A BILL FOR AN ACT

RELATING TO DENTAL SERVICES.

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

1	SECTION 1. Chapter 432, article 1, Hawaii Revised								
2	Statutes, is amended by adding a new section to be appropriately								
3	designated and to read as follows:								
4	"§432:1- Fees to providers of dental services. (a) No								
5	mutual benefit society may require, directly or indirectly, a								
6	dentist who is a participating provider to provide services to								
7	an enrolled participant at a fee set by, or at a fee subject to								
8	the approval of, the mutual benefit society unless the dental								
9	services are covered services.								
10	(b) A mutual benefit society shall not include, in any								
11	dental service plan, contract, or agreement with a dentist to								
12	provide covered services, any provision that sets or recommends								
13	fees for dental services that are not covered services.								
14	(c) For the purposes of this section, "covered services"								
15	means dental care services for which a reimbursement is								
16	available under an enrollee's dental service plan, or for which								
17	a reimbursement would be available but for the application of								

- 1 contractual limitations such as deductibles, copayments,
- 2 coinsurance, waiting periods, annual or lifetime maximums,
- 3 frequency limitations, alternative benefit payments, or any
- 4 other limitation.
- 5 (d) A violation of this section shall be a violation of
- 6 section 480-2."
- 7 SECTION 2. Chapter 432D, Hawaii Revised Statutes, is
- 8 amended by adding a new section to be appropriately designated
- 9 and to read as follows:
- 10 "\$432D- Fees to providers of dental services. (a) No
- 11 health maintenance organization may require, directly or
- 12 indirectly, a dentist who is a participating provider, to
- 13 provide services to an enrolled participant at a fee set by, or
- 14 at a fee subject to the approval of, the health maintenance
- 15 organization unless the dental services are covered services.
- 16 (b) A health maintenance organization shall not include,
- 17 in any dental service plan, contract, or agreement with a
- 18 dentist to provide covered services, any provision that sets or
- 19 recommends fees for dental services that are not covered
- 20 services.



1	(c) For the purposes of this section, "covered services"								
2	means dental care services for which a reimbursement is								
3	available under an enrollee's dental service plan, or for which								
4	a reimbursement would be available but for the application of								
5	contractual limitations such as deductibles, copayments,								
6	coinsurance, waiting periods, annual or lifetime maximums,								
7	frequency limitations, alternative benefit payments, or any								
8	other limitation.								
9	(d) A violation of this section shall be a violation of								
10	section 480-2."								
11	SECTION 3. Chapter 448D, Hawaii Revised Statutes, is								
12	amended by adding a new section to be appropriately designated								
13	and to read as follows:								
14	"§448D- Fees to providers of dental services. (a) No								
15	dental service organization may require, directly or indirectly,								
16	a dentist who is a participating provider to provide services to								
17	an enrolled participant at a fee set by, or at a fee subject to								
18	the approval of, the dental service organization unless the								
19	dental services are covered services.								
20	(b) A dental service organization shall not include, in								
21	any dental service plan, contract, or agreement with a dentist								

1	to	provide	covered	services,	any	provision	tnat	sets	or
		*				-			

- 2 recommends fees for dental services that are not covered
- 3 services.
- 4 (c) A violation of this section shall be a violation of
- 5 section 480-2."
- 6 SECTION 4. Section 448D-1, Hawaii Revised Statutes, is
- 7 amended by adding a new definition to be appropriately inserted
- 8 and to read as follows:
- 9 ""Covered services" means dental care services for which a
- 10 reimbursement is available under an enrollee's dental service
- 11 plan, or for which a reimbursement would be available but for
- 12 the application of contractual limitations such as deductibles,
- 13 copayments, coinsurance, waiting periods, annual or lifetime
- 14 maximums, frequency limitations, alternative benefit payments,
- 15 or any other limitation."
- 16 SECTION 5. New statutory material is underscored.
- 17 SECTION 6. This Act shall take effect upon its approval.

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INTRODUCED BY:

JAN 1 4 2016

Report Title:

Dental Services; Fees for Covered Services; Non-Covered Services; Mutual Benefit Societies; Health Maintenance Organizations

Description:

Prohibits dental service organizations, mutual benefit societies, and health maintenance organizations from requiring a dentist who provides services to its subscribers to provide services for a set fee unless they are covered services.

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