



1 care plans[-] and dental insurance offered by a dental insurance  
2 provider.

3 (b) The purpose of this article is to promote the public  
4 welfare by regulating health insurance and dental insurance  
5 rates to the end that they shall not be excessive, inadequate,  
6 or unfairly discriminatory. Nothing in this article is intended  
7 to:

8 (1) Prohibit or discourage reasonable competition; or

9 (2) Prohibit or encourage, except to the extent necessary  
10 to accomplish the aforementioned purposes, uniformity  
11 in insurance rates, rating systems, rating plans, or  
12 practices.

13 This article shall be liberally interpreted to carry into effect  
14 this section."

15 SECTION 4. Section 431:14G-102, Hawaii Revised Statutes,  
16 is amended as follows:

17 1. By adding a new definition to be appropriately inserted  
18 and to read:

19 "Dental insurance provider" means any person who  
20 undertakes to provide or to arrange for or administer one or  
21 more dental insurance plans."

22 2. By amending the definition of "enrollee" to read:



1            ""Enrollee" means a person who enters into a contractual  
2 relationship or who is provided with health care services or  
3 benefits through a managed care plan[-] or dental care services  
4 or benefits by a dental insurance provider."

5            SECTION 5. Section 431:14G-104, Hawaii Revised Statutes,  
6 is amended by amending subsection (a) to read as follows:

7            "(a) Except as otherwise provided by law, the commissioner  
8 may mandate filings for health and dental insurance under  
9 section 431:14G-105 when the commissioner has actuarially sound  
10 information that current rates may be excessive, inadequate, or  
11 unfairly discriminatory."

12           SECTION 6. Section 431:14G-105, Hawaii Revised Statutes,  
13 is amended by amending subsection (i) to read as follows:

14           "(i) The commissioner, by written order, may suspend or  
15 modify the requirement of filing as to any class of health or  
16 dental insurance, subdivision, or combination thereof, or as to  
17 classes of risks, the rates which cannot practicably be filed  
18 before they are used. The order shall be made known to the  
19 affected managed care plan[-] or dental insurance provider. The  
20 commissioner may make examinations that the commissioner deems  
21 advisable to ascertain whether any rates affected by the order  
22 meet the standards set forth in section 431:14G-103."



1 SECTION 7. Section 431:14G-105, Hawaii Revised Statutes,  
2 is amended by amending subsection (k) to read as follows:

3 "(k) The commissioner may make the following rate  
4 effective when filed: any special filing with respect to any  
5 class of health or dental insurance, subdivision, or combination  
6 thereof that is subject to individual risk premium modification  
7 and has been agreed to under a formal or informal bid process."

8 SECTION 8. Section 431:14G-107, Hawaii Revised Statutes,  
9 is amended by amending subsection (d) to read as follows:

10 "(d) (1) Any enrollee of a managed care plan, dental insurance  
11 provider, or organization that purchases health  
12 insurance from a managed care plan or dental insurance  
13 from a dental insurance provider aggrieved with  
14 respect to any filing that is in effect may make a  
15 written demand to the commissioner for a hearing  
16 thereon; provided that the managed care plan or dental  
17 insurance provider that made the filing shall not be  
18 authorized to proceed under this subsection;

19 (2) The demand shall specify the grounds to be relied upon  
20 by the aggrieved enrollee or organization and the  
21 demand shall show that the enrollee or organization



1           has a specific economic interest affected by the  
2           filing;

3       (3) If the commissioner finds that:

4           (A) The demand is made in good faith;

5           (B) The applicant would be so aggrieved if the  
6           enrollee's or organization's grounds are  
7           established; and

8           (C) The grounds otherwise justify a hearing;

9           the commissioner, within thirty days after receipt of  
10          the demand, shall hold a hearing. The hearing shall  
11          be held upon not less than ten days' written notice to  
12          the aggrieved party and to every managed care plan  
13          that made the filing. The aggrieved party shall bear  
14          the burden of proving that the filing fails to meet  
15          the standards set forth in section 431:14G-103; and

16       (4) If, after the hearing, the commissioner finds that the  
17          filing does not meet the requirements of this article,  
18          the commissioner shall issue an order specifying in  
19          what respects the filing fails to meet the  
20          requirements of this article, and stating when, within  
21          a reasonable period, the filing shall be deemed no  
22          longer effective. Copies of the order shall be sent



1 to the applicant and to every affected managed care  
2 plan. The order shall not affect any contract or  
3 policy made or issued prior to the expiration of the  
4 period set forth in the order."

5 SECTION 9. Statutory material to be repealed is bracketed  
6 and stricken. New statutory material is underscored.

7 SECTION 10. This Act shall take effect upon its approval.  
8

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**Report Title:**

Dental Insurance; Rate Regulation

**Description:**

Expands the power of the insurance commissioner to include regulating the rates of dental insurance providers.

