)	A list of the providers who have executed a contract
2		that complies with section -6(d), annually on or
3		before March 1; and
4	(3)	A description of the available grievance procedures,
5		the total number of grievances handled through those
6		procedures, a compilation of the causes underlying
7		those grievances, and a summary of the final
8		disposition of those grievances, annually on or before
9		March 1.
10	(b)	The commissioner may require additional reports as are
11	deemed ne	cessary and appropriate to enable the commissioner to
12	carry out	the commissioner's duties under this chapter.
13	(c)	Any dental service corporation failing or refusing to
14	submit an	y of the documents required under this section shall be
15	liable for	r a penalty in an amount not less than \$100 and not
16	more than	\$500 for each day of delinquency. Penalties collected
17	pursuant	to this section shall be deposited into the compliance
18	resolution	n fund.
19	S	-5 Information to subscribers. (a) The dental
20	service c	orporation shall provide to its subscribers a list of

providers and participating providers, upon enrollment and

1	(b) Every dental service corporation shall provide to its
2	subscribers notice of any material change in the operation of
3	the organization that will affect them directly within thirty
4	days of the material change.
5	(c) The dental service corporation shall provide to
6	subscribers information on how services may be obtained, where
7	additional information on access to services may be obtained, a
8	description of the internal grievance procedures, and a
9	telephone number for a subscriber to contact the dental service
10	corporation at no cost to the subscriber.
11	(d) For the purpose of this section, "material change"
12	means any major change in provider or participating provider
13	agreements.
14	§ -6 Protection against insolvency. (a) Net worth
15	requirements are as follows:
16	(1) Before issuing any certificate of authority, the
17	commissioner shall require that the dental service
18	corporation has an initial net worth of \$2,000,000 and
19	shall thereafter maintain the minimum net worth
20	required under paragraph (2);

1	(2)	Exce	pt as provided in paragraphs (3) and (4), every
2		dent	al service corporation shall maintain a minimum
3		net	worth equal to the greater of:
4		(A)	\$2,000,000;
5		(B)	Two per cent of annual premium revenues as
6			reported on the most recent annual financial
7			statement filed with the commissioner on the
8			first \$150,000,000 of premium revenues and one
9			per cent of annual premium revenues on the
10			premium revenues in excess of \$150,000,000;
11		(C)	An amount equal to the sum of three months
12			uncovered dental care expenditures as reported on
13			the most recent financial statement filed with
14			the commissioner; or
15		(D)	An amount equal to eight per cent of annual
16			dental care expenditures except those paid on a
17			capitated basis as reported on the most recent
18			financial statement filed with the
19			commissioner;
20	(3)	The	minimum net worth requirement set forth in
21		para	graph (2)(A) shall be phased in as follows:

1		(A)	Seventy-five per cent of the required amount by
2			January 1, 2016; and
3		(B)	One hundred per cent of the required amount by
4			December 31, 2017; and
5	(4)	The	following shall apply in determining compliance
6		with	the requirements of this subsection:
7		(A)	In determining net worth, no debt shall be
8			considered fully subordinated unless the
9			subordination clause is in a form acceptable to
10			the commissioner. Any interest obligation
11			relating to the repayment of any subordinated
12			debt shall be similarly subordinated;
13		(B)	The interest expenses relating to the repayment
14			of any fully subordinated debt shall be
15			considered covered expenses; and
16		(C)	Any debt incurred by a note meeting the
17			requirements of this section, and otherwise
18			acceptable to the commissioner, shall not be
19			considered a liability and shall be recorded as
20			equity.
21	(b)	Depo	sit requirements are as follows:

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1	(1)	Unless otherwise provided below, each dental service
2		corporation shall deposit with the commissioner or, at
3		the discretion of the commissioner, with any
4		organization or trustee acceptable to the commissioner
5		through which a custodial or controlled account is
6		utilized, cash, securities, or any combination of
7		these or other measures that are acceptable to the
8		commissioner which at all times shall have a value of
9		not less than \$300,000;
10	(2)	A dental service corporation that is in operation on
11		July 1, 2013, shall make a deposit equal to \$150,000.
12		Within one year after January 1, 2014, a dental
13		service corporation that is in operation on January 1,
14		2014, shall make an additional deposit of \$150,000 for
15		a total of \$300,000;
16	(3)	Deposits shall be an asset of the dental service
17		corporation in the determination of net worth;
18	(4)	All income from deposits shall be an asset of the
19		dental service corporation. A dental service
20		corporation that has made a securities deposit may
21		withdraw that deposit or any part thereof after making

a substitute deposit of cash, securities, or any

1		combination of these or other measures of equal amount
2		and value. Any securities shall be approved by the
3		commissioner before being deposited or substituted;
4	(5)	The deposit shall be used to protect the interests of
5		the dental service corporation's enrollees and to
6		assure continuation of dental care services to
7		enrollees of a dental service corporation which is in
8		rehabilitation or conservation. The commissioner may
9		use the deposit for administrative costs directly
10		attributable to a receivership or liquidation. If the
11		dental service corporation is placed in receivership
12		or liquidation, the deposit shall be an asset subject
13		to the provisions of article 15 of chapter 431; and
14	(6)	The commissioner may reduce or eliminate the deposit
15		requirement if the dental service corporation deposits
16		with the director of finance of this State, or the
17		commissioner, or other official body of the state or
18		jurisdiction of domicile of such dental service
19		corporation, for the protection of all subscribers and
20		enrollees, wherever located, cash, acceptable
21		securities, or surety, and delivers to the
22		commissioner a certificate to such effect, duly

1	authenticated by the appropriate state official
2	holding the deposit.
3	(c) Every dental service corporation, when determining
4	liabilities, shall include an amount estimated in the aggregate
5	to provide for any unearned premium and for the payment of all
6	claims for dental care expenditures which have been incurred,
7	whether reported or unreported, which are unpaid and for which
8	the organization is or may be liable, and to provide for the
9	expense of adjustment or settlement of claims. These
10	liabilities shall be computed in accordance with rules adopted
11	by the commissioner upon reasonable consideration of the
12	ascertained experience and character of the dental service
13	corporation.
14	(d) Every contract between a dental service corporation
15	and a participating provider shall be in writing and shall set
16	forth that in the event the dental service corporation fails to
17	pay for dental care services as set forth in the contract, the
18	subscriber or enrollee shall not be liable to the provider for
19	any sums owed by the dental service corporation. In the event
20	that a contract with a participating provider has not been
21	reduced to writing as required by this subsection or that a
22	contract fails to contain the required prohibition, the

1	participa	ting provider shall not collect or attempt to collect
2	from the	subscriber or enrollee sums owed by the dental service
3	corporati	on. No participating provider, or agent, trustee, or
4	assignee	thereof, may maintain any action at law against a
5	subscribe	r or enrollee to collect sums owed by the dental
6	service c	orporation.
7	(e)	The commissioner shall require that each dental
8	service c	orporation have a plan for handling insolvency which
9	allows fo	r continuation of benefits for the duration of the
10	contract	period for which premiums have been paid. In
11	consideri	ng such a plan, the commissioner may require:
12	(1)	Insurance to cover the expenses to be paid for
13		continued benefits after an insolvency;
14	(2)	Provisions in participating provider contracts that
15		obligate the provider to provide dental care services
16		for the duration of the period after the dental
17		service corporation's insolvency for which premium
18		payment has been made;
19	(3)	Insolvency reserves;
20	(4)	Acceptable letters of credit; or

- 1 (5) Any other arrangements acceptable to the commissioner
  2 to assure that benefits are continued as specified
  3 above.
- 4 (f) An agreement to provide dental care services between a 5 participating provider and a dental service corporation shall 6 require that a participating provider shall give the dental 6 service corporation at least sixty days' advance notice in the 6 event of termination.
- 9 Each dental service corporation shall prepare for 10 review by the commissioner on or before the forty-fifth day of 11 each quarter, a copy of its quarterly net solvency report 12 verified by at least two principal officers. The commissioner 13 may prescribe the forms on which the reports are to be 14 prepared. Every dental service corporation shall maintain a 15 copy of its current net solvency report on the premises of its 16 primary place of business. The commissioner may order an 17 examination, subject to article 2 of chapter 431, to determine 18 whether a dental service corporation is in compliance with this 19 section.
- (h) Any dental service corporation that fails or refusesto prepare or produce for review the quarterly net solvency

- 1 report or any of the documents as required by this section shall
- 2 be liable for a penalty pursuant to section -4(c).
- 3 § -7 Uncovered expenditures insolvency deposit. (a)
- 4 If, at any time, uncovered expenditures exceed ten per cent of
- 5 total dental care expenditures, a dental service corporation
- 6 shall place with the commissioner or with any organization or
- 7 trustee acceptable to the commissioner through which a custodial
- 8 or controlled account is maintained, an uncovered expenditures
- 9 insolvency deposit consisting of cash or securities that are
- 10 acceptable to the commissioner. Such deposit shall have, at all
- 11 times, a fair market value in an amount of one-hundred-twenty
- 12 per cent of the dental service corporation's outstanding
- 13 liability for uncovered expenditures for enrollees in this
- 14 State, including incurred but not reported claims, and shall be
- 15 calculated as of the first day of the month and maintained for
- 16 the remainder of the month. If a dental service corporation is
- 17 not otherwise required to file a quarterly report, it shall file
- 18 a report within forty-five days of the end of the calendar
- 19 quarter with information sufficient to demonstrate compliance
- 20 with this section.
- 21 (b) The deposit required under this section is in addition
- 22 to the deposit required under section -6 and is an asset of

- 1 the dental service corporation in the determination of net
- 2 worth. All income from the deposits or trust accounts shall be
- 3 assets of the dental service corporation and may be withdrawn
- 4 from the deposit or trust account quarterly with the approval of
- 5 the commissioner.
- 6 (c) A dental service corporation that has made a deposit
- 7 may withdraw that deposit or any part of the deposit if:
- 8 (1) A substitute deposit of cash or securities of equal
- 9 amount and value is made;
- 10 (2) The fair market value exceeds the amount of the
- 11 required deposit; or
- 12 (3) The required deposit under subsection (a) is reduced
- or eliminated.
- 14 Deposits, substitutions, or withdrawals may be made only with
- 15 the prior written approval of the commissioner.
- 16 (d) The deposit required under this section is held in
- 17 trust and may be used only as provided in this section. The
- 18 commissioner may use the deposit of an insolvent dental service
- 19 corporation for administrative costs associated with
- 20 administering the deposit and payment of claims of enrollees of
- 21 this State for uncovered expenditures in this State. Claims for
- 22 uncovered expenditures shall be paid on a pro rata basis based

- 1 on assets available to pay such ultimate liability for incurred
- 2 expenditures. Partial distribution may be made pending final
- 3 distribution. Any amount of the deposit remaining shall be paid
- 4 into the liquidation or receivership of the dental service
- 5 corporation.
- 6 (e) The commissioner may prescribe the time, manner, and
- 7 form for filing claims under subsection (d).
- 8 (f) The commissioner may require dental service
- 9 corporations to file annual, quarterly, or more frequent reports
- 10 as the commissioner deems necessary to demonstrate compliance
- 11 with this section. The commissioner may require that the
- 12 reports include liability for uncovered expenditures as well as
- 13 an audit opinion.
- 14 § -8 Reserve credit for reinsurance. Any dental service
- 15 corporation that takes credit for reserves on risks ceded to a
- 16 reinsurer shall be subject to provisions of article 4A of
- 17 chapter 431.
- 18 § -9 Replacement coverage. (a) For purposes of this
- 19 chapter, "discontinuance" means the termination of the contract
- 20 between the group contract holder and a dental service
- 21 corporation due to the insolvency of the dental service
- 22 corporation, and does not refer to the termination of any

- 1 agreement between any individual subscriber and the dental
- 2 service corporation.
- 3 (b) Any carrier providing replacement coverage with
- 4 respect to group dental benefits within a period of sixty days
- 5 from the date of discontinuance of a prior dental service
- 6 corporation contract or policy providing such dental benefits
- 7 shall immediately cover all enrollees who were validly covered
- 8 under the previous dental service corporation contract or policy
- 9 at the date of discontinuance and who would otherwise be
- 10 eligible for coverage under the succeeding carrier's contract,
- 11 regardless of any provisions of the contract relating to active
- 12 employment.
- 13 (c) Except to the extent benefits for the condition would
- 14 have been reduced or excluded under the prior carrier's contract
- 15 or policy, no provision in a succeeding carrier's contract of
- 16 replacement coverage which would operate to reduce or exclude
- 17 benefits on the basis that the condition giving rise to benefits
- 18 preexisted the effective date of the succeeding carrier's
- 19 contract shall be applied with respect to those enrollees
- 20 validly covered under the prior carrier's contract or policy on
- 21 the date of discontinuance.

1	§ -10 Powers of insurers and hospital and medical
2	service corporations. (a) An insurance company licensed in
3	this State, or a hospital or medical service corporation
4	authorized to do business in this State, either directly or
5	through a subsidiary or affiliate, may organize and operate a
6	dental service corporation under the provisions of this
7	chapter. Notwithstanding any other law to the contrary, any two
8	or more insurance companies, hospital or medical service
9	corporations, dental service corporations, or subsidiaries or
10	affiliates thereof, may jointly organize and operate a dental
11	service corporation. The business of insurance is deemed to
12	include the providing of dental care services by a dental
13	service corporation owned or operated by an insurer or a
14	subsidiary thereof.
15	(b) Notwithstanding any contrary provision of laws
16	pertaining to insurance or hospital or medical service
17	corporations under chapter 431 or 432 or 432D, an insurer or a
18	hospital or medical service corporation may contract with a
19	dental service corporation to provide insurance or similar
20	protection against the cost of dental care services provided
21	through dental service corporations and to provide coverage in
22	the event of the failure of the dental service corporation to

- 1 meet its obligations. The enrollees of a dental service
- 2 corporation constitute a group permitted under chapter 431 or
- 3 432 or 432D. Among other things, under such contracts, the
- 4 insurer or hospital or medical service corporation may make
- 5 benefit payments to dental service corporations for dental care
- 6 services rendered by providers.
- 7 § -11 Examinations. (a) The commissioner may examine
- 8 the affairs of any dental service corporation or of any
- 9 providers with whom such dental service corporation has
- 10 contracts, agreements, or other arrangements as often as is
- 11 reasonably necessary for the protection of the interests of the
- 12 people of this State.
- 13 (b) Every dental service corporation and provider shall
- 14 submit its books and records for examination and in every way
- 15 facilitate the completion of the examination. In the event a
- 16 dental service corporation or a provider fails to comply with
- 17 the directions of the commissioner, the commissioner may examine
- 18 the affiliates of the dental service corporation or provider to
- 19 obtain the information. For the purpose of examinations, the
- 20 commissioner may administer oaths to, and examine the officers
- 21 and agents of, the dental service corporation and the principals
- 22 of providers concerning their business.

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1 The cost of examinations under this section shall be 2 assessed against the dental service corporation being examined 3 and remitted to the commissioner for deposit into the compliance 4 resolution fund. 5 (d) In lieu of such examination, the commissioner may 6 accept the report of an examination made by the commissioner or 7 the appropriate official of another state. 8 -12 Fees. (a) The commissioner shall collect in 9 advance the following fees: 10 For filing an application for a certificate of 11 authority or amendment thereto, \$600; and 12 For all services subsequent to the issuance of a (2) 13 certificate of authority (including extension of the 14 certificate of authority), \$400. 15 No certificate of authority shall contain an (b) 16 expiration date, but all certificates of authority shall be **17** extended from time to time in order to continue to be valid. 18 When the commissioner issues or extends a certificate of 19 authority, the commissioner shall determine the date prior to 20 which the certificate of authority is required to be extended 21 and shall so notify the insurer holding a certificate of

authority in writing. This date is called the extension date.

1	If the fee is not paid before or on the extension date, a
2	penalty shall be imposed in the amount of fifty per cent of the
3	fee. If the fee and the penalty are not paid within thirty days
4	immediately following the extension date, the commissioner may
5	suspend the certificate of authority and shall not reinstate the
6	certificate of authority until the fee and penalty have been
7	paid.
8	(c) All fees and penalties collected pursuant to this
9	section shall be deposited into the compliance resolution fund.
10	§ -13 Suspension, revocation, or denial of certificate
11	of authority. (a) The commissioner may suspend, revoke, or
12	refuse to extend any certificate of authority issued under this
13	chapter and may deny any application for a certificate of
14	authority, if the commissioner finds that any of the conditions
15	listed below exist:
16	(1) The dental service corporation is operating
17	significantly in contravention of its basic
18	organizational document or in a manner contrary to
19	that described in any other information submitted
20	under section -2, unless amendments to such
21	submissions have been filed with and approved by the
22	commissioner;

1	(2)	The dental service corporation or applicant does not
2		provide or arrange for basic dental care services;
3	(3)	The dental service corporation or applicant is no
4		longer financially responsible and may reasonably be
5		expected to be unable to meet its obligations to
6		enrollees or prospective enrollees;
7	(4)	The dental service corporation has failed to correct,
8		within the time prescribed by subsection (b), any
9		deficiency occurring due to the dental service
10		corporation's prescribed minimum net worth being
11		impaired;
12	(5)	The dental service corporation, applicant or any
13		person on its behalf, has advertised or merchandised
14		its services in an untrue, misrepresentative,
15		misleading, deceptive, or unfair manner;
16	(6)	The dental service corporation, applicant or any
17		person on its behalf, fails or refuses to produce or
18		submit any of the documents required under sections
19		-4 and -6;
20	(7)	The operation or continued operation of the dental
21		service corporation would be hazardous to its
22		enrollees; or

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1	(8)	The	dental service corporation or applicant has
2		othe	erwise failed substantially to comply with this
3		chap	ter.
4	(b)	The	following shall pertain when insufficient net
5	worth is	maint	ained:
6	(1)	When	ever the commissioner finds that the net worth
7		main	tained by any dental service corporation subject
8		to t	his chapter is less than the minimum net worth
9		requ	ired, the commissioner shall give written notice
10		to t	he dental service corporation of the amount of the
11		defi	ciency and require the dental service corporation
12		to:	
13		(A)	File with the commissioner a plan for correction
14			of the deficiency acceptable to the commissioner;
15			and
16		(B)	Correct the deficiency within a reasonable time,
17			not to exceed sixty days, unless an extension of
18			time, not to exceed sixty additional days, is
19			granted by the commissioner. Such a deficiency
20			shall be deemed an impairment, and failure to
21			correct the impairment in the prescribed time

shall be grounds for suspension or revocation of

Ţ		the certificate of authority or for placing the
2		dental service corporation in conservation,
3		rehabilitation, or liquidation; and
4	(2)	Unless allowed by the commissioner, no dental service
5		corporation or person acting on its behalf, directly
6		or indirectly, may renew, issue, or deliver any
7		certificate, agreement, or contract of coverage in
8		this State, for which a premium is charged or
9		collected, when the dental service corporation writing
10		the coverage is impaired, and the fact of the
11		impairment is known to the dental service corporation
12		or to such person. However, the existence of an
13		impairment shall not prevent the issuance or renewal
14		of a certificate, agreement, or contract when the
15		enrollee exercises an option granted under the plan to
16		obtain a new, renewed, or converted coverage.
17	(c)	A certificate of authority shall be suspended, revoked
18	or not ex	tended, or an application for a certificate of
19	authority	denied, or an administrative fine imposed, only after
20	compliance	e with the requirements of this subsection.
21	(1)	Suspension or revocation of a certificate of
22		authority, refusal to extend a certificate of

1		authority, denial of an application, or imposition of
2		an administrative fine pursuant to section -15(a)
3		shall be by written order and shall be sent to the
4		dental service corporation or applicant by certified
5		or registered mail. The written order shall state the
6		grounds, charges, or conduct on which suspension,
7		revocation, refusal to extend, denial, or
8		administrative fine is based. The dental service
9		corporation or applicant, may request in writing a
10		hearing pursuant to section 431:2-308; and
11	(2)	If the dental service corporation or applicant
12		requests a hearing pursuant to this section, the
13		commissioner shall issue a written notice of hearing
14		and send it to the dental service corporation or
15		applicant by certified or registered mail stating:
16		(A) A specific time for the hearing, which may not be
17		less than twenty nor more than thirty days after
18		mailing of the notice of hearing; and
19		(B) A specific place for the hearing.
20	(d)	When the certificate of authority of a dental service
21	corporati	on is suspended, the dental service corporation shall
22	not, duri	ng the period of such suspension, enroll any additional

- 1 enrollees except newborn children or other newly acquired
- 2 dependents of existing subscribers, and shall not engage in any
- 3 advertising or solicitation whatsoever.
- 4 (e) When the certificate of authority of a dental service
- 5 corporation is revoked, such organization, immediately following
- 6 the effective date of the order of revocation, shall proceed to
- 7 wind up its affairs, and shall conduct no further business
- 8 except as may be essential to the orderly conclusion of the
- 9 affairs of such organization. It shall engage in no further
- 10 advertising or solicitation whatsoever. The commissioner, by
- 11 written order, may permit any further operation of the
- 12 organization as the commissioner may find to be in the best
- 13 interest of enrollees, to the end that enrollees will be
- 14 afforded the greatest practical opportunity to obtain continuing
- 15 dental care coverage.
- 16 § -14 Summary orders and supervision. (a) Whenever the
- 17 commissioner determines that the financial condition of any
- 18 dental service corporation is such that its continued operation
- 19 might be hazardous to its enrollees, creditors, or the general
- 20 public, or that it has violated any provision of this chapter,
- 21 the commissioner, after notice and hearing, may order the dental
- 22 service corporation to take such action as may be reasonably

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1	necessary	to rectify such condition or violation, including but
2	not limite	ed to one or more of the following:
3	(1)	Reducing the total amount of present and potential
4		liability for benefits by reinsurance or other method
5		acceptable to the commissioner;
6	(2)	Reducing the volume of new business being accepted;
7	(3)	Reducing expenses by specified methods;
8	(4)	Suspending or limiting the writing of new business for
9		a period of time;
10	(5)	Increasing the dental service corporation's capital
11		and surplus by contribution; or
12	(6)	Taking any other steps as the commissioner may deem
13		appropriate under the circumstances.
14	(b)	For purposes of this section, the violation by a
15	dental ser	rvice corporation of any law of this State to which the
16	dental ser	rvice corporation is subject shall be deemed a
17	violation	of this chapter.
18	(c)	The commissioner is authorized to set uniform
19	standards	and criteria for early warning that the continued

operation of any dental service corporation might be hazardous

to its enrollees, creditors, or the general public, and to set

standards for evaluating the financial condition of any dental

- 1 service corporation, which standards shall be consistent with
- 2 the purposes expressed in subsection (a).
- 3 (d) The remedies and measures available to the
- 4 commissioner under this section shall be in addition to, and not
- 5 in lieu of, the remedies and measures available to the
- 6 commissioner under the provisions of article 15 of chapter 431.
- 7 § -15 Administrative fines and enforcement. (a) The
- 8 commissioner, in addition to or in lieu of, suspension or
- 9 revocation of a certificate of authority pursuant to section
- 10 -13, the commissioner may levy an administrative fine upon the
- 11 dental service corporation in an amount not less than \$500 and
- 12 not more than \$50,000. The dental service corporation may
- 13 request, in writing, a hearing pursuant to section -13. The
- 14 order levying the fine shall specify the period within which the
- 15 fine shall be fully paid, which shall not be less than thirty
- 16 nor more than forty-five days from the date of the order. Upon
- 17 failure to pay the fine when due, the commissioner shall revoke
- 18 the insurer's certificate of authority if not already revoked,
- 19 and the fine shall be recovered in a civil action brought on
- 20 behalf of the commissioner by the attorney general. Any fine so
- 21 collected shall be remitted by the commissioner to the director

- 1 of finance and shall be placed to the credit of the compliance
- 2 resolution fund.
- 3 (b) If the commissioner, for any reason, has cause to
- 4 believe that any violation of this chapter has occurred or is
- 5 threatened, the commissioner may give notice to the dental
- 6 service corporation and to the representatives, or other persons
- 7 who appear to be involved in such suspected violation, to
- 8 arrange a conference with the alleged violators or their
- 9 authorized representatives for the purpose of attempting to
- 10 ascertain the facts relating to any suspected violation and, in
- 11 the event it appears that any violation has occurred or is
- 12 threatened, to arrive at an adequate and effective means of
- 13 correcting or preventing any violation. Proceedings under this
- 14 subsection shall not be governed by any formal procedural
- 15 requirements, and may be conducted in such manner as the
- 16 commissioner may deem appropriate under the circumstances.
- 17 However, unless consented to by the dental service corporation,
- 18 no order may result from a conference until the requirements of
- 19 this section are satisfied.
- 20 (c) The commissioner may issue an order directing a dental
- 21 service corporation or a representative of a dental service
- 22 organization to cease and desist from engaging in any act or

- 1 practice in violation of the provisions of this chapter. Any
- 2 person aggrieved by an order of the commissioner under this
- 3 section may obtain judicial review of the order in the manner
- 4 provided for by chapter 91.
- 5 (d) In the case of any violation of the provisions of this
- 6 chapter, if the commissioner elects not to issue a cease and
- 7 desist order, or in the event of noncompliance with a cease and
- 8 desist order issued pursuant to subsection (c), the commissioner
- 9 may institute a proceeding to obtain injunctive or other
- 10 appropriate relief in any court of competent jurisdiction.
- 11 § -16 Statutory construction and relationship to other
- 12 laws. (a) Except as provided in subsection (c) and otherwise
- 13 provided in this chapter, the insurance laws shall not apply to
- 14 the activities authorized and regulated under this chapter of
- 15 any dental service corporation granted a certificate of
- 16 authority under this chapter. This chapter shall not apply to
- 17 an insurer or dental service corporation licensed and regulated
- 18 pursuant to the insurance laws or the dental service corporation
- 19 laws of this State except with respect to its dental service
- 20 corporation activities authorized and regulated pursuant to this
- 21 chapter.

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1 Solicitation of enrollees by a dental service (b) 2 corporation granted a certificate of authority, or its 3 representatives, shall not be construed to violate any provision 4 of law relating to solicitation or advertising by health 5 professionals. 6 (c) Article 2, article 2D, article 13, and article 15 of 7 chapter 431, and the powers granted by those provisions to the 8 commissioner shall apply to dental service corporations, so long 9 as the application in any particular case is in compliance with 10 and is not preempted by applicable federal statutes and 11 regulations. 12 Acquisition of control of or merger of a dental 13 service corporation. No person may make a tender for or a 14 request or invitation for tenders of, enter into an agreement to 15 exchange securities for, or acquire in the open market or 16 otherwise, any voting security of a dental service corporation 17 or enter into any other agreement if, after the consummation 18 thereof, that person, directly or indirectly, or by conversion 19 or by exercise of any right to acquire, would be in control of 20 the dental service corporation, and no person may enter into an

agreement to merge or consolidate with or otherwise to acquire

control of a dental service corporation, unless, at the time any

- 1 offer, request, or invitation is made or any agreement is
- 2 entered into, or prior to the acquisition of the securities if
- 3 no offer or agreement is involved, the person has filed with the
- 4 commissioner and has sent to the dental service corporation
- 5 information required by section 431:11-104 and the offer,
- 6 request, invitation, agreement, or acquisition has been approved
- 7 by the commissioner. Approval by the commissioner shall be
- 8 governed by section 431:11-104(d); provided that if no action is
- 9 taken by the commissioner within thirty days, the offer,
- 10 request, invitation, agreement, or acquisition shall be deemed
- 11 approved.
- 12 § -18 Federally funded programs; exemption.
- 13 Requirements provided in this chapter relating to mandated
- 14 coverages or essential health benefits shall not be applicable
- 15 to any dental service corporation offering dental insurance
- 16 under a federally funded program under the Social Security Act,
- 17 as amended; provided that this exemption shall apply only to
- 18 that part of the dental service corporation's business under the
- 19 federally funded program.
- 20 § -19 Coordination of benefits. (a) Dental service
- 21 corporations are permitted, but not required to adopt provisions
- 22 for coordination of benefits to avoid overinsurance and to

- 1 provide for the orderly payment of claims when a person is
- 2 covered by two or more group health insurance or health care
- 3 plans.
- 4 (b) If dental service corporations adopt provisions for
- 5 coordination of benefits, the provisions must be consistent with
- 6 the coordination of benefits provisions that are in general use
- 7 in the State for coordinating coverage between two or more group
- 8 health insurance or health care plans.
- 9 § -20 Disclosure of dental care coverage and benefits.
- 10 In order to ensure that all individuals understand their dental
- 11 care options and are able to make informed decisions, all dental
- 12 service corporations shall provide current and prospective
- 13 subscribers with written disclosure of coverages and benefits,
- 14 including information on coverage principles and any exclusions
- 15 or restrictions on coverage.
- 16 The information provided shall be current, understandable,
- 17 and available prior to enrollment, and upon request after
- 18 enrollment. A policy or contract provided to a subscriber which
- 19 describes coverages and benefits shall be in conformance with
- 20 part I of article 10 of chapter 431.
- 21 § -21 Federal law compliance. All dental service
- 22 corporations shall comply with applicable federal law. The

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1	commissioner shall enforce the consumer protections and market
2	reforms relating to insurance as set forth in the federal
3	Patient Protection and Affordable Care Act, Public Law 111-148."
4	SECTION 2. Chapter 423, Hawaii Revised Statutes, is
5	repealed.
6	SECTION 3. Chapter 448D, Hawaii Revised Statutes, is
7	repealed.
8	SECTION 4. This Act shall take effect on July 1, 2013.
9	
10	
11	INTRODUCED BY:
12	BY REQUEST

JAN 2 2 2013

#### Report Title:

Dental service corporations; dental service organizations.

#### Description:

Establishes licensing and financial solvency requirements for dental service corporations and repeals chapters 423 and 448D, Hawaii Revised Statutes.

The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.

HB842

#### JUSTIFICATION SHEET

DEPARTMENT: Commerce and Consumer Affairs

TITLE: A BILL FOR AN ACT RELATING TO DENTAL SERVICE

CORPORATIONS.

PURPOSE: To establish the licensing and regulation of

dental service corporations under the

Insurance Commissioner.

MEANS: Add a new chapter to title 24, and repeal

chapters 423 and 448D, Hawaii Revised

Statutes.

JUSTIFICATION: The federal Patient Protection and

Affordable Care Act, Public Law 111-148

(PPACA), requires states to establish health

insurance exchanges. The PPACA allows

limited scope stand-alone dental plans to be offered on exchanges as stand-alone plans or in conjunction with a qualified health plan. Stand-alone dental plans must meet federal

certification standards, such as the

inclusion of pediatric dental benefits.

Act 205, Session Laws of Hawaii 2011 (Act 205), established the Hawaii Health Connector. Act 205 requires the Hawaii Health Connector to make qualified dental plans available to qualified individuals and qualified employers beginning with effective dates on or before January 1, 2014.

Currently, dental service corporations are governed by chapter 423, which provides minimal registration requirements. Dental service organizations, governed by chapter 448D, regulate prepaid dental plans.

This bill proposes to establish licensing and financial solvency requirements for dental service corporations.

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Impact on the public: This bill is

necessary for the Hawaii Health Connector to

make qualified dental plans available.

Impact on the department and other agencies:
This bill provides for the certification of
qualified dental plans by the Hawaii Health

Connector.

GENERAL FUND: None.

OTHER FUNDS: Compliance Resolution Fund.

PPBS PROGRAM

DESIGNATION: CCA 106.

OTHER AFFECTED

AGENCIES: None.

EFFECTIVE DATE: July 1, 2013.