

2011 DRAFTING REQUEST

Bill

Received: **08/31/2011**

Received By: **pkahler**

Wanted: **As time permits**

Companion to LRB:

For: **Van Wanggaard (608) 266-1832**

By/Representing: **Scott Kelly**

May Contact:

Drafter: **pkahler**

Subject: **Insurance - health**

Addl. Drafters:

Extra Copies:

Submit via email: **YES**

Requester's email: **Sen.Wanggaard@legis.wisconsin.gov**

Carbon copy (CC:) to:

Pre Topic:

No specific pre topic given

Topic:

Prohibitions on dictating dental fees

Instructions:

See attached

Drafting History:

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	pkahler 08/31/2011	jdye 09/06/2011		_____			
/1			phenry 09/06/2011	_____	sbasford 09/06/2011	ggodwin 09/08/2011	

FE Sent For:

None

<END>

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/?	pkahler	1 9/6 jld	9/6 ph	_____ X			

FE Sent For:

<END>



State of Wisconsin
2011 - 2012 LEGISLATURE



LRB-160871
PJK:jld:rs

2779/
1/6/11

2011 BILL

Jan 12
Kase

1 **AN ACT to create** 632.873 of the statutes; **relating to:** fees for dental services.

Analysis by the Legislative Reference Bureau

Under this bill: 1) an insurer that offers a policy or plan that provides coverage for dental and related services may not require a dentist who provides services under the policy or plan to provide a service to an enrollee of the plan at a fee set by the insurer if the service is not covered under the policy or plan (noncovered service); 2) an administrator providing third-party administration services or a provider network for a plan that provides coverage for dental and related services may not require any dentist in the administrator's provider network to charge set fees for noncovered services provided to enrollees of the plan; and 3) a dentist who provides services to enrollees of a policy or plan that provides coverage for dental and related services may not charge an enrollee more than the dentist's usual nondiscounted fee for a noncovered service.

The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

2 **SECTION 1.** 632.873 of the statutes is created to read:

3 **632.873 Restrictions relating to fees for dental services.** (1) DEFINITION.

4 In this section, "covered service" means, with respect to dental or related services
5 specified in a policy or plan that provides coverage for those services, a service

BILL

1 provided by a dentist to an enrollee of the policy or plan to which all of the following
2 apply:

3 (a) The policy or plan makes a payment for the service, administered
4 consistently with policies traditionally governing covered services.

5 (b) The policy's or plan's allowed amount for the service on behalf of the enrollee
6 is more than 50 percent of the dentist's usual nondiscounted fee for the service.

7 **(2) PROHIBITIONS ON SETTING FEES.** (a) A contract between an insurer offering
8 a policy or plan that provides coverage for dental and related services and a dentist
9 for the provision of dental and related services to enrollees of the dental policy or plan
10 may not require the dentist to provide a service to an enrollee of the dental policy or
11 plan at a fee set by the insurer unless the service is a covered service under the dental
12 policy or plan.

13 (b) An administrator providing 3rd-party administration services or a provider
14 network for a plan that provides coverage for dental and related services may not
15 require any dentist in the administrator's provider network that is eligible to provide
16 services under the plan to charge set fees for dental or related services provided to
17 enrollees of the plan that are not covered services under the plan.

18 **(3) PROHIBITION ON CHARGES.** A dentist who, under a contract with an insurer
19 or other person offering a policy or plan that provides coverage for dental and related
20 services, provides dental or related services to an enrollee of the policy or plan may
21 not charge the enrollee more than the dentist's usual nondiscounted fee for a dental
22 or related service that is not a covered service under the policy or plan.

SECTION 2. Initial applicability.

23
24 (1) If a contract that is in effect on the effective date of this subsection contains
25 a provision that is inconsistent with the treatment of section 632.873 (2) (a) or (b) or

BILL

1 (3) of the statutes, the treatment of section 632.873 (2) (a) or (b) or (3) of the statutes
2 first applies to that contract on the date on which it is modified or renewed.

3 (END)

Kahler, Pam

From: Kelly, Scott
Sent: Wednesday, August 31, 2011 1:53 PM
To: Kahler, Pam
Cc: VerVelde, Brandon
Subject: FW: Co-Sponsor LRB 1603, Fees for Dental Services

Attachments: 11-16031.pdf

We'd like a companion draft on this please...

From: Rep.Wynn
Sent: Friday, August 26, 2011 11:13 AM
To: *Legislative All Assembly; *Legislative All Senate
Subject: Co-Sponsor LRB 1603, Fees for Dental Services

From: Senator Van Wanggaard and Representative Evan Wynn
To: Wisconsin Legislature
Re: Co-Sponsor LRB-1603/1 relating to: Fees for dental services

The deadline to cosponsor is 5 p.m. Thursday, September 8, 2011

In an effort to foster greater transparency in the actual costs of providing dental services, this legislation would prohibit a dental benefit plan from setting fees for services the plan does not actually cover. For example, many dental benefit plans will cover or reimburse for services if they are preventative and basic restorative services, but most often they do not cover the more costly services (i.e. whitening, implants, veneers, splints, elective services, etc.). However, recently some dental benefit plans are attempting to reinterpret existing contracts to suggest that the plans can dictate price schedules even when the plan is not paying for the actual procedure. This is a situation that has only recently begun to occur and leads to a lack of transparency and forces providers to either drop out of their network or shift costs of the services to patients who pay out of pocket - a situation in healthcare often referred to as creating a "hidden tax" on the individual consumer.

In short, if the dental benefit plan is not paying for/covering the actual procedure, they should not dictate the fee schedule. Again, this does not affect the ability of the plan to establish the fees for services which they do pay for/cover. Similar bills have passed by 26 other states over the past two years; and by margins of 10:1 in favor.

The Wisconsin Dental Association which represents 85% of the dentists in the state of Wisconsin is strongly supportive of this proposal.

If you have questions or would like to cosponsor this bill, please reply to this email or contact the Wanggaard (6-1832) or Wynn office (6-9650) by 5 p.m. September 8th, 2011.

Note: If you co-sponsor this legislation you will be added to both versions unless otherwise requested.

Analysis by the Legislative Reference Bureau

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11-16031.pdf (30
KB)

Kahler, Pam

From: VerVelde, Brandon
Sent: Wednesday, August 31, 2011 1:58 PM
To: Kahler, Pam
Cc: Kelly, Scott
Subject: LRB 1603

Pam,

Could we have a Senate companion bill drafted for Sen. Wanggaard on LRB 1603?

Thank you,

Brandon

--
Brandon P. VerVelde

Office of Rep. Evan Wynn
Follow Evan on [Facebook](#) and [Twitter](#)!

(608) 266-9650
Brandon.vervelde@legis.wi.gov



LRB-1003/2

PJK:jld:rs

Keep

2779/1
/bttz

2011 BILL

Companion

X

Regen

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24

BILL

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3

(END)

Godwin, Gigi

From: Kelly, Scott
Sent: Thursday, September 08, 2011 11:09 AM
To: LRB.Legal
Subject: Draft Review: LRB 11-2779/1 Topic: Prohibitions on dictating dental fees

Please Jacket LRB 11-2779/1 for the SENATE.