

HOUSE BILL 804

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CF SB 637

By: ~~Delegates Kach and Olszewski~~ Kach, Olszewski, Benson, Costa, Donoghue, Elliott, Hammen, Jenkins, Kipke, Krebs, Kullen, McDonough, Montgomery, Morhaim, Nathan-Pulliam, Oaks, Pena-Melnyk, Pendergrass, Reznik, Riley, Tarrant, and V. Turner

Introduced and read first time: February 9, 2010

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 23, 2010

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Dental Provider Panels – Provider Contracts**

3 FOR the purpose of prohibiting a provider contract from containing a provision that
4 requires a participating dental provider, as a condition of ~~participating~~
5 continued participation in certain dental provider panels, to accept ~~a new~~ an
6 added, revised, or amended fee schedule that contains a lower fee; providing for
7 the application of this Act; and generally relating to dental provider panels and
8 provider contracts.

9 BY repealing and reenacting, without amendments,
10 Article – Insurance
11 Section 15–112.2(a)
12 Annotated Code of Maryland
13 (2006 Replacement Volume and 2009 Supplement)

14 BY adding to
15 Article – Insurance
16 Section 15–112.2(f)
17 Annotated Code of Maryland
18 (2006 Replacement Volume and 2009 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Insurance

15–112.2.

(a) (1) In this section the following words have the meanings indicated.

(2) “Capitated dental provider panel” means a provider panel for one or more dental plan organizations offering contracts only for dental services reimbursed on a capitated basis for certain services.

(3) “Carrier” means:

(i) an insurer;

(ii) a nonprofit health service plan;

(iii) a health maintenance organization; or

(iv) a dental plan organization.

(4) “Fee-for-service dental provider panel” means a provider panel for one or more dental plan organizations, insurers, or nonprofit health service plans offering contracts only for dental services reimbursed on a full or discounted fee-for-service basis.

(5) “Enrollee” means a person entitled to health care benefits from a carrier.

(6) “HMO provider panel” means a provider panel for one or more health maintenance organizations.

(7) “Managed care organization” has the meaning stated in § 15–101 of the Health – General Article.

(8) “Non-HMO provider panel” means a provider panel for one or more nonprofit health service plans or insurers.

(9) “Provider” has the meaning stated in § 19–701 of the Health – General Article.

(10) “Provider contract” means a contract:

(i) between a provider and a carrier, an affiliate of a carrier, or an entity that contracts with a provider to serve a carrier; and

1 (ii) under which the provider agrees to provide health care
2 services to enrollees.

3 (11) "Provider panel" means the providers that contract either directly
4 or through a subcontracting entity with a carrier to provide health care services to
5 enrollees.

6 (F) A PROVIDER CONTRACT MAY NOT CONTAIN A PROVISION THAT
7 REQUIRES A PARTICIPATING DENTAL PROVIDER, AS A CONDITION OF
8 ~~PARTICIPATING~~ CONTINUED PARTICIPATION IN A CAPITATED DENTAL
9 PROVIDER PANEL OR A FEE-FOR-SERVICE DENTAL PROVIDER PANEL, TO
10 ACCEPT AN ADDED, REVISED, OR AMENDED FEE SCHEDULE THAT CONTAINS A
11 LOWER FEE.

12 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
13 dental provider contracts issued, renewed, or amended in the State on or after October
14 1, 2010.

15 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
16 October 1, 2010.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.