

WEST VIRGINIA LEGISLATURE

2019 REGULAR SESSION

Committee Substitute

for

Senate Bill 310

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AND PREZIOSO

[Originating in the Committee on Health and Human

Resources; reported on January 16, 2019]

1 A BILL to amend the Code of West Virginia, 1931, as amended, by adding thereto a new section,
2 designated §33-6-39, relating to defining certain key terms; prohibiting insurers from
3 requiring dentists to provide discount on noncovered services; prohibiting dentists from
4 charging more for covered persons on noncovered services than his or her customary or
5 usual rate for the services; and providing that insurers may not provide for a nominal
6 reimbursement for a service in order to claim that a service or material is covered.

Be it enacted by the Legislature of West Virginia:

ARTICLE 6. THE INSURANCE POLICY.

**§33-6-39. Prohibitions related to dental insurance plans, agreements, charges, and
reimbursements; definitions.**

1 (a) For purposes of this section:

2 “Covered services” means dental care services for which a reimbursement is available
3 under an enrollee's plan contract, or for which a reimbursement would be available but for the
4 application of contractual limitations such as deductibles, copayments, coinsurance, waiting
5 periods, annual or lifetime maximum, frequency limitations, alternative benefit payments, or any
6 other limitation.

7 “Contractual discount” means a percentage reduction from the provider's usual and
8 customary rate for covered dental services and materials required under a participating provider
9 agreement.

10 “Dental plan” includes any policy of insurance which is issued by a health care service
11 contractor which provides for coverage of dental services not in connection with a medical plan.

12 “Materials” includes, but is not limited to, any material or device utilized within the scope
13 of practice by a licensed dentist.

14 (b) No contract of any health care service contractor that covers any dental services, and
15 no contract or participating provider agreement with a dentist may require, directly or indirectly,
16 that a dentist who is a participating provider provide services to an enrolled participant at a fee

17 set by, or a fee subject to the approval of, the health care services contractor, unless the dental
18 services are covered services.

19 (c) A health care service contractor or other person providing third party administrator
20 services shall not make available any providers in its dentist network to a plan that sets dental
21 fees for any services except covered services.

22 (d) A dentist may not charge more for services and materials that are noncovered services
23 under a dental benefits policy than his or her usual and customary fee for those services and
24 materials.

25 (e) Reimbursement paid by a dental plan for covered services and materials shall be
26 reasonable and may not provide nominal reimbursement in order to claim that services and
27 materials are covered services.

28 (f) This section applies to dental plans, contracts and participating provider agreements
29 which take effect or are renewed on or after July 1, 2019.

NOTE: The purpose of this bill is to establish certain requirements for dental insurance.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.