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## A BILL FOR AN ACT

RELATING TO DENTAL SERVICES.

**BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:**

1           SECTION 1. Chapter 432, Hawaii Revised Statutes, is  
2 amended by adding a new section to article 1 to be appropriately  
3 designated and to read as follows:

4           "§432:1-   Fees to providers of dental services.   (a) No  
5 mutual benefit society may require, directly or indirectly, a  
6 dentist who is a participating provider to provide services to  
7 an enrolled participant at a fee set by, or at a fee subject to  
8 the approval of, the mutual benefit society, unless the dental  
9 services are covered services.

10           (b) A mutual benefit society shall not include, in any  
11 dental service plan, contract, or agreement with a dentist to  
12 provide covered services, any provision that sets or recommends  
13 fees for dental services that are not covered services.

14           (c) For the purposes of this section, "covered services"  
15 means dental care services for which a reimbursement is  
16 available under an enrollee's plan contract, or for which a  
17 reimbursement would be available but for the application of  
18 contractual limitations, such as deductibles, copayments,



1 coinsurance, waiting periods, annual or lifetime maximums,  
2 frequency limitations, alternative benefit payments, or any  
3 other limitation.

4 (d) A violation of this section shall be deemed a  
5 violation of section 480-2."

6 SECTION 2. Chapter 432D, Hawaii Revised Statutes, is  
7 amended by adding a new section to be appropriately designated  
8 and to read as follows:

9 "§432D- Fees to providers of dental services. (a) No  
10 health maintenance organization may require, directly or  
11 indirectly, a dentist who is a participating provider to provide  
12 services to an enrolled participant at a fee set by, or at a fee  
13 subject to the approval of, the health maintenance organization,  
14 unless the dental services are covered services.

15 (b) A health maintenance organization shall not include,  
16 in any dental service plan, contract, or agreement with a  
17 dentist to provide covered services, any provision that sets or  
18 recommends fees for dental services that are not covered  
19 services.

20 (c) For the purposes of this section, "covered services"  
21 means dental care services for which a reimbursement is  
22 available under an enrollee's plan contract, or for which a



1 reimbursement would be available but for the application of  
2 contractual limitations, such as deductibles, copayments,  
3 coinsurance, waiting periods, annual or lifetime maximums,  
4 frequency limitations, alternative benefit payments, or any  
5 other limitation.

6 (d) A violation of this section shall be deemed a  
7 violation of section 480-2."

8 SECTION 3. Chapter 448D, Hawaii Revised Statutes, is  
9 amended by adding a new section to be appropriately designated  
10 and to read as follows:

11 "§448D- Fees to providers of dental services. (a) No  
12 dental service organization may require, directly or indirectly,  
13 a dentist who is a participating provider to provide services to  
14 an enrolled participant at a fee set by, or at a fee subject to  
15 the approval of, the dental service organization, unless the  
16 dental services are covered services.

17 (b) A dental service organization shall not include, in  
18 any dental service plan, contract, or agreement with a dentist  
19 to provide covered services, any provision that sets or  
20 recommends fees for dental services that are not covered  
21 services.



1        (c) A violation of this section shall be deemed a  
2 violation of section 480-2."

3        SECTION 4. Section 448D-1, Hawaii Revised Statutes, is  
4 amended by adding a new definition to be appropriately inserted  
5 and to read as follows:

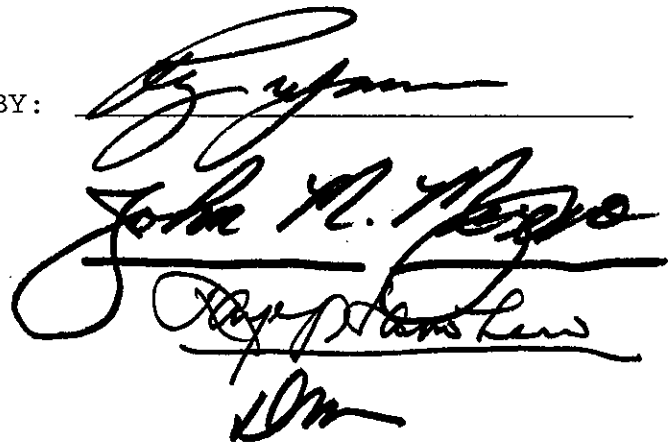
6        "Covered services" means dental care services for which a  
7 reimbursement is available under an enrollee's plan contract, or  
8 for which a reimbursement would be available but for the  
9 application of contractual limitations, such as deductibles,  
10 copayments, coinsurance, waiting periods, annual or lifetime  
11 maximums, frequency limitations, alternative benefit payments,  
12 or any other limitation."

13        SECTION 5. New statutory material is underscored.

14        SECTION 6. This Act shall take effect upon its approval.

15

INTRODUCED BY:



JAN 17 2012



# H.B. NO. 1958

**Report Title:**

Dental Services

**Description:**

Prohibits mutual benefit societies, health maintenance organizations, and dental service organizations from requiring dentists who provide services to their subscribers to accept fees set by a plan for any services, except for covered services.

*The summary description of legislation appearing on this page is for informational purposes only and is not legislation or evidence of legislative intent.*

