

2021 -- S 0709

=====  
LC001436  
=====

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2021

—————  
A N A C T

RELATING TO INSURANCE – DENTAL INSURANCE

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

Date Introduced: March 26, 2021

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           **27-18-85. Dental insurance requirements.**

4           (a) Every entity providing a dental service plan pursuant to chapter 18 of title 27, as a  
5 provision in a group or individual policy, contract or health benefit plan for coverage of dental  
6 services, shall comply with the following requirements:

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

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

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

19           (4) Within sixty (60) days after a pre-authorization request has been submitted, the insurer

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

5 (5) Insurance coverage must include a rollover provision for unused benefits to their annual  
6 maximum during the current COVID-19 pandemic and continuing for an additional twelve (12)  
7 months following a public announcement by the United States Centers for Disease Control (CDC)  
8 and the Rhode Island department of health (RIDOH) that the COVID-19 pandemic has ended.

9 (6) Insurers must waive all deductibles during the current COVID-19 pandemic and  
10 continuing for an additional twelve (12) months following a public announcement by the United  
11 States Centers for Disease Control (CDC) and the Rhode Island department of health (RIDOH) that  
12 the COVID-19 pandemic has ended.

13 (7) The insurer must submit an annual report to the department of health's board of  
14 examiners in dentistry, the Rhode Island office of the health commissioner (OHIC) and publically  
15 on all media and digital platforms, entitled "the fair dental healthcare portal", that shall include the  
16 following information:

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

18 (ii) The number of claims denied;

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

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

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

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

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

27 **27-19-77. Dental insurance requirements.**

28 (a) Every entity providing a dental service plan pursuant to chapter 19 of title 27, as a  
29 provision in a group or individual policy, contract or health benefit plan for coverage of dental  
30 services, shall comply with the following requirements:

31 (1) Insurance coverage must be provided and deductibles shall not be applied to any  
32 preventive service, including healthy mouth cleaning, exams, full-mouth x-rays, panoramic x-rays,  
33 cephalometric x-rays and consultations; provided, however, deductible may be applied to  
34 restorative or elective dental treatment.

1 (2) Insurance coverage shall include coverage for restorative, endodontic, implant, partial  
2 or removable dentures, or major reconstructive care regardless of a pre-existing condition or any  
3 earlier treatment.

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

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

14 (5) Insurance coverage must include a rollover provision for unused benefits to their annual  
15 maximum during the current COVID-19 pandemic and continuing for an additional twelve (12)  
16 months following a public announcement by the United States Centers for Disease Control (CDC)  
17 and the Rhode Island department of health (RIDOH) that the COVID-19 pandemic has ended.

18 (6) Insurers must waive all deductibles during the current COVID-19 pandemic and  
19 continuing for an additional twelve (12) months following a public announcement by the United  
20 States Centers for Disease Control (CDC) and the Rhode Island department of health (RIDOH) that  
21 the COVID-19 pandemic has ended.

22 (7) The insurer must submit an annual report to the department of health's board of  
23 examiners in dentistry, the Rhode Island office of the health commissioner (OHIC) and publically  
24 on all media and digital platforms, entitled "the fair dental healthcare portal", that shall include the  
25 following information:

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

27 (ii) The number of claims denied;

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

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

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

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

34 SECTION 3. Chapter 27-20 of the General Laws entitled "Nonprofit Medical Service

1 Corporations” is hereby amended by adding thereto the following section:

2 **27-20-73. Dental insurance requirements.**

3 (a) Every entity providing a dental service plan pursuant to chapter 20 of title 27, as a  
4 provision in a group or individual policy, contract or health benefit plan for coverage of dental  
5 services, shall comply with the following requirements:

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

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

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

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

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

27 (6) Insurers must waive all deductibles during the current COVID-19 pandemic and  
28 continuing for an additional twelve (12) months following a public announcement by the United  
29 States Centers for Disease Control (CDC) and the Rhode Island department of health (RIDOH) that  
30 the COVID-19 pandemic has ended.

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

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

11 **27-20.1-23. Dental insurance requirements.**

12 (a) Every entity providing a dental service plan pursuant to chapter 20.1 of title 27, as a  
13 provision in a group or individual policy, contract or health benefit plan for coverage of dental  
14 services, shall comply with the following requirements:

15 (1) Insurance coverage must be provided and deductibles shall not be applied to any  
16 preventive service, including healthy mouth cleaning, exams, full-mouth x-rays, panoramic x-rays,  
17 cephalometric x-rays and consultations; provided, however, deductible may be applied to  
18 restorative or elective dental treatment.

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

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

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

32 (5) Insurance coverage must include a rollover provision for unused benefits to their annual  
33 maximum during the current COVID-19 pandemic and continuing for an additional twelve (12)  
34 months following a public announcement by the United States Centers for Disease Control (CDC)

1 and the Rhode Island department of health (RIDOH) that the COVID-19 pandemic has ended.

2 (6) Insurers must waive all deductibles during the current COVID-19 pandemic and  
3 continuing for an additional twelve (12) months following a public announcement by the United  
4 States Centers for Disease Control (CDC) and the Rhode Island department of health (RIDOH) that  
5 the COVID-19 pandemic has ended.

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

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

11 (ii) The number of claims denied;

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

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

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

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

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

20 **27-41-90. Dental insurance requirements.**

21 (a) Every entity providing a dental service plan pursuant to chapter 41 of title 27, as a  
22 provision in a group or individual policy, contract or health benefit plan for coverage of dental  
23 services, shall comply with the following requirements:

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

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

31 (3) Within four (4) months after a claim for dental insurance coverage has been submitted,  
32 the insurer must provide payment or a written notification that the claim has been denied. A licensed  
33 dentist or dental practitioner may charge the insurer for a late payment or a late written notification  
34 of denial in an amount not to exceed one thousand (\$1,000) dollars or fifty (50%) percent of the claim,

1 whichever is higher, to be paid by 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 notification that the request has been approved or denied. A licensed dentist or  
4 dental practitioner may charge the insurer for a late written notification response, to approve or deny  
5 a pre-authorization, in an amount not to exceed one thousand (\$1,000) dollars or fifty (50%) of the  
6 requested amount, whichever is higher, to be paid by the insurer within ninety (90) days.

7 (5) Insurance coverage must include a rollover provision for unused benefits to their annual  
8 maximum during the current COVID-19 pandemic and continuing for an additional twelve (12)  
9 months following a public announcement by the United States Centers for Disease Control (CDC)  
10 and the Rhode Island department of health (RIDOH) that the COVID-19 pandemic has ended.

11 (6) Insurers must waive all deductibles during the current COVID-19 pandemic and  
12 continuing for an additional twelve (12) months following a public announcement by the United  
13 States Centers for Disease Control (CDC) and the Rhode Island department of health (RIDOH) that  
14 the COVID-19 pandemic has ended.

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

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

20 (ii) The number of claims denied;

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

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

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

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

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

=====  
LC001436  
=====

EXPLANATION  
BY THE LEGISLATIVE COUNCIL  
OF  
A N A C T  
RELATING TO INSURANCE – DENTAL INSURANCE

\*\*\*

1           This act would require dental insurance plan 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. It would further require: (1) Payment or written denial within 4 months after a  
5 claim has been submitted; (2) Written notification of approval or denial within 60 days after pre-  
6 authorization has been submitted; (3) A rollover provision for unused benefits during a global  
7 pandemic; and (4) An annual report filed by the insurer with the department, the department of  
8 insurance and publically on all media platforms that shall include: the number of non-preventive  
9 claims received; the number of claims denied; and the insurer's net-profit after all claims have been  
10 paid.

11           This act would take effect upon passage.

=====  
LC001436  
=====