

2022 -- S 2697

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2022

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A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES--
DENTAL INSURANCE

Introduced By: Senators Mendes, Calkin, Bell, Anderson, Mack, and Acosta

Date Introduced: March 17, 2022

Referred To: Senate Health & Human Services

It is enacted by the General Assembly as follows:

1 SECTION 1. Chapter 27-18 of the General Laws entitled "Accident and Sickness Insurance
2 Policies" is hereby amended by adding thereto the following section:

3 **27-18-89. Dental insurance requirements.**

4 Every entity providing a dental service plan pursuant to this chapter, commencing January
5 1, 2023, as a provision in a group or individual policy, contract or health benefit plan for coverage
6 of dental services, shall comply with the following requirements:

7 (1) Dental insurance coverage shall be provided and deductibles shall not be applied to any
8 preventive service, including healthy mouth cleanings, exams, full-mouth x-rays, panoramic x-
9 rays, cephalometric x-rays and consultations; provided, however, a deductible may be applied to
10 restorative or elective dental treatment.

11 (2) Dental insurance coverage shall include coverage for restorative, endodontic, implant,
12 partial or removable dentures, or major reconstructive care regardless of a pre-existing condition
13 or any earlier treatment.

14 (3) Within four (4) months after a claim for dental insurance coverage has been submitted,
15 the insurer shall provide payment or a written, email and/or other digital notification that the claim
16 has been denied. A licensed dentist or dental practitioner may charge the insurer for a late payment
17 or a late written, email and/or other digital notification of denial in an amount not to exceed one
18 thousand dollars (\$1,000) or fifty percent (50%) of the claim, whichever is higher, to be paid by

1 the insurer within ninety (90) days.

2 (4) Within sixty (60) days after a pre-authorization request has been submitted, the insurer
3 must provide written, email and/or other digital notification that the request has been approved or
4 denied. A licensed dentist or dental practitioner may charge the insurer for a late written, email
5 and/or other digital notification response, to approve or deny a pre-authorization, in an amount not
6 to exceed one thousand (\$1,000) dollars or fifty percent (50%) of the requested amount, whichever
7 is higher, to be paid by the insurer within ninety (90) days.

8 (5) Dental insurance coverage shall include a rollover provision for unused benefits to their
9 annual maximum during the current COVID-19 pandemic or any other pandemic named by the
10 United States Centers for Disease Control and Prevention (CDC) and continuing for an additional
11 twelve (12) months following a public announcement by the CDC and the Rhode Island department
12 of health (DOH) that the COVID-19 pandemic or any other pandemic has ended.

13 (6) Insurers shall waive all deductibles during the current COVID-19 pandemic or any
14 other pandemic and continuing for an additional twelve (12) months following a public
15 announcement by the CDC and the Rhode Island department of health (DOH) that the COVID-19
16 pandemic or any other pandemic has ended.

17 (7) Insurers shall submit an annual report to the department of health's board of examiners
18 in dentistry, the Rhode Island office of the health commissioner (OHIC) and publicly on all media
19 and digital platforms, entitled "the fair dental healthcare portal," that shall include the following
20 information:

21 (i) The exact number of non-preventive claims received;

22 (ii) The number of claims denied;

23 (iii) The insurer's net-profit after all claims have been paid;

24 (iv) The total cost of all claims denied;

25 (v) All charges by dentists and dental practitioners to insurers pursuant to subsections (3)
26 and (4) of this section; and

27 (vi) A pdf form that may be downloaded and printed to allow a dentist or dental practitioner
28 to submit a charge to the insurer by United States mail or via email or digitally.

29 SECTION 2. Chapter 27-19 of the General Laws entitled "Nonprofit Hospital Service
30 Corporation" is hereby amended by adding thereto the following section:

31 **27-19-81. Dental insurance requirements.**

32 Every entity providing a dental service plan pursuant to this chapter, commencing January
33 1, 2023, as a provision in a group or individual policy, contract or health benefit plan for coverage
34 of dental services, shall comply with the following requirements:

1 (1) Dental insurance coverage shall be provided and deductibles shall not be applied to any
2 preventive service, including healthy mouth cleanings, exams, full-mouth x-rays, panoramic x-
3 rays, cephalometric x-rays and consultations; provided, however, a deductible may be applied to
4 restorative or elective dental treatment.

5 (2) Dental insurance coverage shall include coverage for restorative, endodontic, implant,
6 partial or removable dentures, or major reconstructive care regardless of a pre-existing condition
7 or any earlier treatment.

8 (3) Within four (4) months after a claim for dental insurance coverage has been submitted,
9 the insurer shall provide payment or a written, email and/or other digital notification that the claim
10 has been denied. A licensed dentist or dental practitioner may charge the insurer for a late payment
11 or a late written, email and/or other digital notification of denial in an amount not to exceed one
12 thousand (\$1,000) dollars or fifty percent (50%) of the claim, whichever is higher, to be paid by
13 the insurer within ninety (90) days.

14 (4) Within sixty (60) days after a pre-authorization request has been submitted, the insurer
15 must provide written, email and/or other digital notification that the request has been approved or
16 denied. A licensed dentist or dental practitioner may charge the insurer for a late written, email
17 and/or other digital notification response, to approve or deny a pre-authorization, in an amount not
18 to exceed one thousand (\$1,000) dollars or fifty percent (50%) of the requested amount, whichever
19 is higher, to be paid by the insurer within ninety (90) days.

20 (5) Dental insurance coverage shall include a rollover provision for unused benefits to their
21 annual maximum during the current COVID-19 pandemic or any other pandemic named by the
22 United States Centers for Disease Control and Prevention (CDC) and continuing for an additional
23 twelve (12) months following a public announcement by the CDC and the Rhode Island department
24 of health (DOH) that the COVID-19 pandemic or any other pandemic has ended.

25 (6) Insurers shall waive all deductibles during the current COVID-19 pandemic and any
26 other pandemic and continuing for an additional twelve (12) months following a public
27 announcement by the CDC and the Rhode Island department of health (DOH) that the COVID-19
28 pandemic or any other pandemic has ended.

29 (7) Insurers shall submit an annual report to the department of health's board of examiners
30 in dentistry, the Rhode Island office of the health commissioner (OHIC) and publicly on all media
31 and digital platforms, entitled "the fair dental healthcare portal," that shall include the following
32 information:

33 (i) The exact number of non-preventive claims received;

34 (ii) The number of claims denied;

- 1 (iii) The insurer's net-profit after all claims have been paid;
2 (iv) The total cost of all claims denied;
3 (v) All charges by dentists and dental practitioners to insurers pursuant to subsections (3)
4 and (4) of this section; and
5 (vi) A pdf form that may be downloaded and printed to allow a dentist or dental practitioner
6 to submit a charge to the insurer by United States mail or via email or digitally.

7 SECTION 3. Chapter 27-20 of the General Laws entitled “Nonprofit Medical Service
8 Corporations” is hereby amended by adding thereto the following section:

9 **27-20-77. Dental insurance requirements.**

10 Every entity providing a dental service plan pursuant to this chapter, commencing January
11 1, 2023, as a provision in a group or individual policy, contract or health benefit plan for coverage
12 of dental services, shall comply with the following requirements:

13 (1) Dental insurance coverage shall be provided and deductibles shall not be applied to any
14 preventive service, including healthy mouth cleanings, exams, full-mouth x-rays, panoramic x-
15 rays, cephalometric x-rays and consultations; provided, however, a deductible may be applied to
16 restorative or elective dental treatment.

17 (2) Dental insurance coverage shall include coverage for restorative, endodontic, implant,
18 partial or removable dentures, or major reconstructive care regardless of a pre-existing condition
19 or any earlier treatment.

20 (3) Within four (4) months after a claim for dental insurance coverage has been submitted,
21 the insurer shall provide payment or a written, email and/or other digital notification that the claim
22 has been denied. A licensed dentist or dental practitioner may charge the insurer for a late payment
23 or a late written, and/or digital notification of denial in an amount not to exceed one thousand
24 (\$1,000) dollars or fifty percent (50%) of the claim, whichever is higher, to be paid by the insurer
25 within ninety (90) days.

26 (4) Within sixty (60) days after a pre-authorization request has been submitted, the insurer
27 must provide written, email and/or other digital notification that the request has been approved or
28 denied. A licensed dentist or dental practitioner may charge the insurer for a late written, email
29 and/or other digital notification response, to approve or deny a pre-authorization, in an amount not
30 to exceed one thousand (\$1,000) dollars or fifty percent (50%) of the requested amount, whichever
31 is higher, to be paid by the insurer within ninety (90) days.

32 (5) Dental insurance coverage shall include a rollover provision for unused benefits to their
33 annual maximum during the current COVID-19 pandemic or any other pandemic named by the
34 United States Centers for Disease Control and Prevention (CDC) and continuing for an additional

1 twelve (12) months following a public announcement by the CDC and the Rhode Island department
2 of health (DOH) that the COVID-19 pandemic or any other pandemic has ended.

3 (6) Insurers shall waive all deductibles during the current COVID-19 pandemic or any
4 other pandemic and continuing for an additional twelve (12) months following a public
5 announcement by the CDC and the Rhode Island department of health (DOH) that the COVID-19
6 pandemic or any other pandemic has ended.

7 (7) Insurers shall submit an annual report to the department of health's board of examiners
8 in dentistry, the Rhode Island office of the health commissioner (OHIC) and publicly on all media
9 and digital platforms, entitled "the fair dental healthcare portal," that shall include the following
10 information:

11 (i) The exact number of non-preventive claims received;

12 (ii) The number of claims denied;

13 (iii) The insurer's net-profit after all claims have been paid;

14 (iv) The total cost of all claims denied;

15 (v) All charges by dentists and dental practitioners to insurers pursuant to subsections (3)
16 and (4) of this section; and

17 (vi) A pdf form that may be downloaded and printed to allow a dentist or dental practitioner
18 to submit a charge to the insurer by United States mail or via email or digitally.

19 SECTION 4. Chapter 27-20.1 of the General Laws entitled "Nonprofit Dental Service
20 Corporations" is hereby amended by adding thereto the following section:

21 **27-20.1-23. Dental insurance requirements.**

22 Every entity providing a dental service plan pursuant to this chapter, commencing January
23 1, 2023, as a provision in a group or individual policy, contract or health benefit plan for coverage
24 of dental services, shall comply with the following requirements:

25 (1) Dental insurance coverage shall be provided and deductibles shall not be applied to any
26 preventive service, including healthy mouth cleanings, exams, full-mouth x-rays, panoramic x-
27 rays, cephalometric x-rays and consultations; provided, however, a deductible may be applied to
28 restorative or elective dental treatment.

29 (2) Dental insurance coverage shall include coverage for restorative, endodontic, implant,
30 partial or removable dentures, or major reconstructive care regardless of a pre-existing condition
31 or any earlier treatment.

32 (3) Within four (4) months after a claim for dental insurance coverage has been submitted,
33 the insurer shall provide payment or a written email and/or other digital notification that the claim
34 has been denied. A licensed dentist or dental practitioner may charge the insurer for a late payment

1 or a late written and/or digital notification of denial in an amount not to exceed one thousand
2 (\$1,000) dollars or fifty percent (50%) of the claim, whichever is higher, to be paid by the insurer
3 within ninety (90) days.

4 (4) Within sixty (60) days after a pre-authorization request has been submitted, the insurer
5 must provide written, email and/or other digital notification that the request has been approved or
6 denied. A licensed dentist or dental practitioner may charge the insurer for a late written, email
7 and/or other digital notification response, to approve or deny a pre-authorization, in an amount not
8 to exceed one thousand (\$1,000) dollars or fifty percent (50%) of the requested amount, whichever
9 is higher, to be paid by the insurer within ninety (90) days.

10 (5) Dental insurance coverage shall include a rollover provision for unused benefits to their
11 annual maximum during the current COVID-19 pandemic or during any other pandemic named by
12 the United States Centers for Disease Control and Prevention (CDC) and continuing for an
13 additional twelve (12) months following a public announcement by the CDC and the Rhode Island
14 department of health (DOH) that the COVID-19 pandemic or any other pandemic has ended.

15 (6) Insurers must waive all deductibles during the current COVID-19 pandemic or during
16 any other pandemic and continuing for an additional twelve (12) months following a public
17 announcement by the CDC and the Rhode Island department of health (DOH) that the COVID-19
18 pandemic or any other pandemic has ended.

19 (7) Insurers shall submit an annual report to the department of health's board of examiners
20 in dentistry, the Rhode Island office of the health commissioner (OHIC) and publicly on all media
21 and digital platforms, entitled "the fair dental healthcare portal," that shall include the following
22 information:

23 (i) The exact number of non-preventive claims received;

24 (ii) The number of claims denied;

25 (iii) The insurer's net-profit after all claims have been paid;

26 (iv) The total cost of all claims denied;

27 (v) All charges by dentists and dental practitioners to insurers pursuant to subsections (3)
28 and (4) of this section; and

29 (vi) A pdf form that may be downloaded and printed to allow a dentist or dental practitioner
30 to submit a charge to the insurer by United States mail or via email or digitally.

31 SECTION 5. Chapter 27-41 of the General Laws entitled "Health Maintenance
32 Organizations" is hereby amended by adding thereto the following section:

33 **27-41-94. Dental insurance requirements.**

34 Every entity providing a dental service plan pursuant to this chapter, commencing January 1,

1 2023, as a provision in a group or individual policy, contract or health benefit plan for coverage of
2 dental services, shall comply with the following requirements:

3 (1) Dental insurance coverage shall be provided and deductibles shall not be applied to any
4 preventive service, including healthy mouth cleanings, exams, full-mouth x-rays, panoramic x-rays,
5 cephalometric x-rays and consultations; provided, however, a deductible may be applied to restorative
6 or elective dental treatment.

7 (2) Dental insurance coverage shall include coverage for restorative, endodontic, implant,
8 partial or removable dentures, or major reconstructive care regardless of a pre-existing condition or
9 any earlier treatment.

10 (3) Within four (4) months after a claim for dental insurance coverage has been submitted,
11 the insurer must provide payment or a written, and/or other digital notification that the claim has been
12 denied. A licensed dentist or dental practitioner may charge the insurer for a late payment or a late
13 written, email and/or other digital notification of denial in an amount not to exceed one thousand
14 (\$1,000) dollars or fifty percent (50%) of the claim, whichever is higher, to be paid by the insurer
15 within ninety (90) days.

16 (4) Within sixty (60) days after a pre-authorization request has been submitted, the insurer
17 must provide written, email and/or other digital notification that the request has been approved or
18 denied. A licensed dentist or dental practitioner may charge the insurer for a late written, email and/or
19 other digital notification response, to approve or deny a pre-authorization, in an amount not to exceed
20 one thousand (\$1,000) dollars or fifty percent (50%) of the requested amount, whichever is higher, to
21 be paid by the insurer within ninety (90) days.

22 (5) Dental insurance coverage shall include a rollover provision for unused benefits to their
23 annual maximum during the current COVID-19 pandemic or during any other pandemic named by
24 the United States Centers for Disease Control and Prevention (CDC) and continuing for an additional
25 twelve (12) months following a public announcement by the CDC and the Rhode Island department
26 of health (DOH) that the COVID-19 pandemic or other pandemic has ended.

27 (6) Insurers shall waive all deductibles during the current COVID-19 pandemic or during any
28 other pandemic and continuing for an additional twelve (12) months following a public
29 announcement by the CDC and the Rhode Island department of health (DOH) that the COVID-19
30 pandemic or other pandemic has ended.

31 (7) Insurers shall submit an annual report to the department of health's board of examiners in
32 dentistry, the Rhode Island office of the health commissioner (OHIC) and publicly on all media and
33 digital platforms, entitled "the fair dental healthcare portal," that shall include the following
34 information:

- 1 (i) The exact number of non-preventive claims received;
2 (ii) The number of claims denied;
3 (iii) The insurer's net-profit after all claims have been paid;
4 (iv) The total cost of all claims denied;
5 (v) All charges by dentists and dental practitioners to insurers pursuant to subsections (3) and
6 (4) of this section; and
7 (vi) A pdf form that may be downloaded and printed to allow a dentist or dental practitioner
8 to submit a charge to the insurer by United States mail or via email or digitally.

9 SECTION 6. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T

RELATING TO INSURANCE -- ACCIDENT AND SICKNESS INSURANCE POLICIES--
DENTAL INSURANCE

1 This act would require dental insurance plans to include coverage without deductible for
2 any preventive service, and would require coverage for restorative, endodontic, implant, partial or
3 removable dentures, or major reconstructive care regardless of a pre-existing condition or any
4 earlier treatment, commencing January 1, 2023. It would further require: (1) Payment or written,
5 email and/or other digital denial within four (4) months after a claim has been submitted; (2)
6 Written, email and/or other digital notification of approval or denial within sixty (60) days after
7 pre-authorization has been submitted; (3) A rollover provision for unused benefits during a global
8 pandemic; and (4) An annual report filed by the insurer with the department of health's board of
9 examiners in dentistry, the department of insurance, office of the health commissioner and posted
10 publically on all media platforms that shall include: the number of non-preventive claims received;
11 the number of claims denied; and the insurer's net-profit after all claims have been paid.

12 This act would take effect upon passage.

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