ASSEMBLY FINANCIAL INSTITUTIONS AND INSURANCE COMMITTEE

STATEMENT TO

[First Reprint]
SENATE, No. 2853

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 2, 2021

The Assembly Financial Institutions and Insurance Committee reports favorably and with committee amendments Senate Bill No. 2853 (1R).

As amended, this bill prohibits certain provisions in agreements between insurance carriers and participating dentists.

Specifically, the bill precludes a participating dentist from billing a covered person for a covered service under a dental plan and collecting payment from the covered person for the covered service if the participating dentist:

(1) notifies the covered person prior to performing the covered service that the dentist may not be paid by the carrier and that the covered person is responsible for payment of the covered service;

(2) provides the covered person an explanation, in writing, of the benefits and material cost differences of suitable alternative options for the service, and that the alternative selected may not be covered by the plan, in advance of it being performed;

(3) obtains the covered person's consent, in writing, to the performance of the service and the participating dentist makes the written consent available to the carrier upon request; and

(4) accepts as payment in full the amount the participating dentist would have accepted from the carrier under the covered person's dental plan, including bundled payments.

Under the bill, a carrier is prohibited from maintaining a dental plan that:

(1) based on the participating dentist's contracted fee for covered services, uses down-coding in a manner that prevents a dental provider from collecting the fee for the actual service performed from either the dental plan or the patient; or

(2) uses bundling of covered services in a manner where a procedure is labeled as nonbillable to the patient unless, consistent with quality of care in the practice of dentistry, the procedure may be provided in conjunction with another procedure.

The provisions of the bill do not apply in cases where the service performed by the participating dentist is required as a result of a prior service by the dentist that was inconsistent with the quality of care in the practice of dentistry as determined by a licensed dentist.

As amended and reported, this bill is identical to Senate Bill No. 4820 as also amended and reported by the committee.

COMMITTEE AMENDMENTS:

The committee amended the bill to:

(1) prohibit a carrier from precluding a participating dentist from billing a covered person for a covered service under a dental plan and collecting payment from the covered person for the covered service under certain circumstances;

(2) provide that the provisions of the bill do not apply in cases where the service performed by the participating dentist is required as a result of a prior service by the dentist that was inconsistent with the quality of care in the practice of dentistry as determined by a licensed dentist;

(3) add certain terms and definitions.