

112TH CONGRESS
1ST SESSION

H. R. 1809

To amend the Employee Retirement Income Security Act of 1974 to ensure health care coverage value and transparency for dental benefits under group health plans.

IN THE HOUSE OF REPRESENTATIVES

MAY 10, 2011

Mr. ANDREWS (for himself, Mr. YOUNG of Alaska, and Mr. GOSAR) introduced the following bill; which was referred to the Committee on Education and the Workforce

A BILL

To amend the Employee Retirement Income Security Act of 1974 to ensure health care coverage value and transparency for dental benefits under group health plans.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Dental Coverage Value
5 and Transparency Act of 2011”.

6 **SEC. 2. VALUE AND TRANSPARENCY REQUIREMENTS FOR**
7 **DENTAL BENEFITS.**

8 (a) IN GENERAL.—Subpart B of part 7 of subtitle
9 A of title I of the Employee Retirement Income Security

1 Act of 1974 is amended by adding at the end the following
2 new section:

3 **“SEC. 716. VALUE AND TRANSPARENCY REQUIREMENTS**
4 **FOR DENTAL BENEFITS.**

5 “(a) IN GENERAL.—The requirements of this section
6 shall apply to group health plans insofar as they provide
7 dental benefits (including, notwithstanding section
8 732(c)(1), limited scope dental benefits (described in sec-
9 tion 733(c)(2))), directly, through health insurance cov-
10 erage, or otherwise.

11 “(b) VALUE.—In order to ensure that participants
12 and beneficiaries in a group health plan receive full value
13 from dental benefits, the plan shall meet the following re-
14 quirements:

15 “(1) UNIFORM COORDINATION OF BENEFITS.—
16 The plan shall provide for coordination of benefits in
17 a manner so that the plan pays the same amount re-
18 gardless of other coverage for such benefits so long
19 as the total amount paid does not exceed 100 per-
20 cent of the amount of the applicable claim. Such co-
21 ordination shall be effected consistent with such
22 rules as the Secretary establishes, based upon simi-
23 lar model regulations developed by the National As-
24 sociation of Insurance commissioners.

1 “(2) EQUITY FOR OUT-OF-NETWORK PRO-
2 VIDERS THROUGH ASSIGNMENT OF BENEFITS AND
3 COMPARABLE PAYMENTS.—In the case of a plan
4 that provides dental benefits through a network of
5 providers, the plan shall—

6 “(A) permit a participant or beneficiary to
7 designate payment of dental benefits to a pro-
8 vider who is not participating in the network;

9 “(B) provide the same dollar amount of
10 coverage for a given procedure regardless of
11 whether the provider of the procedure is partici-
12 pating in the network; and

13 “(C) not permit the application of the
14 plan’s or network’s fee schedule to services for
15 which no benefits or reimbursement are pro-
16 vided.

17 “(c) TRANSPARENCY.—In order to ensure trans-
18 parency in the provision of dental benefits to participants
19 and beneficiaries in a group health plan, the plan shall
20 meet the following requirements:

21 “(1) PROHIBITION OF BUNDLING AND DOWN
22 CODING.—The plan shall not—

23 “(A) systematically combine distinct dental
24 procedures codes in a manner that results in a
25 reduced benefit under the plan; or

1 “(B) provide for a change in the benefit
2 code to a less complex (or lower cost) procedure
3 than was reported if such actions are incon-
4 sistent with the current dental terminology
5 (CDT) or, for a provider participating in a net-
6 work, inconsistent with the terms of the net-
7 work participation agreement.

8 “(2) FAIR PAYMENT TERMS.—The plan shall—

9 “(A) provide for payment of interest (at a
10 rate specified by the Secretary) or other penalty
11 for clean claims paid more than 30 days after
12 the date of their submission;

13 “(B) not seek collection of overpayments
14 more than 90 days after the date of the over-
15 payment; and

16 “(C) not recover overpayments for a dental
17 procedure by withholding payments for unre-
18 lated procedures.

19 “(3) TRANSPARENCY IN USE OF LEASE NET-
20 WORKS.—A plan may use a network that is leased
21 by a health insurance issuer or other entity to an-
22 other such issuer or entity (where such leasing is
23 permitted by the contract between a provider and
24 the issuer or other entity) only if the contract lan-

1 guage describes in a manner understandable to the
2 average dental provider the terms of such leasing.”.

3 (b) CONFORMING AMENDMENT.—The table of con-
4 tents of such Act is amended by inserting after the item
5 relating to section 715 the following new item:

“Sec. 716. Value and transparency requirements for dental benefits.”.

6 (c) EFFECTIVE DATE.—The amendments made by
7 this section shall apply to plan years beginning more than
8 1 year after the date of the enactment of this Act.

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