2013 Assembly Bill 109 (LRB -0800)

An Act to create 632.873 of the statutes; relating to: fees for dental services.

2013

03-29.	A.	Introduced by Representatives **Ballweg**, **Petersen**, **Nygren**, **Barca**, **Berceau**, **Bernard Schaber**, **Bernier**, **Bewley**, **Bies**, **Billings**, **Brooks**, **Clark**, **Danou**, **Doyle**, **Endsley**, **Genrich**, **Goyke**, **Hesselbein**, **Honadel**, **Jacque**, **Jagler**, **Jorgensen**, **Kahl**, **Kaufert**, **Kerkman**, **Kestell**, **Klenke**, **Kolste**, **Krug**, **Kuglitsch**, **LeMahieu**, **Loudenbeck**, **Marklein**, **Mason**, **Murphy**, **Nass**, **Nerison**, **Ohnstad**, **A. Ott**, **Pasch**, **Petryk**, **Richards**, **Riemer**, **Ringhand**, **Sargent**, **Schraa**, **Spiros**, **Stone**, **Strachota**, **Tauchen**, **Thiesfeldt**, **Tittl**, **Tranel**, **Vruwink**, **Weatherston**, **Williams**, **Wright**, **Young** and **Zamarripa**; cosponsored by Senators **Petrowski**, **Lasee**, **Cowles**, **Ellis**, **Erpenbach**, **Gudex**, **Hansen**, **Harris**, **Harsdorf**, **Jauch**, **Lazich**, **Lehman**, **Miller**, **Moulton**, **Olsen**, **Schultz**, **Shilling**, **L. Taylor**, **Vinehout** and **Wirch**.	97
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04-04.	A.	Public hearing held	
04-11.	A.	Executive action taken	
04-11.	A.	Report passage recommended by Committee on Insurance, Ayes 12, Noes 2	110
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05-07.	S.	Read a third time and **concurred in**, Ayes 30, Noes 3	
05-07.	S.	Ordered immediately messaged	
05-07.	A.	Received from Senate concurred in	

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2013
ENROLLED BILL

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ADOPTED DOCUMENTS:

☒ **Orig** ☐ **Engr** ___ **SubAmdt** ___ **13** -0800/4

Amendments to above (if none, write "NONE"): NONE

Corrections – show date (if none, write "NONE"): NONE

Topic Rel

5-8-2013
Date

Enrolling Drafter

State of Wisconsin
2013 - 2014 LEGISLATURE

LRB-0800/4
PJK:kjf:rs

2013 ASSEMBLY BILL 109

March 29, 2013 - Introduced by Representatives BALLWEG, PETERSEN, NYGREN, BARCA, BERCEAU, BERNARD SCHABER, BERNIER, BEWLEY, BIES, BILLINGS, BROOKS, CLARK, DANOU, DOYLE, ENDSLEY, GENRICH, GOYKE, HESSELBEIN, HONADEL, JACQUE, JAGLER, JORGENSEN, KAHL, KAUFERT, KERKMAN, KESTELL, KLENKE, KOLSTE, KRUG, KUGLITSCH, LEMAHIEU, LOUDENBECK, MARKLEIN, MASON, MURPHY, NASS, NERISON, OHNSTAD, A. OTT, PASCH, PETRYK, RICHARDS, RIEMER, RINGHAND, SARGENT, SCHRAA, SPIROS, STONE, STRACHOTA, TAUCHEN, THIESFELDT, TITTL, TRANEL, VRUWINK, WEATHERSTON, WILLIAMS, WRIGHT, YOUNG and ZAMARRIPA, cosponsored by Senators PETROWSKI, LASEE, COWLES, ELLIS, ERPENBACH, GUDEX, HANSEN, HARRIS, HARSDORF, JAUCH, LAZICH, LEHMAN, MILLER, MOULTON, OLSEN, SCHULTZ, SHILLING, L. TAYLOR, VINEHOUT and WIRCH. Referred to Committee on Insurance.

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 limited-scope policy that provides coverage for dental and related services may not require a dentist who provides services under the policy to provide a service to an insured under the policy at a fee set by the insurer if the service is not covered under the policy (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 an insured under a limited-scope policy that provides coverage for dental and related services may not charge the insured more than the dentist's usual nondiscounted fee for a noncovered service. The bill prohibits a limited-scope policy that provides coverage for dental and related services from providing nominal or de minimis coverage for a dental or related service, making the service a covered service, for the sole purpose of avoiding the requirement under the bill that prohibits setting fees for noncovered services.

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:

1 **632.873 Restrictions relating to fees for dental services. (1)** DEFINITIONS.
2 In this section, unless the context requires otherwise:
3 (a) "Covered service" means, with respect to dental or related services specified
4 in a policy or plan that provides coverage for those services, a service provided by a
5 dentist or at the direction of a dentist to an insured under the policy or an enrollee
6 of the plan for which the policy or plan makes payment, administered consistently
7 with policies traditionally governing covered services, or for which the policy or plan
8 would make payment but for the application of contractual limitations of
9 deductibles, copayments, coinsurance, waiting periods, annual maximums, lifetime
10 maximums applicable to the same course of treatment, frequency limitations, or
11 alternative benefit payments.
12 (b) "Policy" means a policy, certificate, or contract of insurance that provides
13 only limited–scope dental benefits.
14 (c) "Related service" means a service that is commonly provided, by a dentist
15 or at the direction of a dentist, in conjunction with a dental service.
16 **(2)** PROHIBITIONS ON SETTING FEES. (a) 1. A contract between an insurer offering
17 a policy that provides coverage for dental and related services and a dentist for the
18 provision of dental and related services to an insured under the policy may not
19 require the dentist to provide a service to an insured under the policy at a fee set by
20 the insurer unless the service is a covered service under the policy.
21 2. A policy that provides coverage for dental and related services may not
22 provide nominal or de minimis coverage for a dental or related service for the sole
23 purpose of avoiding the requirements under subd. 1.
24 (b) An administrator providing 3rd–party administration services or a provider
25 network for a plan that provides coverage for dental and related services may not

1 require any dentist in the administrator's provider network that is eligible to provide
2 services under the plan to charge set fees for dental or related services provided to
3 enrollees of the plan that are not covered services under the plan.

4 **(3)** PROHIBITION ON CHARGES. A dentist who, under a contract with an insurer
5 offering a policy that provides coverage for dental and related services, provides
6 dental or related services to an insured under the policy may not charge the insured
7 more than the dentist's usual nondiscounted fee for a dental or related service that
8 is not a covered service under the policy.

9 **SECTION 2. Initial applicability.**

10 (1) The treatment of section 632.873 (2) (a) 1. and (3) of the statutes first applies
11 to a contract between an insurer offering a limited–scope dental policy and a dentist
12 that is entered into, modified, or renewed on the effective date of this subsection.

13 (2) The treatment of section 632.873 (2) (b) of the statutes first applies to a
14 contract between an administrator providing 3rd–party administration services or
15 a provider network for a plan and a dentist that is entered into, modified, or renewed
16 on the effective date of this subsection.

17 (3) The treatment of section 632.873 (2) (a) 2. of the statutes first applies to a
18 limited–scope dental policy that is newly issued or renewed on the effective date of
19 this subsection.

20 **SECTION 3. Effective date.**

21 (1) This act takes effect on January 1, 2014.

22 **(END)**