

# House File 2229 – Introduced

(includes Senate amendments as of 3/16/10)

HOUSE FILE  
BY COMMITTEE ON COMMERCE

(SUCCESSOR TO HF 2034)

## A BILL FOR

An Act prohibiting the imposition by a dental plan of fee schedules for the provision of dental services that are not covered by the plan.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

TLSB 5299HV (2) 83

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Section 1. NEW SECTION. 514C.3B Dental coverage == fee schedules.

1. A contract between a dental plan and a dentist for the provision of services to covered individuals under the plan shall not require that a dentist provide services to those covered individuals at a fee set by the dental plan unless such services are covered services under the dental plan.

2. A person or entity providing third=party administrator services shall not make available any dentists in its dentist network to a dental plan that sets fees for dental services that are not covered services.

3. For the purposes of this section:

- a. "Covered services" means services reimbursed under the dental plan.
- b. "Dental plan" means any policy or contract of insurance which provides for coverage of dental services not in connection with a medical plan that provides for the coverage of medical services.

4. Nothing in this section shall be construed as limiting the ability of an insurer or a third=party administrator to restrict any of the following as they relate to covered services:

- a. Balance billing.
- b. Waiting periods.
- c. Frequency limitations.
- d. Deductibles.
- e. Maximum annual benefits.

## EXPLANATION

This bill creates new Code section 514C.3B which prohibits a dental plan from setting fee schedules for participating dentists for the provision of dental services that are not covered by the plan. The bill also prohibits a third=party administrator from making a dentist in its provider network available to a dental plan that sets fees for services that are not covered or sets fees for dental services that exceed the maximum fee for dental services covered by the dental plan.

For the purposes of the bill, a "covered service" is a service reimbursed under the applicable dental plan. A "dental plan" is any policy or contract of insurance which provides for coverage of dental services not in connection with a medical plan which provides for the coverage of medical services.

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