

ORIGINAL SENATE
FILE NO. SF0158

ENROLLED ACT NO. 69, SENATE

SIXTY-EIGHTH LEGISLATURE OF THE STATE OF WYOMING
2025 GENERAL SESSION

AN ACT relating to the insurance code; specifying requirements for third party access to dental network contracts; providing requirements for the use of virtual credit card payments and other methods of payments for dental services; providing contractual requirements; providing definitions; specifying applicability; requiring rulemaking; and providing for effective dates.

Be It Enacted by the Legislature of the State of Wyoming:

Section 1. W.S. 26-22-506 is created to read:

26-22-506. Third party access to network contracts; dental care service plans; waiver prohibited; definitions.

(a) As used in this section:

(i) "Contracting entity" means any person that enters into a contract with a dental care provider for the delivery of dental care services;

(ii) "Covered person" means a policyholder, subscriber, enrollee or other person participating in a dental care service plan that provides for dental care services;

(iii) "Dental care provider" means any person licensed to practice dentistry in Wyoming and who provides dental care services pursuant to a dental care service plan;

(iv) "Dental care service plan" means a policy, contract, plan, certificate or agreement that provides for third party payment or prepayment of dental care services

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and that is delivered or issued for delivery by or through a dental carrier on a standalone basis;

(v) "Dental care services" means diagnostic, preventative, maintenance and therapeutic dental care. "Dental care services" shall not include services that are billed as medical expenses under a health benefit plan;

(vi) "Dental carrier" means a person subject to the insurance laws and regulations of this state, or subject to the jurisdiction of the commissioner, including an insurance company offering dental care service plans or any other person that provides a dental care service plan;

(vii) "Dentist agent" means a person that contracts with a dental care provider to establish an agency relationship for purposes of processing bills for services provided by the dental care provider under the terms and conditions of a contract between the dentist agent and a dental care provider. A contract between a dentist agent and a dental care provider may permit the dentist agent to submit bills, request reconsideration and receive reimbursement;

(viii) "Network contract" means a contract between a contracting entity and a dental care provider that specifies the rights and responsibilities of the contracting entity and provides for the delivery and payment of dental care services to a covered person;

(ix) "Third party" means a person, not including a covered person, who enters into a contract with a contracting entity to access the dental care services or contractual discounts of a network contract. "Third party" shall not include an employer or other group for whom the

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dental carrier or contracting entity provides administrative services;

(x) "Virtual credit card payment" means an electronic funds transfer where a dental care service plan, or a contracted vendor, issues a single-use series of numbers associated with the payment of dental care services performed by a dental care provider and chargeable up to a predetermined dollar amount, where the dental care provider is responsible for processing the payment by a credit card terminal or internal port. "Virtual credit card payment" includes only electronic or virtual credit card payments where no physical card is used and the single use electronic credit card expires upon payment processing.

(b) A contracting entity may grant a third party access to a network contract, or to a dental care provider's dental care service prices or contractual discounts provided pursuant to a network contract, if all of the following requirements are met:

(i) At the time the network contract is entered into, renewed or material modifications relevant to granting access to a third party are made, the dental carrier allows any dental care provider that is part of the dental carrier's provider network to choose to not participate in third-party access to the dental care provider's service prices and discounted rates;

(ii) The contracting entity allows the dental care provider to enter into a contract directly with the third party;

(iii) The network contract specifically states that the contracting entity may enter into an agreement

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with a third party to allow the third party to obtain the contracting entity's rights and responsibilities under the network contract as if the third party were the contracting entity. If the contracting entity is a dental carrier, the network contract shall specifically state that the dental care provider may choose not to participate in third-party access to the network contract and that the dental care provider chose to participate in third-party access at the time the network contract was entered into or renewed;

(iv) The third party accessing the network contract agrees to comply with all of the network contract's terms and conditions;

(v) The contracting entity identifies to the dental care provider, in writing, all third parties participating in the network contract as of the date the network contract is entered into or renewed;

(vi) The contracting entity provides a list of all third parties participating in the network contract on the contracting entity's website. The contracting entity shall update and provide an updated list of third parties on its website not less than every ninety (90) days;

(vii) The contracting entity notifies a dental care provider under the network contract at least thirty (30) days prior to a new third party leasing or purchasing the network contract;

(viii) The contracting entity requires a third party to identify, for all remittance advice or explanations of payments under which a discount applies, the source of the discount. This paragraph shall not apply to an electronic transaction mandated by the federal Health

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Insurance Portability and Accountability Act of 1996, P.L.
104-191;

(ix) A third party's right to a dental care provider's discounted rate is terminated as of the termination date of the network contract;

(x) In the adjudication of any claim under the network contract, the contracting entity makes available to the dental care provider a copy of the network contract not later than thirty (30) days after a request for the network contract is received.

(c) A contracting entity shall not cancel or terminate a contractual relationship with, or refuse to contract with, a dental care provider on the grounds that the dental care provider refuses to allow access by a third party to the dental care services and discounted rates of the dental care provider.

(d) This section shall not apply if access to a provider network contract is granted to a dental carrier or an entity operating in accordance with the same brand licensee program as the contracting entity or to an entity that is an affiliate of the contracting entity. A list of the contracting entity's affiliates shall be made available to a provider on the contracting entity's website.

(e) No dental care provider shall be bound by, or required to perform, dental care services under a network contract for which access has been granted to a third party in violation of this section.

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(f) A dental care service plan shall not require payments to be made to dental care providers solely by virtual credit card payments.

(g) A dental care service plan, when initiating payments to a dental care provider through a virtual credit card payment or when changing to virtual credit card payments if the dental care provider consents, shall do all of the following:

(i) Notify the dental care provider of any fees associated with each payment method available from the dental care service plan;

(ii) Inform the dental care provider of the available options for methods of payment and provide clear instructions to the dental care provider for the selection of an alternative payment method that does not impose fees.

(h) If a dental care provider opts out of a method of payment that is offered by a dental care service plan, that decision remains in effect unless the dental care provider opts back into the prior method of payment or a new contract is executed.

(j) A dental care service plan that transmits payments to a dental care provider in accordance with the standards of 45 C.F.R. §§ 162.1601 and 162.1602 shall not charge a fee solely for the transmission of the payment to the dental care provider unless the dental care provider has consented to payment of the fee. When transmitting a national automated clearinghouse payment, a dentist agent may charge a reasonable fee related to bank transmittal, transaction management, data management, portal services

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and other value added services associated with the transmission of the payment.

(k) The requirements of this section shall not be waived unless knowingly and voluntarily waived by the party bound by the contract.

Section 2. This act applies to contracts entered into on or after July 1, 2025 and nothing in this act is construed to impair any existing contracts entered into before July 1, 2025.

Section 3. The department of insurance shall promulgate all rules necessary to implement this act.

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Section 4.

(a) Except as provided by subsection (b) of this section, this act is effective July 1, 2025.

(b) Sections 3 and 4 of this act are effective immediately upon completion of all acts necessary for a bill to become law as provided by Article 4, Section 8 of the Wyoming Constitution.

(END)

Speaker of the House

President of the Senate

Governor

TIME APPROVED: _____

DATE APPROVED: _____

I hereby certify that this act originated in the Senate.

Chief Clerk