STATE OF NEW YORK

7577

2023-2024 Regular Sessions

IN SENATE

June 8, 2023

Introduced by Sen. BRESLIN -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

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 or managed care entity authorized to do business in this state shall set fees, or require approval fees, for services that are not covered under a person's dental plan.

(2) For purposes of this subsection, "covered services" shall mean dental services for which reimbursement is available under an insured's policy, regardless of whether the reimbursement is contractually limited by a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation or alternative benefit payment.

§ 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 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

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

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set fees, or require approval fees, for services that are not covered under a person's dental plan.

(3) For purposes of this subsection, "covered services" shall mean dental services for which reimbursement is available under an insured's policy, regardless of whether the reimbursement is contractually limited by a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation or alternative benefit payment.

§ 3. This act shall take effect on January 1, 2024 and shall apply to all insurance and managed care contracts issued or entered into on or after such date.