

# **WEST VIRGINIA LEGISLATURE**

## **2019 REGULAR SESSION**

**Introduced**

### **House Bill 2754**

BY DELEGATE WILSON AND JEFFRIES, J.

[Introduced January 30, 2019; Referred  
to the Committee on Banking and Insurance then  
Health and Human Resources.]

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.