

Department of Legislative Services
Maryland General Assembly
2012 Session

FISCAL AND POLICY NOTE
Revised

Senate Bill 849

(Senator King, *et al.*)

Finance

Health and Government Operations

Health Insurance - Dental Preventive Care - Coverage

This bill requires insurers, nonprofit health service plans, health maintenance organizations, and dental plan organizations (carriers) that provide dental benefits on an expense-incurred basis to provide coverage for “dental preventive care” in a specified manner. If such care is available and all other requirements for coverage are met, carriers must provide the coverage (1) at any time during the plan year for a policy or contract that covers dental preventive care once during the plan year; or (2) in accordance with any frequency limitation for a policy or contract that covers dental preventive care more than once during the plan year, but at an interval that is no greater than 120 days during a plan year. The bill may not be construed to require coverage for a service not otherwise required by law.

The bill applies 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.

Fiscal Summary

State Effect: Special fund revenues increase for the Maryland Insurance Administration (MIA) from the \$125 rate and form filing fee in FY 2013. Review of filings can be handled with existing budgeted MIA resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Bill Summary: “Dental preventive care” means a preventive dental visit, screening, 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.

Current Law: Chapters 535 and 536 of 2010 require insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for covered annual preventive care once *at any time during the plan year* established in the enrollee’s policy or contract. Annual preventive care includes an annual preventive visit, screening, or examination that is a covered benefit, including annual child wellness visits; routine gynecological visits; screening tests or examinations for colorectal cancer, Chlamydia, human papillomavirus, prostate cancer, or breast cancer; and an annual vision visit that includes a vision examination. Dental policies are not subject to similar requirements.

Background: The bill is intended to require that existing coverage for preventive dental services be provided regardless of the timing of the preventive care during the plan year, rather than under the typical restriction of no more than once every 180 or 365 days.

The American Dental Association (ADA) recommends the following for good oral hygiene: (1) brush your teeth twice a day with an ADA-accepted fluoride toothpaste; (2) clean between teeth daily with floss or an interdental cleaner; (3) eat a balanced diet and limit between-meal snacks; and (4) visit your dentist regularly for professional cleanings and oral exams.

Additional Information

Prior Introductions: None.

Cross File: HB 1356 (Delegate Barkley) - Health and Government Operations.

Information Source(s): American Dental Association, Maryland Health Insurance Plan, Department of Budget and Management, Department of Health and Mental Hygiene, Maryland Insurance Administration, Department of Legislative Services

Fiscal Note History: First Reader - March 5, 2012
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