## ONE HUNDRED SIXTH LEGISLATURE - SECOND SESSION - 2020 COMMITTEE STATEMENT LB954

Hearing Date: Monday February 10, 2020

Committee On: Banking, Commerce and Insurance

Introducer: Lindstrom

One Liner: Change insurance provisions relating to fees for dental services

## **Roll Call Vote - Final Committee Action:**

Advanced to General File with amendment(s)

**Vote Results:** 

Aye: 8 Senators Gragert, Howard, Kolterman, La Grone, Lindstrom,

McCollister, Quick, Williams

Nay: Absent:

Present Not Voting:

**Oral Testimony:** 

Proponents: Representing:

Senator Brett Lindstrom Introducer

David O'Doherty

Robert Bell

Nebraska Dental Association

Nebraska Insurance Federation

Opponents: Representing:

Neutral: Representing:

## Summary of purpose and/or changes:

This bill would change provisions relating to fees for dental services.

The bill would amend section 44-7.105 to provide that an individual or group health policy, certificate, contract, agreement or plan shall not include any restrictions on methods of claim payment for dental services in which the only acceptable payment method is a credit card payment or granting access to its dental service provider network contract to a third party unless the requirements of the bill are met.

The bill would provide that an insurer or any of its affiliates party to the dental services provider network contract may grant access to the dental services provider network contract to a third party if: (a) the insurer allows any provider who is part of the insurer's dental services provider network to choose not to participate in third-party access to the dental services provider network; (b) the insurer includes on its web site a listing identifying all third parties who have been granted such access to the dental services provider network contract and which is updated at least once every ninety days; and (c) the third party accessing the dental services provider network contract agrees to comply with all of the dental services provider network contract's terms.

## **Explanation of amendments:**

The committee amendments would strike the original sections and insert a new section:

The new section would provide for defined terms: (a) "contracting entity" (a person or entity that enters into direct contracts with providers for the delivery of dental services); (b) "dental carrier" (an insurance entity authorized to offer an insurance plan that provides dental services); (c) "dental services;" (d) "provider" (an individual entity that provides dental services or supplies); (e) "provider network contract;" and (f) "third party" (a person or entity that enters into a contract with a contracting entity or with another third party to gain access to the dental services or contractual discounts of a provider network contract).

The new section would provide that a dental insurance plan, contract, or provider network contract shall not include any restrictions on methods of claim payment for dental services in which the only acceptable payment method is a credit card payment.

The new section would provide that a dental carrier may grant a third party access to a provider network contract, or a provider's dental services or contractual discounts provided pursuant to a provider network if, at the time the provider network contract is entered into or renewed, the dental carrier allows a provider who is part of a dental carrier's provider network to choose not to participate in third-party access to the provider network contract.

The new section would provide that if specified requirements are met a contracting entity may grant a third party access to a provider network contract, or a provider's dental services or contractual discounts provided pursuant to a provider network contract.

The new section would provide that a provider is not bound by and is not required to perform dental treatment or services under a provider network contract granted to a third party in violation of this section.

Matt Williams, Chairperson