

SENATE BILL 637

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CF HB 804

By: **Senators Pipkin and Astle**

Introduced and read first time: February 5, 2010

Assigned to: Finance

A BILL ENTITLED

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 dental provider, as a condition of participating in certain dental
5 provider panels, to accept a new, revised, or amended fee schedule; providing for
6 the application of this Act; and generally relating to dental provider panels and
7 provider contracts.

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

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

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

20 **Article – Insurance**

21 15–112.2.

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

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



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

4 (3) “Carrier” means:

5 (i) an insurer;

6 (ii) a nonprofit health service plan;

7 (iii) a health maintenance organization; or

8 (iv) a dental plan organization.

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

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

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

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

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

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

23 (10) “Provider contract” means a contract:

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

26 (ii) under which the provider agrees to provide health care
27 services to enrollees.

28 (11) “Provider panel” means the providers that contract either directly
29 or through a subcontracting entity with a carrier to provide health care services to
30 enrollees.

1 **(F) A PROVIDER CONTRACT MAY NOT CONTAIN A PROVISION THAT**
2 **REQUIRES A DENTAL PROVIDER, AS A CONDITION OF PARTICIPATING IN A**
3 **CAPITATED DENTAL PROVIDER PANEL OR A FEE-FOR-SERVICE DENTAL**
4 **PROVIDER PANEL, TO ACCEPT AN ADDED, REVISED, OR AMENDED FEE**
5 **SCHEDULE.**

6 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
7 dental provider contracts issued, renewed, or amended in the State on or after October
8 1, 2010.

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