WEST VIRGINIA LEGISLATURE

2019 REGULAR SESSION

Introduced

House Bill 2361

BY DELEGATE SKAFF, CANESTRARO, ROBINSON, BYRD,

MILEY, HARTMAN, WESTFALL, ELLINGTON AND

PORTERFIELD

[Introduced January 14, 2019; Referred

to the Committee on Banking and Insurance then the

Judiciary.]

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. Definitions; prohibitions.

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.

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.