

Chapter 736

(House Bill 1091)

AN ACT concerning

Health Insurance and Dental Plan Organizations – Dentists – Assignment of Benefits and Reimbursement of Nonpreferred Providers

FOR the purpose of prohibiting certain insurers and dental plan organizations from prohibiting an assignment of benefits to a provider who is a dentist by an insured or refusing to directly reimburse a nonpreferred provider who is a dentist; requiring a nonpreferred provider who is a dentist and who seeks an assignment of benefits from an insured or enrollee to provide certain information to the insured or enrollee before performing a health care service and submit a disclosure form to document the assignment of benefits; authorizing certain insurers and dental plan organizations to refuse to directly reimburse a nonparticipating provider who is a dentist under certain circumstances; and generally relating to insurance coverage for dental services.

BY repealing and reenacting, without amendments,

Article – Insurance

Section 14–201(a)

Annotated Code of Maryland

(2017 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, with amendments,

Article – Insurance

Section 14–201(p) and (r) and 14–205.3

Annotated Code of Maryland

(2017 Replacement Volume and 2025 Supplement)

BY adding to

Article – Insurance

Section 14–410.1

Annotated Code of Maryland

(2017 Replacement Volume and 2025 Supplement)

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

Article – Insurance

14–201.

(a) In this subtitle the following words have the meanings indicated.

(p) “Provider” means a physician, **DENTIST**, hospital, or other person that is licensed or otherwise authorized to provide health care services.

(r) “Similarly licensed provider” means:

(1) for a physician:

(i) a physician who is board certified or eligible in the same practice specialty; or

(ii) a group physician practice that contains board certified or eligible physicians in the same practice specialty; [or]

(2) FOR A DENTIST:

(I) A DENTIST LICENSED TO PRACTICE DENTISTRY IN THE STATE UNDER TITLE 4 OF THE HEALTH OCCUPATIONS ARTICLE WHO PERFORMS THE SAME OR SIMILAR DENTAL SERVICES; OR

(II) A GROUP DENTAL PRACTICE THAT CONSISTS OF DENTISTS LICENSED IN THE STATE UNDER TITLE 4 OF THE HEALTH OCCUPATIONS ARTICLE WHO PERFORM THE SAME OR SIMILAR DENTAL SERVICES; OR

[(2)] (3) for a health care provider ~~OR DENTIST~~ who is not a physician OR DENTIST, a health care provider ~~OR DENTIST~~ who holds the same type of license or certification.

14-205.3.

(a) This section does not apply to on-call physicians or hospital-based physicians.

(b) An insurer may not:

(1) prohibit the assignment of benefits to a provider who is a physician **OR DENTIST** by an insured; or

(2) refuse to directly reimburse a nonpreferred provider who is a physician **OR DENTIST** under an assignment of benefits.

(c) If an insured has not provided an assignment of benefits, the insurer shall include the following information with the payment to the insured for health care services rendered by the nonpreferred provider who is a physician **OR DENTIST**:

(1) the specific claim covered by the payment;

- (2) the amount paid for the claim;
- (3) the amount that is the insured's responsibility; and

(4) a statement instructing the insured to use the payment to pay the nonpreferred provider in the event the insured has not paid the nonpreferred provider in full for the health care services rendered by the nonpreferred provider.

(d) If a physician **OR DENTIST** who is a nonpreferred provider seeks an assignment of benefits from an insured, the physician **OR DENTIST** shall provide the following information to the insured, prior to performing a health care service:

(1) a statement informing the insured that the physician **OR DENTIST** is a nonpreferred provider;

(2) a statement informing the insured that the physician **OR DENTIST** may charge the insured for noncovered services;

(3) a statement informing the insured that the physician **OR DENTIST** may charge the insured the balance bill for covered services;

(4) an estimate of the cost of services that the physician **OR DENTIST** will provide to the insured;

(5) any terms of payment that may apply; and

(6) whether interest will apply and, if so, the amount of interest charged by the physician **OR DENTIST**.

(e) A physician **OR DENTIST** who is a nonpreferred provider shall submit the disclosure form developed by the Commissioner under subsection (f) of this section to document to the insurer the assignment of benefits by an insured.

(f) The Commissioner shall develop disclosure forms to implement the requirements under subsections (c) and (d) of this section.

(g) Notwithstanding the provisions of subsection (b) of this section, an insurer may refuse to directly reimburse a nonpreferred provider under an assignment of benefits if:

(1) the insurer receives notice of the assignment of benefits after the time the insurer has paid the benefits to the insured;

(2) the insurer, due to an inadvertent administrative error, has previously paid the insured;

(3) the insured withdraws the assignment of benefits before the insurer has paid the benefits to the nonpreferred provider; or

(4) the insured paid the nonpreferred provider the full amount due at the time of service.

14-410.1.

(A) IN THIS SECTION, “DENTIST” MEANS AN INDIVIDUAL LICENSED UNDER TITLE 4 OF THE HEALTH OCCUPATIONS ARTICLE.

(B) EXCEPT AS PROVIDED IN SUBSECTION (G) OF THIS SECTION, A DENTAL PLAN ORGANIZATION MAY NOT:

(1) PROHIBIT THE ASSIGNMENT OF BENEFITS TO A DENTIST BY AN ENROLLEE; OR

(2) REFUSE TO DIRECTLY REIMBURSE A NONPREFERRED DENTIST UNDER AN ASSIGNMENT OF BENEFITS.

(C) IF AN ENROLLEE HAS NOT PROVIDED AN ASSIGNMENT OF BENEFITS, THE DENTAL PLAN ORGANIZATION SHALL INCLUDE THE FOLLOWING INFORMATION WITH THE PAYMENT TO THE ENROLLEE FOR DENTAL SERVICES RENDERED BY THE NONPREFERRED DENTIST:

(1) THE SPECIFIC CLAIM COVERED BY THE PAYMENT;

(2) THE AMOUNT PAID FOR THE CLAIM;

(3) THE AMOUNT THAT IS THE ENROLLEE’S RESPONSIBILITY ~~OF THE DENTAL PLAN ORGANIZATION~~; AND

(4) A STATEMENT INSTRUCTING THE ENROLLEE TO USE THE PAYMENT TO PAY THE NONPREFERRED DENTIST IN THE EVENT THAT THE ENROLLEE HAS NOT PAID THE NONPREFERRED DENTIST IN FULL FOR DENTAL SERVICES RENDERED BY THE NONPREFERRED DENTIST.

(D) IF A NONPREFERRED DENTIST SEEKS AN ASSIGNMENT OF BENEFITS FROM AN ENROLLEE, THE DENTIST SHALL PROVIDE THE FOLLOWING INFORMATION TO THE ENROLLEE BEFORE PERFORMING A DENTAL SERVICE:

(1) A STATEMENT INFORMING THE ENROLLEE THAT THE DENTIST IS A NONPREFERRED DENTIST;

(2) A STATEMENT INFORMING THE ENROLLEE THAT THE DENTIST MAY CHARGE THE ENROLLEE FOR NONCOVERED SERVICES;

(3) A STATEMENT INFORMING THE ENROLLEE THAT THE DENTIST MAY CHARGE THE ENROLLEE THE BALANCE BILL FOR COVERED SERVICES;

(4) AN ESTIMATE OF THE COST OF SERVICES THAT THE DENTIST WILL PROVIDE TO THE ENROLLEE;

(5) ANY TERMS OF PAYMENT THAT MAY APPLY; AND

(6) WHETHER INTEREST WILL APPLY AND, IF SO, THE AMOUNT OF INTEREST CHARGED BY THE DENTIST.

(E) A NONPREFERRED DENTIST SHALL SUBMIT THE DISCLOSURE FORM DEVELOPED BY THE COMMISSIONER UNDER SUBSECTION (F) OF THIS SECTION TO DOCUMENT TO THE DENTAL PLAN ORGANIZATION THE ASSIGNMENT OF BENEFITS BY THE ENROLLEE.

(F) THE COMMISSIONER SHALL DEVELOP THE FORMS NECESSARY TO IMPLEMENT THIS ~~SUBSECTION~~ SECTION.

(G) A DENTAL PLAN ORGANIZATION MAY REFUSE TO DIRECTLY REIMBURSE A NONPREFERRED DENTIST UNDER AN ASSIGNMENT OF BENEFITS IF:

(1) THE DENTAL PLAN ORGANIZATION RECEIVES NOTICE OF THE ASSIGNMENT OF BENEFITS AFTER THE TIME THE DENTAL PLAN ORGANIZATION HAS PAID THE BENEFITS TO THE ENROLLEE;

(2) THE ENROLLEE WITHDRAWS THE ASSIGNMENT OF BENEFITS BEFORE THE DENTAL PLAN ORGANIZATION HAS PAID THE BENEFITS TO THE NONPREFERRED DENTIST; OR

(3) THE ENROLLEE PAID THE NONPREFERRED DENTIST THE FULL AMOUNT DUE AT THE TIME OF SERVICE.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect January 1, 2027.

Approved by the Governor, May 26, 2026.