STATE OF NEW YORK

7862--A

2023-2024 Regular Sessions

IN ASSEMBLY

July 7, 2023

Introduced by M. of A. WEPRIN -- read once and referred to the Committee on Insurance -- recommitted to the Committee on Insurance in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the insurance law, in relation to addressing non-covered dental services

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 4224 of the insurance law is amended by adding a new subsection (g) to read as follows:

(g)(1) Notwithstanding any other provision of this section, no insurer authorized to do business in this state shall include a provision in a contract or participating provider agreement with a dentist which requires, directly or indirectly, that a participating dentist provide services to an insured at a fee set by, or at a fee subject to the approval of, the insurer unless the dental services are covered services under the insured's dental plan.

(2) For purposes of this subsection, "covered services" shall mean dental services for which reimbursement is available under an insured's dental plan or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation.

§ 2. Subsection (s) of section 4303 of the insurance law, as added by chapter 293 of the laws of 1992, is amended to read as follows:

[~~(s)~~]**(s-1)(1)** Notwithstanding any provision of a contract issued by a medical expense indemnity corporation, a dental expense indemnity corporation or health service corporation, every contract which provides coverage for care provided through licensed health professionals who can bill for services shall provide the same coverage and reimbursement for

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

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such service provided pursuant to a clinical practice plan established pursuant to subdivision fourteen of section two hundred six of the public health law.

(2) Notwithstanding any other provision of this section, no medical expense indemnity corporation, dental expense indemnity corporation or health service corporation authorized to do business in this state shall include a provision in a contract or participating provider agreement with a dentist which requires, directly or indirectly, that a participating dentist provide services to an insured at a fee set by, or at a fee subject to the approval of, the medical expense indemnity corporation, dental expense indemnity corporation or health service corporation unless the dental services are covered services under the insured's dental plan.

(3) For purposes of this subsection, "covered services" shall mean dental services for which reimbursement is available under an insured's dental plan or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation.

§ 3. This act shall take effect January 1, 2025 and shall apply to all insurance contracts issued or entered into on or after such date.