

## LAWS OF ALASKA 2010

Source CSSB 258(L&C)

Chapter No.

## **AN ACT**

Prohibiting health care insurers that provide dental care coverage from setting fees that a dentist may charge under a preferred provider contract for dental services not covered under the insurer's policy, and relating to preferred provider contracts between insurers and dentists.

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

THE ACT FOLLOWS ON PAGE 1

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2	dentist may charge under a preferred provider contract for dental services not covered under
3	the insurer's policy, and relating to preferred provider contracts between insurers and dentists.
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5	* <b>Section 1.</b> AS 21.42.392(c) is amended to read:
6	(c) A health care insurer that provides coverage for dental care
7	(1) may reimburse a covered person at a different rate because of the
8	person's choice of a dentist if the dentist is not a part of the covered person's denta
9	network or preferred provider organization agreement; the [. THE] covered expense
10	for non-network providers may not be less than that allowed to a network provider
11	although the covered expense may be reimbursed at a lower percentage or with higher
12	deductibles than if the service had been provided within the network:
13	(2) may not limit a fee set by a dentist for a service unless the

1	service is covered under the insurer's plan or contract; and
2	(3) may offer a dentist the option of entering into a preferred
3	provider contract with the insurer that provides a fee schedule for covered
4	services only or a fee schedule for both covered and uncovered services; under
5	this paragraph.
6	(A) the health care insurer may not
7	(i) take an action against the dentist based on the
8	dentist's refusal to enter into a contract with an insurer;
9	(ii) fail to list a dentist who does not enter into a
10	contract with an insurer in the insurer's marketing materials; or
11	(iii) take action against the dentist during the
12	management or administration of a contract based on the dentist's
13	choice of contract;
14	(B) the terms or provisions of the contract
15	(i) may not violate AS 45.50.562 - 45.50.566; and
16	(ii) may authorize the insurer to provide information
17	to the insured describing the dentist's choice of contract and fee
18	schedules;
19	(C) "covered service" means a health care service for which
20	a health care insurer pays a benefit for all or part of the service, including
21	a benefit that is available but limited by deductible, coinsurance, or
22	frequency terms under the contract between the insurer and the insured.