SENATE BILL 849

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2lr1250 CF HB 1356

By: Senator King Senators King, Garagiola, Klausmeier, Middleton, and Pugh

Introduced and read first time: February 3, 2012 Assigned to: Finance

Committee Report: Favorable with amendments Senate action: Adopted Read second time: March 17, 2012

CHAPTER _____

1 AN ACT concerning

2 Health Insurance – Dental Preventive Care – Coverage for Dental Cleanings

3 FOR the purpose of requiring certain insurers, nonprofit health service plans, health 4 maintenance organizations, dental plan organizations, and certain other $\mathbf{5}$ persons and dental plan organizations to provide coverage for certain dental 6 preventive care if certain conditions are met; prohibiting a carrier from 7 imposing a certain frequency limitation on dental preventive care; prohibiting certain provisions of this Act from being construed to require coverage for a 8 9 certain service; making certain requirements of this Act applicable to health maintenance organizations; defining certain terms; providing for the application 10 11 of this Act; and generally relating to coverage for dental preventive care under 12 health insurance.

- 13 BY adding to
- 14 Article Insurance
- 15 Section 15–135.1
- 16 Annotated Code of Maryland
- 17 (2011 Replacement Volume)
- 18 BY adding to
- 19 Article Health General
- 20 Section 19–706(llll)
- 21 Annotated Code of Maryland
- 22 (2009 Replacement Volume and 2011 Supplement)

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

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



	2 SENATE BILL 849
$\frac{1}{2}$	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:
3	Article – Insurance
4	15-135.1.
$5 \\ 6$	(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.
7	(2) "CARRIER" MEANS:
8	(I) AN INSURER;
9	(II) A NONPROFIT HEALTH SERVICE PLAN;
10	(III) A HEALTH MAINTENANCE ORGANIZATION;
11	(IV) A DENTAL PLAN ORGANIZATION; OR
12	(V) ANY OTHER PERSON THAT PROVIDES DENTAL BENEFIT
13	PLANS SUBJECT TO REGULATION BY THE STATE AN INSURER, NONPROFIT
14	HEALTH SERVICE PLAN, HEALTH MAINTENANCE ORGANIZATION, OR DENTAL
15	PLAN ORGANIZATION THAT PROVIDES DENTAL BENEFITS ON AN
16	EXPENSE-INCURRED BASIS UNDER POLICIES OR CONTRACTS ISSUED OR
17	DELIVERED IN THE STATE.
1.0	
18	(3) (1) "DENTAL PREVENTIVE CARE" MEANS A PREVENTIVE
19	DENTAL VISIT, SCREENING, OR ORAL EXAMINATION, TEETH CLEANING
20	(PROPHYLAXIS), FLUORIDE TREATMENT, OR ROUTINE PREVENTIVE SERVICE
$\frac{21}{22}$	THAT IS A COVERED BENEFIT UNDER A POLICY OR CONTRACT ISSUED OR DELIVERED BY A CARRIER.
22	DELIVERED BY A CARRIER.
23	(II) "Dental preventive care" includes, if the
$\frac{25}{24}$	SERVICE IS A COVERED BENEFIT, A ROUTINE DENTAL CLEANING.
21	
25	(B) A CARRIER THAT PROVIDES COVERED BENEFITS FOR DENTAL
26	PREVENTIVE CARE SHALL PROVIDE COVERAGE FOR ROUTINE DENTAL
27	CLEANINGS IF:
28	(1) THE DENTAL CLEANINGS ARE PROVIDED:
29	
29 30	(I) NO MORE THAN TWICE AT ANY TIME DURING THE PLAN YEAR ESTABLISHED IN THE POLICY OR CONTRACT IF THE POLICY OR CONTRACT
90	TEAR ESTADLISHED IN THE FOLIOF OR CONTRACT IF THE FOLIOF OR CONTRACT

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1	PROVIDES COVERAGE FOR DENTAL CLEANINGS TWICE DURING THE PLAN YEAR;
2	OR
3	(II) NO MORE THAN ONCE AT ANY TIME DURING THE PLAN
4	YEAR ESTABLISHED IN THE POLICY OR CONTRACT IF THE POLICY OR CONTRACT
5	PROVIDES COVERAGE FOR A DENTAL CLEANING ONCE DURING THE PLAN YEAR;
6	AND
$\overline{7}$	(2) ANY OTHER REQUIREMENTS FOR COVERAGE OF THE DENTAL
8	PREVENTIVE CARE ARE MET.
0	(D) TE DENEEURS FOD DENMAL DREVENMER CARE ARE AVAILADLE AND
9	(B) IF BENEFITS FOR DENTAL PREVENTIVE CARE ARE AVAILABLE AND
10	ALL OTHER REQUIREMENTS FOR THE COVERAGE OF DENTAL PREVENTIVE CARE
11	ARE MET, A CARRIER SHALL PROVIDE COVERAGE FOR DENTAL PREVENTIVE
12	<u>CARE:</u>
13	(1) AT ANY TIME DURING THE PLAN YEAR FOR A POLICY OR
13 14	CONTRACT THAT PROVIDES COVERAGE FOR DENTAL PREVENTIVE CARE ONCE
15	DURING THE PLAN YEAR; OR
16	(2) SUBJECT TO SUBSECTION (C) OF THIS SECTION, IN
17	ACCORDANCE WITH ANY FREQUENCY LIMITATION FOR A POLICY OR CONTRACT
18	THAT PROVIDES COVERAGE FOR DENTAL PREVENTIVE CARE MORE THAN ONCE
19	DURING THE PLAN YEAR.
20	(C) A CARRIER MAY NOT IMPOSE A FREQUENCY LIMITATION ON DENTAL
21	PREVENTIVE CARE THAT REQUIRES THE DENTAL PREVENTIVE CARE TO BE
22	PROVIDED AT AN INTERVAL GREATER THAN 120 DAYS DURING A PLAN YEAR.
23	(C) (D) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE
24	COVERAGE FOR A SERVICE NOT OTHERWISE REQUIRED BY LAW.
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25	Article – Health – General
26	19–706.
20	
27	(LLLL) THE PROVISIONS OF § 15–135.1 OF THE INSURANCE ARTICLE
28	APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.
29	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
30	policies, contracts, and dental benefit plans issued, delivered, or renewed in the State
31	on or after October 1, 2012, or, for policies, contracts, and dental benefit plans in effect
32	in the State on October 1, 2012, but not subject to renewal before October 1, 2013, no

33 later than October 1, 2013.

- SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect 1 $\mathbf{2}$
- October 1, 2012.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.