

HOUSE BILL No. 2546

By Committee on Health and Human Services

1-25

1 AN ACT concerning insurance; relating to dental benefits; requiring health
2 benefit plans to provide certain information to patients and designated
3 dentists and to accept certain claims; prohibiting plans from reducing or
4 deducting amounts from payments.

5
6 *Be it enacted by the Legislature of the State of Kansas:*

7 Section 1. (a) As used in this section:

8 (1) "Health benefit plan" means the same as defined in K.S.A. 40-
9 4602, and amendments thereto. "Health benefit plan" also includes any
10 individual health insurance policy, any individual or group dental
11 insurance policy and a nonprofit dental services corporation, as such term
12 is used in K.S.A. 40-19a01 et seq., and amendments thereto.

13 (2) "Health insurer" means the same as defined in K.S.A. 40-4602,
14 and amendments thereto. "Health insurer" also includes a nonprofit dental
15 service corporation, as such term is used in K.S.A. 40-19a01 et seq., and
16 amendments thereto.

17 (3) "Insured" means the same as defined in K.S.A. 40-4602, and
18 amendments thereto. "Insured" also includes a subscriber to a subscription
19 agreement issued by a nonprofit dental service corporation, as such term is
20 used in K.S.A. 40-19a01 et seq., and amendments thereto.

21 (4) "Participating provider" means the same as defined in K.S.A. 40-
22 4602, and amendments thereto. "Participating provider" also includes any
23 dentist who has entered into a participation agreement with a nonprofit
24 dental service corporation, as such term is used in K.S.A. 40-19a01 et seq.,
25 and amendments thereto.

26 (b) Every health benefit plan that provides dental care services and
27 that is delivered, issued for delivery, amended or renewed on or after
28 January 1, 2023, shall:

29 (1) Upon request, provide information regarding an insured's dental
30 benefit available to such insured or to a dentist designated by such insured;
31 and

32 (2) accept claims submitted that are formatted or transmitted by a
33 dentist in any manner authorized by law.

34 (c) A benefit amount paid for receiving dental care services shall be
35 the same regardless of whether the insured's dentist providing such dental
36 care services is a participating provider and belongs to the health insurer's

1 provider network.

2 (d) A health insurer providing a health benefit plan that offers dental
3 care services or a health insurer that directly offers dental care services
4 shall establish a website to provide resources and information to dentists
5 and insureds. The health insurer shall make accessible on such website
6 sufficient information about the plan or policy for dentists and insureds so
7 that a dentist, with permission of the insured, may determine the type of
8 dental care services covered by the insured's plan or policy and prepare an
9 estimate of the amount of the payment or reimbursement available for the
10 dental care services under the plan or policy. Such health insurer shall not
11 charge a fee to insureds or dentists for access to the website.

12 (e) A health insurer providing a health benefit plan that offers dental
13 care services or a health insurer that directly offers dental care services
14 shall not:

15 (1) Reduce an insured's benefit payment amount as a result of an
16 error relating to any other insured's benefits or transaction by the health
17 insurer or such health insurer's contracted vendor; or

18 (2) deduct the amount of an overpayment of a claim from a payment
19 or reimbursement for a dental care service provided by a dentist who did
20 not receive the overpayment.

21 (f) The provisions of this section shall not be waived by contract. Any
22 contractual clause in conflict with the provisions of this section or that
23 purports to waive any requirements of this section shall be void and
24 unenforceable.

25 Sec. 2. This act shall take effect and be in force from and after its
26 publication in the statute book.