

## Chapter 720

(House Bill 1356)

AN ACT concerning

### Health Insurance – Dental Preventive Care – Coverage

FOR the purpose of requiring certain insurers, nonprofit health service plans, health maintenance organizations, ~~dental plan organizations, and certain other persons~~ and dental plan organizations to provide coverage for certain dental preventive care if certain conditions are met; prohibiting a carrier from imposing a certain frequency limitation on dental preventive care; prohibiting certain provisions of this Act from being construed to require coverage for a certain service; making certain requirements of this Act applicable to health maintenance organizations; defining certain terms; providing for the application of this Act; and generally relating to coverage for dental preventive care under health insurance.

BY adding to

Article – Insurance  
Section 15–135.1  
Annotated Code of Maryland  
(2011 Replacement Volume)

BY adding to

Article – Health – General  
Section 19–706(III)  
Annotated Code of Maryland  
(2009 Replacement Volume and 2011 Supplement)

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

#### Article – Insurance

##### 15–135.1.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) “CARRIER” MEANS:

~~(1) AN INSURER;~~

~~(II) A NONPROFIT HEALTH SERVICE PLAN;~~

~~(III) A HEALTH MAINTENANCE ORGANIZATION;~~

~~(IV) A DENTAL PLAN ORGANIZATION; OR~~

~~(V) ANY OTHER PERSON THAT PROVIDES DENTAL BENEFIT PLANS SUBJECT TO REGULATION BY THE STATE~~ 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.

(3) ~~(i)~~ “DENTAL PREVENTIVE CARE” MEANS A PREVENTIVE DENTAL VISIT, SCREENING, OR ORAL EXAMINATION, TEETH CLEANING (PROPHYLAXIS), FLUORIDE TREATMENT, OR ROUTINE PREVENTIVE SERVICE THAT IS A COVERED BENEFIT UNDER A POLICY OR CONTRACT ISSUED OR DELIVERED BY A CARRIER.

~~(ii) “DENTAL PREVENTIVE CARE” INCLUDES, IF THE SERVICE IS A COVERED BENEFIT:~~

~~1. A ROUTINE DENTAL CLEANING;~~

~~2. A ROUTINE DENTAL EXAMINATION; AND~~

~~3. A FLOURIDE TREATMENT AS INDICATED BY EVIDENCE-BASED GUIDELINES.~~

~~(b) A CARRIER THAT PROVIDES COVERED BENEFITS FOR DENTAL PREVENTIVE CARE SHALL PROVIDE COVERAGE IF:~~

~~(1) THE BENEFITS ARE PROVIDED:~~

~~(i) NO MORE THAN TWICE AT ANY TIME DURING THE PLAN YEAR ESTABLISHED IN THE POLICY OR CONTRACT IF THE POLICY OR CONTRACT PROVIDES COVERAGE FOR DENTAL PREVENTIVE CARE TWICE DURING THE PLAN YEAR; OR~~

~~(ii) NO MORE THAN ONCE AT ANY TIME DURING THE PLAN YEAR ESTABLISHED IN THE POLICY OR CONTRACT IF THE POLICY OR CONTRACT PROVIDES COVERAGE FOR DENTAL PREVENTIVE CARE ONCE DURING THE PLAN YEAR; AND~~

~~(2) ANY OTHER REQUIREMENTS FOR COVERAGE OF THE DENTAL PREVENTIVE CARE ARE MET.~~

(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:

(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.

~~(e)~~ (D) THIS SECTION MAY NOT BE CONSTRUED TO REQUIRE COVERAGE FOR A SERVICE NOT OTHERWISE REQUIRED BY LAW.

**Article – Health – General**

19–706.

**(LLLL) THE PROVISIONS OF § 15–135.1 OF THE INSURANCE ARTICLE APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.**

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and dental benefit plans issued, delivered, or renewed in the State on or after October 1, 2012, or, for policies, contracts, and dental benefit plans in effect in the State on October 1, 2012, but not subject to renewal before October 1, 2013, no later than October 1, 2013.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2012.

**Approved by the Governor, May 22, 2012.**