

**Local Government Mandate Statement
Kentucky Legislative Research Commission
2025 Regular Session**

Part I: Measure Information

Bill Request #:	BR 1013	Bill #:	HB 210/ HFA 4
Document ID #:	6220	Sponsor:	Rep. Deanna Gordon
Bill Title:	AN ACT relating to dental benefit plans		

Unit of Government: City County Urban-County
 Charter County Consolidated Local Unified Local

Office(s) Impacted: Human Resources, Insurance

Requirement: Mandatory Optional

Effect on Powers & Duties: Modifies Existing Adds New Eliminates Existing

Other Fiscal Statement(s) that may exist: Actuarial Analysis Corrections Impact
 Health Benefit Mandate State Employee Health Plan

Part II: Bill Provisions and the Estimated Fiscal Impact Relating to Local Government

HB 210 HFA defines covered person, a dental, vision or hearing benefit plan, dental, vision or hearing services, and provider. The HFA states that insurers must honor written assignments of benefits from covered individuals to providers, provided they meet specific criteria, including being signed by both parties. Providers must submit a signed assignment and necessary documentation to the insurer for payment. Once the provider complies, the insurer will pay them directly based on the same terms as if the payment had been made to the covered person.

A required notification established by the commissioner for covered persons regarding their rights and provider obligations in relation to out-of-network healthcare services shall include:

1. Providers must inform covered persons if they are out-of-network, if they may charge for non-covered services, and for any unreimbursed costs of covered services.
2. Assignment of benefits is optional for the covered person.

3. Providers must notify covered persons of any credit balance on their accounts within 30 days and refund such balances within 30 days of a refund request, unless otherwise agreed in writing.

Covered persons can revoke their assignment of benefits in writing, effective upon the insurer's receipt of the revocation. This section does not limit an insurer's ability to define benefits or negotiate contracts with providers, so long as these actions do not conflict with the established regulations.

HB 210 HFA would have minimal negative fiscal impact on local governments as sponsors of health benefit plans. The bill does not require that health benefit plans include coverage for dental, vision, or hearing services, but simply requires that insurers providing coverage must allow for assignment of benefits payable under the plan. The bill is not expected to materially increase the total cost of health care, health insurance premiums, nor insurer's administrative expenses.

Data Source(s): Department of Insurance

Preparer: HT **Reviewer:** MS (MDA) **Date:** 3/5/25