

2013 DRAFTING REQUEST

Bill

Received: 12/11/2012 Received By: pkahler
 Wanted: As time permits Same as LRB:
 For: Joan Ballweg (608) 266-8077 By/Representing: Vince Williams
 May Contact: Drafter: pkahler
 Subject: Insurance - health Addl. Drafters:
 Extra Copies:

Submit via email: YES
 Requester's email: Rep.Ballweg@legis.wisconsin.gov
 Carbon copy (CC) to: Brandon.VerVelde@legis.wisconsin.gov
 Tamara.Dodge@legis.wisconsin.gov

Pre Topic:

No specific pre topic given

Topic:

Restrictions on dental fees set by a health plan and on charges by dentists to plan enrollees

Instructions:

See attached

Drafting History:

Vers.	Drafted	Reviewed	Typed	Proofed	Submitted	Jacketed	Required
/?	pkahler 12/12/2012	kfollett 1/4/2013	rschluet 1/4/2013	_____			
/P1	pkahler 3/18/2013			_____	sbasford 1/4/2013		
/1	pkahler 3/22/2013	kfollett 3/18/2013	phenry 3/18/2013	_____	lparisi 3/18/2013		

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/2	pkahler 3/22/2013	kfollett 3/22/2013	rschluet 3/22/2013	_____	lparisi 3/22/2013		
/3	pkahler 3/25/2013	kfollett 3/25/2013	rschluet 3/25/2013	_____	sbasford 3/25/2013		
/4	pkahler 3/25/2013	kfollett 3/25/2013	rschluet 3/25/2013	_____	sbasford 3/25/2013	mbarman 3/29/2013	

FE Sent For:

→ Not Needed

<END>

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12/11/12
 3/22
 JM

FE Sent For:

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 Extra Copies:

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 Carbon copy (CC) to: Brandon.VerVelde@legis.wisconsin.gov
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1/?	pkahler 12/12/2012	1/11/5f 1/4					
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FE Sent For:

<END>

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Received: 12/11/2012
Wanted: As time permits
For: Legislative Reference Bureau
May Contact:
Subject: Insurance - health

Received By: pkahler
Same as LRB:
By/Representing: PJ Kahler
Drafter: pkahler
Addl. Drafters:
Extra Copies:

Submit via email: YES
Requester's email: Evan.Wynn@legis.wisconsin.gov
Carbon copy (CC) to: Brandon.VerVelde@legis.wisconsin.gov
Tamara.Dodge@legis.wisconsin.gov

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/? pkahler

FE Sent For:

<END>

Please submit for send copy of the "PI" version to Rep Wynn. Thank you! RJK

Kahler, Pam

From: Rep. Wynn
Sent: Tuesday, December 11, 2012 1:17 PM
To: Kahler, Pam
Subject: Bill draft request

Hello Pam,

Even though Rep. Wynn will not be serving next term, he would like to draft a bill for next session that he can pass along to a new member.

We would like 2 bills. First, we would like 2011 AB 251 redrafted for 2013 with the amendment we drafted (a2196) incorporated into the bill.

Thank you,

Brandon

--
Brandon P. VerVelde

Office of Rep. Evan Wynn

(608) 266-9650

Brandon.vervelde@legis.wi.gov

STATE OF WISCONSIN - LEGISLATIVE REFERENCE BUREAU

LRB

Research (608-266-0341)

Library (608-266-7040)

Legal (608-266-3561)

LRB

Redraft LRB-1603/2
Voice in Ballweg's office

2011 AB 251

for 2013 session

Kahler, Pam

From: Williams, Vincent
Sent: Thursday, January 03, 2013 3:11 PM
To: Kahler, Pam
Subject: RE: Bill draft request

Yes, we want the amendment. Thank you Pam.

From: Kahler, Pam
Sent: Thursday, January 03, 2013 1:53 PM
To: Williams, Vincent
Subject: FW: Bill draft request

Hi, Vince:

Brandon emailed me earlier that your office would be taking up the draft that you requested yesterday. The only difference between the two drafts is that Rep. Wynn wanted to include an amendment that was not introduced. Do you want the amendment included in your draft? If you don't know what it does, I can send you a copy.

Pam

From: VerVelde, Brandon
Sent: Thursday, January 03, 2013 1:32 PM
To: Kahler, Pam
Cc: Williams, Vincent
Subject: RE: Bill draft request

Yes and yes. I spoke with Vince from their office.

-Brandon

From: Kahler, Pam
Sent: Thursday, January 03, 2013 1:27 PM
To: VerVelde, Brandon
Subject: RE: Bill draft request

Brandon,

Will Rep. Ballweg be taking up your draft with the amendment? In any case, do I have permission from your office to contact them and let them know that you are releasing your draft to them?



State of Wisconsin
2011-2012 LEGISLATURE
2013-2014

Jan 7 (cont)



LRB-1003/2
PJK:jld:re

080

rm not run Kjt

2013 ←
2011 ASSEMBLY BILL 251

(2-12)

September 15, 2011 - Introduced by Representatives WYNN, DANOU, ENDSLEY, BERNIER, SPANBAUER, THIESFELDT, NASS, A. OTT, PETROWSKI, YOUNG, NERISON, KAUFERT, PRIDEMORE, DOYLE, KNILANS, KRUG, PETRYK, MASON, KUGLITSCH, STRACHOTA, LOUDENBECK, BALLWEG, RIPP, STONE, BERNARD SCHABER, TRANEL, WILLIAMS and VOS, cosponsored by Senators WANGGAARD, HOLPERIN, GALLOWAY, LASEE, VINEHOUT, MOULTON, LAZICH, HANSEN and SCHULTZ. Referred to Committee on Insurance.

Regen

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. *insert A*

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

ASSEMBLY BILL 251

Insert 2-1

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

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

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

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

(b) An administrator providing 3rd-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 that is eligible to provide services under the plan to charge set fees for dental or related services provided to enrollees of the plan that are not covered services under the plan.

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

SECTION 2. Initial applicability.

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

Insert 2-1b

(b),

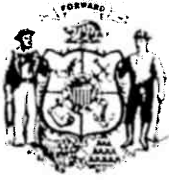
ASSEMBLY BILL 251

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)

Done → ~~(Electronic vote can be deleted)~~



ASSEMBLY AMENDMENT,
TO 2011 ASSEMBLY BILL 251

Insert 2-1

1 At the locations indicated, amend the bill as follows:

2 **1.** Page 2, line 1: delete lines 1 to 6 and substitute "provided by a dentist to an
3 enrollee of the policy or plan for which the policy or plan makes a payment,
4 administered consistently with policies traditionally governing covered services."

5 **2.** Page 2, line 16: after that line insert:

6 "(c) A policy or plan that provides coverage for dental and related services may
7 not provide nominal or de minimis coverage for a dental or related service for the sole
8 purpose of avoiding or circumventing the requirements under this subsection."

Insert 2-16

9 (END)

2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

PI
LRB-0800/ins
PJK:.....

INSERT A

not
The bill prohibits a policy or plan 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 or circumventing the requirements under the bill that prohibit setting fees for noncovered services.

(END OF INSERT A)

Kahler, Pam

From: Rep. Ballweg
Sent: Monday, March 18, 2013 9:34 AM
To: Kahler, Pam
Subject: RE: Charges for dental services draft

Hi Pam,

I would like to make some changes to LRB 0800/P1:

Page 2, line 18: delete the word "sole"

Page 2, line 19: delete the word "circumventing" and replace with "that results in the avoidance of"

Can you make these changes and get me the draft as a slash 1?

Sorry for the late notice, but this is a rush. We have a meeting on Tuesday, March 19, 2013, at 11:30 a.m. in the Speaker's office to discuss the draft.

Let me know if you have any questions. 266-8077

Regards,

Vince Williams
Rep. Ballweg's Office

From: Kahler, Pam
Sent: Thursday, January 24, 2013 12:48 PM
To: Williams, Vincent
Subject: Charges for dental services draft

Here it is, Vince.

Pamela J. Kahler
Legislative Attorney
Legislative Reference Bureau
608-266-2682
<< File: 13-0800/P1 >>



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-0800/1
PJK:kjfrs

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~~PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION~~

2013 Bee

*3-18
Today*

per

Regen

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 bill prohibits a policy or plan 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 or circumventing the requirements under the bill that prohibit setting fees for noncovered services.

to avoid, or that results in avoiding

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:

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

In this section, "covered service" means, with respect to dental or related services specified in a policy or plan that provides coverage for those services, a service provided by a dentist to an enrollee of the policy or plan for which the policy or plan makes a payment, administered consistently with policies traditionally governing covered services.

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

(b) An administrator providing 3rd-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 that is eligible to provide services under the plan to charge set fees for dental or related services provided to enrollees of the plan that are not covered services under the plan.

(c) A policy or plan that provides coverage for dental and related services may not provide nominal or de minimis coverage for a dental or related service for the sole purpose of avoiding or circumventing the requirements under this subsection.

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

SECTION 2. Initial applicability.

18
19

Insert 2-19

1 (1) If a contract that is in effect on the effective date of this subsection contains
2 a provision that is inconsistent with the treatment of section 632.873 (2) (a), (b), or
3 (c) or (3) of the statutes, the treatment of section 632.873 (2) (a), (b), or (c) or (3) of
4 the statutes first applies to that contract on the date on which it is modified or
5 renewed.

6

(END)

2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0800/lins
PJK:.....

INSERT 2-19

LPS: 1
use 2 →
this 3

~~the purpose of which is to avoid, or that results in the avoidance of,~~

to avoid, or that results in the avoidance of,

~~for the purpose of avoiding, or that results in the avoidance of,~~

(END OF INSERT 2-19)



State of Wisconsin
2013 - 2014 LEGISLATURE



LRB-0800/1
PJK:kjf:ph

2013 BILL

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

Analysis by the Legislative Reference Bureau

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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:

Q: (How would policy & plan be interpreted?)

2013 - 2014 Legislature

BILL

LRB-0800/1

PJK:kjf:ph

SECTION 1

is defined²⁻ any insurance contract or self-funded plans

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

2 In this section, "covered service" means, with respect to dental or related services
3 specified in a policy or plan that provides coverage for those services, a service
4 provided by a dentist to an enrollee of the policy or plan for which the policy or plan
5 makes a payment, administered consistently with policies traditionally governing
6 covered services. *or for which a policy or plan would make*

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 policy or plan may
10 not require the dentist to provide a service to an enrollee of the policy or plan at a fee
11 set by the insurer unless the service is a covered service under the policy or plan.

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

17 (c) A policy or plan that provides coverage for dental and related services may
18 not provide nominal or de minimis coverage for a dental or related service *for the sole purpose*
19 ~~or that results in the avoidance of~~ *to avoid, of avoiding* the requirements under this subsection.

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

25 **SECTION 2. Initial applicability.**

*WDA
to look into
this
section*

*of deductibles,
copayments,
waiting
periods,
annual
maximums,
lifetime
maximums
applicable
to the same
course of
treatment,
and
frequency
limitations.*

what does this mean

BILL

1 (1) If a contract that is in effect on the effective date of this subsection contains
2 a provision that is inconsistent with the treatment of section 632.873 (2) (a), (b), or
3 (c) or (3) of the statutes, the treatment of section 632.873 (2) (a), (b), or (c) or (3) of
4 the statutes first applies to that contract on the date on which it is modified or
5 renewed.

6

(END)

3-21-13

don't use "including"
in definitions, these are the only
limitations

Rep Ballweg, Vince
Wilsons, Mara Brooks,
Tim Fiochi

~~Excluded plan~~
? Ltd scope dental plan
or any medical plan that offers dental coverage under the
PPACA requirements
not yet

delay effective date
Jan 1, 2014

"related services, such as and
dental services and related
services commonly provided in conjunction w / dental services"

rela

provided by dentist or employee of the dentist
or at the direction of the dentist



rmirun

2013 BILL

D-note
in 3-22
by Monday, please

legen

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 bill prohibits a policy or plan 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, to avoid, or that results in, avoiding, the requirements under the bill that prohibit setting fees for noncovered services.

sole
for the sole purpose of

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:

BILL

SECTION 1

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

2 In this section, ^{or at the direction of a dentist} "covered service" means, with respect to dental or related services
 3 specified in a policy or plan that provides coverage for those services, a service
 4 provided by a dentist to an enrollee of the policy or plan for which the policy or plan
 5 makes ^{the} payment, administered consistently with policies traditionally governing
 6 covered services. ^{Insert 2-6}

Insert 2-7

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 policy or plan may
 10 not require the dentist to provide a service to an enrollee of the policy or plan at a fee
 11 set by the insurer unless the service is a covered service under the policy or plan.

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

17 (c) A policy or plan that provides coverage for dental and related services may
 18 not provide nominal or de minimis coverage for a dental or related service ^{to avoid,}
 19 ^{or that results in the avoidance of,} the requirements under this subsection.

for the sole purpose of avoiding

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

SECTION 2. Initial applicability.

BILL

1 (1) If a contract that is in effect on the effective date of this subsection contains
2 a provision that is inconsistent with the treatment of section 632.873 (2) (a), (b), or
3 (c) or (3) of the statutes, the treatment of section 632.873 (2) (a), (b), or (c) or (3) of
4 the statutes first applies to that contract on the date on which it is modified or
5 renewed.

6

(END)

Insert 3-5

~~note~~

2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU

LRB-0800/2ins
PJK:.....

r m is run

INSERT 2-6

no F
1 , or for which the policy or plan would make payment but for the application of
2 contractual limitations of deductibles, copayments, waiting periods, annual
3 maximums, lifetime maximums applicable to the same course of treatment, or
4 frequency limitations

(END OF INSERT 2-6)

INSERT 2-7

G
5 (b) "Related service" means a service that is commonly provided, by a dentist
6 or at the direction of a dentist, in conjunction with a dental service.

(END OF INSERT 2-7)

INSERT 3-5

UPS:
fix (7)
should & auto number
to
be
(1)
(2)
(3)

9 (1) The treatment of section 632.873 (2) (a) of the statutes first applies to a
contract between an insurer or other person offering a policy or plan and a dentist
that is entered into, modified, or renewed on the effective date of this subsection.

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

13 (3) The treatment of section 632.873 (2) (c) of the statutes first applies to a
14 policy or plan that provides coverage for dental and related services that is newly
15 issued or renewed on the effective date of this subsection.

SECTION 1. Effective date.

16
17
18 (1) This act takes effect on January 1, 2014.

(END OF INSERT 3-5)

**DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0800/2dn

PJK:...

kjf
pm is run

Date

I have made the general effective date January 1, 2014, but please review the initial applicability provisions to make sure that they are what you intend. We discussed making the bill first apply to policies and plans that are issued or renewed on January 1, 2014, but the draft does not really impose requirements or prohibitions on policies or plans, except for proposed s. 632.873 (2) (c). Rather, the draft imposes prohibitions on contracts between dentists and insurers and administrators. Let me know if you see any problems with the way in which the initial applicability provisions are drafted.

Do we need to make a cross-reference to proposed s. 632.873 (2) (c) in s. 40.51 so that the ETF plans covering state and municipal employees comply with proposed s. 632.873 (2) (c)? I don't know if de minimis coverage is an issue with the state plans.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: pam.kahler@legis.wisconsin.gov

DRAFTER'S NOTE
FROM THE
LEGISLATIVE REFERENCE BUREAU

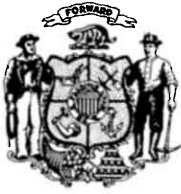
LRB-0800/2dn
PJK:kjfrs

March 22, 2013

I have made the general effective date January 1, 2014, but please review the initial applicability provisions to make sure that they are what you intend. We discussed making the bill first apply to policies and plans that are issued or renewed on January 1, 2014, but the draft does not really impose requirements or prohibitions on policies or plans, except for proposed s. 632.873 (2) (c). Rather, the draft imposes prohibitions on contracts between dentists and insurers and administrators. Let me know if you see any problems with the way in which the initial applicability provisions are drafted.

Do we need to make a cross-reference to proposed s. 632.873 (2) (c) in s. 40.51 so that the ETF plans covering state and municipal employees comply with proposed s. 632.873 (2) (c)? I don't know if de minimis coverage is an issue with the state plans.

Pamela J. Kahler
Senior Legislative Attorney
Phone: (608) 266-2682
E-mail: pam.kahler@legis.wisconsin.gov



r m i r e n

2013 BILL

had Monday (3-25)
morning
(see changes on p. 2)

Regen

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 bill prohibits a policy or plan 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 requirements under the bill that prohibit 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:

BILL

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

In this section:

(a) "Covered service" means, with respect to dental or related services specified in a policy or plan that provides coverage for those services, a service provided by a dentist or at the direction of a dentist to an enrollee of the policy or plan for which the policy or plan makes payment, administered consistently with policies traditionally governing covered services, or for which the policy or plan would make payment but for the application of contractual limitations of deductibles, copayments, ^{coinsurance,} waiting periods, annual maximums, lifetime maximums applicable to the same course of treatment, ^{or} frequency limitations ^{or alternative benefit payments}

(b) "Related service" means a service that is commonly provided, by a dentist or at the direction of a dentist, in conjunction with a dental service.

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

(b) An administrator providing 3rd-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 that is eligible to provide services under the plan to charge set fees for dental or related services provided to enrollees of the plan that are not covered services under the plan.

(c) A policy or plan that provides coverage for dental and related services may not provide nominal or de minimis coverage for a dental or related service for the sole purpose of avoiding the requirements under this subsection.

Vivie Williams

3-25

limit application of (2)(a) + (c) + (3) to
limited-scope dental plans

limit application of (2)(b) to plans - as
it is now

~~reference~~ s. 632.745 (1)(b) 9. description of
base limited scope plans



Today

r m i r m

2013 BILL

Regln

insured under

limited scope 2 x's

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 bill prohibits a policy or plan 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 requirements under the bill that prohibit setting fees for noncovered services.

an insured under a limited-scope policy

the insured

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:

BILL

CS
15

1

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

2

In this section:

Insert 2-2

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 dentist or at the direction of a dentist to an ~~enrollee of~~ ^{insured under} ~~the policy or~~ ^{an enrollee of the} plan for which

5

the policy or plan makes payment, administered consistently with policies

6

traditionally governing covered services, or for which the policy or plan would make

7

payment but for the application of contractual limitations of deductibles,

8

copayments, coinsurance, waiting periods, annual maximums, lifetime maximums

9

applicable to the same course of treatment, frequency limitations, or alternative

10

benefit payments.

11

12

"Related service" means a service that is commonly provided, by a dentist or at the direction of a dentist, in conjunction with a dental service.

13

14

(2) PROHIBITIONS ON SETTING FEES. (a) A contract between an insurer offering

15

a policy ~~or plan~~ that provides coverage for dental and related services and a dentist for the provision of dental and related services to ~~enrollees of~~ ^{an insured under} the policy ~~or plan~~ may

16

not require the dentist to provide a service to an ~~enrollee of~~ ^{an insured under} the policy ~~or plan~~ at a fee

17

set by the insurer unless the service is a covered service under the policy ~~or plan~~.

18

(b) An administrator providing 3rd-party administration services or a provider

19

network for a plan that provides coverage for dental and related services may not

20

require any dentist in the administrator's provider network that is eligible to provide

21

services under the plan to charge set fees for dental or related services provided to

22

enrollees of the plan that are not covered services under the plan.

23

Insert 2-11

Insert 2-18 cap. 3

insured under

BILL

Insert 2-18

move

1 (c) A policy or plan that provides coverage for dental and related services may
 2 not provide nominal or de minimis coverage for a dental or related service for the sole
 3 purpose of avoiding the requirements under this subsection.

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

SECTION 2. Initial applicability.

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

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

16 (3) The treatment of section 632.873 (2) (c) of the statutes first applies to a
 17 policy or plan that provides coverage for dental and related services that is newly
 18 issued or renewed on the effective date of this subsection.

SECTION 3. Effective date.

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

(END)

limited-scope dental

**2013-2014 DRAFTING INSERT
FROM THE
LEGISLATIVE REFERENCE BUREAU**

LRB-0800/4ins
PJK:.....

INSERT 2-2

1 ^{not}, unless the context requires otherwise

(END OF INSERT 2-2)

INSERT 2-11

2 ~~C~~ (b) "Policy" means a policy, certificate, or contract of insurance that provides
3 only limited-scope dental benefits.

(END OF INSERT 2-11)



ALLIANCE OF HEALTH INSURERS, U.A.
Post Office Box 308
Madison, WI 53701
608- 608-630-9293
info@allianceofhealthinsurers.com

Anthem Blue Cross and Blue Shield in Wisconsin
Delta Dental of Wisconsin, Inc.
Humana, Inc.
Managed Health Services Insurance Corp.
Molina Healthcare of Wisconsin
Physicians Plus Insurance Corporation
UnitedHealthcare of Wisconsin
WEA Insurance Corporation
WPS Health Insurance

March 25, 2013

Mara Brooks
Director of Government Services
Wisconsin Dental Association
10 E. Doty, Suite 509
Madison, WI 53703

Re: Letter of Understanding

Dear Mara:

This letter is intended to memorialize the discussion we had on Friday March 22, 2013 regarding the exclusion of medical plans under the fees for dental services legislation. As you are aware, it is the position of the Alliance of Health Insurers (AHI) that the fees for dental services legislation should only include dental plans. According to information from the National Association of Dental Plans, only 1% of dental plans are currently embedded in medical plans; the other 99% of plans (labeled as "group" or "individual" in the attached graphs) fall under the category of limited scope dental plans. However, we understand that it is the concern of your members that the Patient Protection Affordable Care Act (ACA) may result in medical plans covering a large portion of the children that your dentists treat.

However, our member plans do not expect a significant number of medical plans to embed dental, due to (1) the medical loss ratio requirements, which only apply to medical policies and not stand alone dental plans¹; (2) the ability of limited scope, standalone dental plans to offer the pediatric essential health benefit and include deductible and coinsurance requirements separate from the medical plan; and (3) medical plans without dental will be less expensive than medical plans that embed dental coverage.

The proposal that we discussed was that the dental services legislation would only impact limited scope dental plans and would not impact medical plans that embed dental services into their medical coverage. However, if it is later determined that a significant portion of medical plans are embedding the dental services required by the ACA, AHI and the WDA agree to meet in

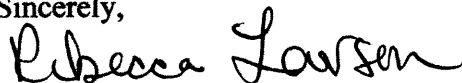
¹ See question 38 on page 1 of <http://cciio.cms.gov/resources/files/mlr-guidance-5-24-12.pdf>; last paragraph on page 4 of <http://www.fas.org/sgp/crs/misc/R42735.pdf>

order to evaluate the possible amendment of the then current law. This proposal has been approved by AHI member plans.

We would expect that this discussion not take place until at least mid-2016, because 2014 will be the initial year of the full implementation of the ACA and carriers will make changes to their plans in 2015 and 2016 in order to address the lessons learned from the implementation.


If this is acceptable to the Wisconsin Dental Association, please sign below and return a signed copy to my attention.

Sincerely,



Rebecca Larson
Executive Director

On behalf of the Wisconsin Dental Association, I agree with the approach proposed in AHI's letter dated 3-25-13, which will exclude medical plans from the proposed fees for dental services bill. But, the Wisconsin Dental Association will expect AHI to meet in good faith if it is determined that a significant portion of medical plans include the dental coverage required by the ACA.



Signature



Title

3-26-13

Date

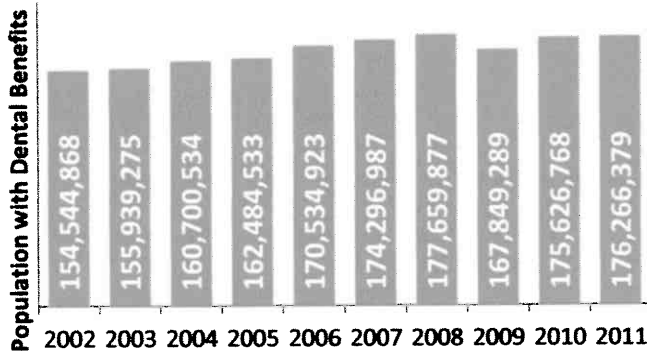
Wisconsin

Dental Benefits Fact Sheet

National Enrollment Trends

State Enrollment

Enrollment



Source: 2012 NADP/DDPA Joint Dental Benefits Report on Enrollment

An estimated 2,535,591 people are enrolled in a private dental plan from Wisconsin.

Private Plan Enrollment

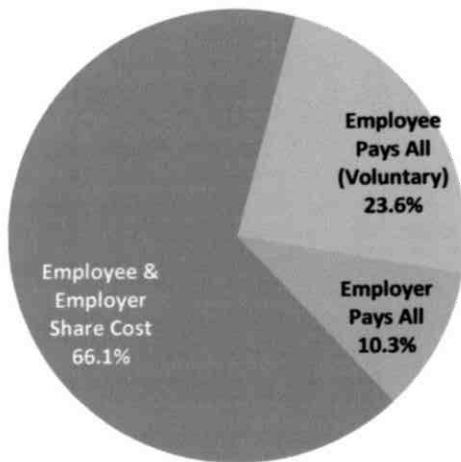
Plan Type	Enrollment
DHMO	51,406
DPPO	2,162,769
Indemnity	248,537
Other Private	72,879

Public Plan Enrollment

Medicaid/CHIP ¹	47,169
Other Public	86,749

Source: 2012 NADP/DDPA Joint Dental Benefits Report on Enrollment

Group Policy Funding

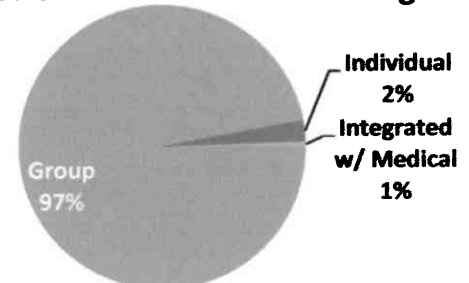


Source: 2012 NADP/DDPA Joint Dental Benefits Report on Enrollment

Distribution of Commercial Benefits: State v. National

	DHMO	DPPO	Indemnity	Other
Wisconsin	2.0%	85.3%	9.8%	2.9%
National	8.4%	77.2%	9.0%	5.4%

Sources of Private Dental Coverage



Source: 2012 NADP/DDPA Joint Dental Benefits Report on Enrollment

Premium Facts

Nationally, premium increases for existing group coverage ranged from 0.1% for DPPO products to 1.8% for Dental Indemnity products.²

Average monthly dental premium per member per month in Wisconsin:

DPPO: \$ 32.58

¹ Data from the Center for Medicare and Medicaid Services. If 0, then CMS data is not available.

² NADP 2012 Premium and Benefit Utilization Trends

Wisconsin Dental Benefits Fact Sheet

Workforce

The federal standard for an adequate supply of dentists is 3.33 practicing dentists per 10,000 population.³

According to the American Dental Association, 3,013 dentists are actively practicing in Wisconsin or 5.28 dentists per 10,000 population.⁴

Network Type	Total Dentists	General Dentists	Pediatric Dentists	Specialists
DHMO	215	169	6	40
DPPO	2,239	1,791	80	368
Discount	1,153	980	149	149

Source: 2012 NADP/DDPA Joint Dental Benefits Report on Network Statistics

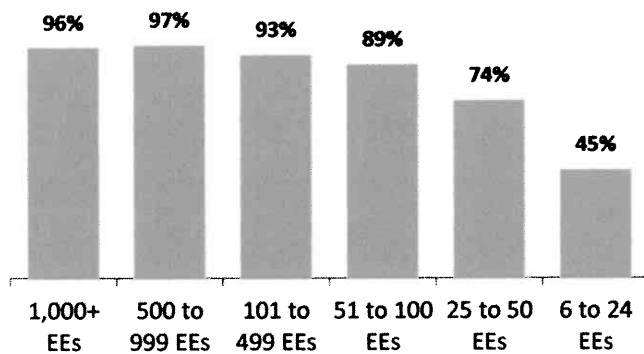
NADP Members

Plan Type	NADP Members Offering Dental Plans
DHMO	5
DPPO	27
Indemnity	15
Discount	12

Source: 2012 NADP Membership Directory

Where do Consumers Get Dental Benefits

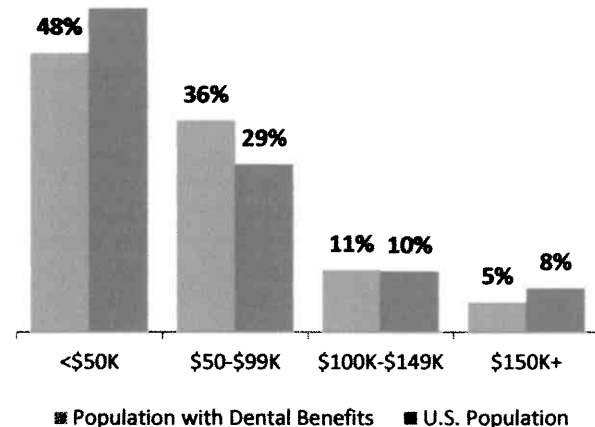
Employers Offering Dental Benefits by Employer Size



Source: 2011 NADP Purchaser Behavior Survey

Who Has Dental Benefits?

Consumers with Dental Benefits by Household Income compared to General Population



Source: 2012 NADP Survey of Consumers

About NADP

The National Association of Dental Plans (NADP), a nonprofit corporation with headquarters in Dallas, Texas, is the "representative and recognized resource of the dental benefits industry." NADP is the only national trade organization that includes the full spectrum of dental benefits companies operating in the United States. NADP's members provide Dental HMO, Dental PPO, Dental Indemnity and Discount Dental products to 160 million Americans, more than 80% of all the dental benefits in the U.S.

³ U.S. Department of Health and Human Services

⁴ American Dental Association

Rose, Stefanie

From: Williams, Vincent
Sent: Thursday, March 28, 2013 12:57 PM
To: LRB.Legal
Subject: Draft Review: LRB -0800/4 Topic: Restrictions on dental fees set by a health plan and on charges by dentists to plan enrollees

Please Jacket LRB -0800/4 for the ASSEMBLY.