

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.

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## 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

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## 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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