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**Date:** January 24, 2024

**Bill # / Title:** Senate Bill 228 - Maryland Health Benefit Exchange - Qualified Health Plans - Dental Coverage

**Committee:** Senate Finance Committee

**Position:** Support

The Maryland Insurance Administration (MIA) appreciates the opportunity to share its support for Senate Bill 228, which is a Departmental bill.

Senate Bill 228 was developed in coordination with the Maryland Health Benefit Exchange ("MHBE") as an important consumer protection. Pediatric dental coverage is important to assuring that children have access to oral health care. All qualified health plans (QHPs) currently offered on-exchange include coverage for pediatric dental. The proposed legislation will codify the status quo by requiring that all QHPs continue to include coverage for pediatric dental.

Pediatric dental coverage is one of the ten essential health benefits identified in the Affordable Care Act (ACA) that are required to be included in all non-grandfathered individual and small group health benefit plans. However, Section 1302 of the ACA provides that a health benefit plan that does not cover pediatric dental can still be considered a QHP, as long as there is at least one stand-alone pediatric dental plan available for purchase on the exchange on which the QHP is offered. In Maryland, there are ten stand-alone dental plans that include pediatric dental that are available for purchase on-exchange. That means that carriers are allowed by law to sell QHPs without pediatric dental coverage should they elect to do so. While, historically, carriers have included pediatric dental benefits in their QHPs voluntarily, if a carrier elected to file a QHP without pediatric dental in the future, the MIA would lack authority under existing law to prohibit them from doing so.

If some QHPs do not include pediatric dental coverage, the burden would be on the consumer to identify the coverage gap and to take action to fill that gap by purchasing a separate, stand-alone pediatric dental policy. The MIA and MHBE are concerned about the ability of consumers to make this determination. Although carriers are required to provide a disclosure form if a health benefit plan does not include pediatric dental benefits, this disclosure form is not part of the plan summary information displayed on the Maryland Health Connection website when consumers shop for health benefit plans through the Exchange. Additionally, unlike the off-exchange market where state law requires consumers to self-attest on the application for coverage that they have purchased a stand-alone dental plan through the Exchange, no corresponding attestation is required for the on-exchange market. Since health benefit plans purchased through the Exchange have historically included pediatric dental coverage, the average

consumer expects these benefits to be included. Requiring all QHPs to include coverage for pediatric dental maintains the status quo in the current market, while also eliminating the possibility of a consumer unknowingly or inadvertently purchasing a plan that excludes pediatric dental coverage.

Other states, such as Connecticut, have enacted legislation that requires all on-exchange plans to include pediatric dental. And, the MIA believes that codifying this important status quo, and providing the MIA with the regulator authority to prevent coverage gaps, will protect Maryland consumers while shopping on the Exchange.

For these reasons, the MIA urges a favorable committee report on SB 228 and thanks the Committee for the opportunity to share its support.