

HB1356/256083/1

BY: Health and Government Operations Committee

AMENDMENTS TO HOUSE BILL 1356

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “dental” in line 4 down through “persons” in line 5 and substitute “and dental plan organizations”; and in line 6, after “met;” insert “prohibiting a carrier from imposing a certain frequency limitation on dental preventive care;”.

AMENDMENT NO. 2

On page 2, strike beginning with the colon in line 3 down through “STATE” in line 9 and substitute “AN INSURER, NONPROFIT HEALTH SERVICE PLAN, HEALTH MAINTENANCE ORGANIZATION, OR DENTAL PLAN ORGANIZATION THAT PROVIDES DENTAL BENEFITS ON AN EXPENSE-INCURRED BASIS UNDER POLICIES OR CONTRACTS ISSUED OR DELIVERED IN THE STATE”; in line 10, strike “(I)”; in line 11, strike “OR” and substitute “ORAL”; and in the same line, after “EXAMINATION” insert “, TEETH CLEANING (PROPHYLAXIS), FLUORIDE TREATMENT, OR ROUTINE PREVENTIVE SERVICE”.

On pages 2 and 3, strike in their entirety the lines beginning with line 13 on page 2 through line 4 on page 3, inclusive, and substitute:

“(B) IF BENEFITS FOR DENTAL PREVENTIVE CARE ARE AVAILABLE AND ALL OTHER REQUIREMENTS FOR THE COVERAGE OF DENTAL PREVENTIVE CARE ARE MET, A CARRIER SHALL PROVIDE COVERAGE FOR DENTAL PREVENTIVE CARE:

(Over)

(1) AT ANY TIME DURING THE PLAN YEAR FOR A POLICY OR CONTRACT THAT PROVIDES COVERAGE FOR DENTAL PREVENTIVE CARE ONCE DURING THE PLAN YEAR; OR

(2) SUBJECT TO SUBSECTION (C) OF THIS SECTION, IN ACCORDANCE WITH ANY FREQUENCY LIMITATION FOR A POLICY OR CONTRACT THAT PROVIDES COVERAGE FOR DENTAL PREVENTIVE CARE MORE THAN ONCE DURING THE PLAN YEAR.

(C) A CARRIER MAY NOT IMPOSE A FREQUENCY LIMITATION ON DENTAL PREVENTIVE CARE THAT REQUIRES THE DENTAL PREVENTIVE CARE TO BE PROVIDED AT AN INTERVAL GREATER THAN 120 DAYS DURING A PLAN YEAR.”.

On page 3, in line 5, strike “(C)” and substitute “(D)”.