

**UPDATED**  
*SESSION OF 2019*

**SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2307**

As Amended by House Committee on Health  
and Human Services

**Brief\***

HB 2307, as amended, would revise provisions of law pertaining to contracts between a health insurer and a dentist provider. Continuing law prohibits health insurers from setting fees for services provided by dentist providers not covered by a contract, issued or renewed after July 1, 2010, between the insurer and the dentist provider. The bill would amend the definition of “covered service” to exclude any service or material that is covered or provided at a nominal or *de minimis* rate.

**Background**

The bill was introduced by the House Committee on Health and Human Services at the request of Representative Eplee on behalf of the Kansas Dental Association. In the House Committee hearing, a representative of the Kansas Dental Association and three private citizen dentists provided testimony in favor of the bill. The proponents generally stated requiring an active response by a dentist provider to changes in a contract between dentist providers and insurers would give dentist providers more transparency regarding contract changes. The proponents further stated current law does not allow insurers to set the rate for a service if that service is not covered by the insurer. Nationally, some insurers provide a nominal rate for certain services, thereby meeting the definition of a covered service and thus allowing an insurer to

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\*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <http://www.kslegislature.org>

set the rate for the service. Written-only proponent testimony was provided by a private citizen dentist.

Opponent testimony was provided by a representative of Blue Cross and Blue Shield of Kansas and a representative of America's Health Insurance Plans and the National Association of Dental Plans. Opponents generally stated if health insurers are required to adopt an "opt-in" protocol for changes in a contract between dentist providers and health insurers, there will be dentists who get left out of the network unintentionally and whose patients will have to find a different dentist to get full coverage. Opponents also stated the bill would limit access to discounts and negotiated rates for dental services that benefit consumers. Written-only opponent testimony was provided by a representative of Blue Cross and Blue Shield of Kansas City.

The House Committee on Health and Human Services amended the bill by deleting a provision requiring a dentist provider to opt in to changes made to a contract between a health insurer and a dentist provider. The House Committee also amended the bill to exclude any service or material not covered because of maximum coverage limitations from the definition of what a covered service does not include.

The House Committee recommended the bill favorably for passage, as amended, on February 25, 2019, but the bill was withdrawn from the House Calendar and referred to the House Committee on Appropriations on February 27, 2019. The bill was then withdrawn from the House Committee on Appropriations and rereferred to the House Committee on Health and Human Services on March 6, 2019. The House Committee again recommended the bill favorably for passage, as amended, on March 13, 2019.

According to the fiscal note prepared by the Division of the Budget on the bill, as introduced, the Insurance Department and the Kansas Department of Health and Environment indicate enactment of the bill would have no fiscal effect.