



HB 1091 – Health Insurance and Dental Plan Organizations – Dentists – Assignment of Benefits and Reimbursement of Nonpreferred Providers

Testimony by Daniel T. Doherty, Jr. on behalf of The Maryland State Dental Association (MSDA) and The Maryland Society of Oral & Maxillofacial Surgeons (MSOMS) in Support of HB 1091

HB 1091 corrects an inequity that has existed for some time. While insurers have been required to honor a properly completed assignment of covered benefits directly to a nonpreferred physician, this has not been the case in dentistry. The purpose of HB 1091 is to require all insurers and dental plan organizations to allow an enrollee/patient to direct that payment of the benefits provided for a dental service be made directly to a treating nonpreferred dentist.

Pursuant to the provisions of HB 1091, the assignment of benefits is voluntary, but before a patient agrees to the assignment the dentist is obligated to:

- a) inform the patient that the dentist is a nonpreferred dentist;
- b) inform the patient that they may be billed for noncovered services;
- c) inform them that the dentist may charge the patient for the balance owed for covered services;
- d) provide an estimate of the cost for the services to be provided;
- e) provide the terms of payment that may apply; and
- f) disclose the amount of interest, if any, that will be charged by the dentist.

The dentist then must submit a Disclosure Form developed by the Commissioner to the insurer to document the assignment of benefits. The insurer may not refuse to directly reimburse a nonpreferred dentist except in three (3) circumstances. First, if the insurer receives notice of the assignment of benefits after it has paid the enrollee. Second, the enrollee withdraws the assignment before the insurer has paid the benefits. Finally, the enrollee paid the dentist the full amount at the time of service.

HB 1091 benefits both the patient and the nonpreferred dentist. It assures the dentist that she or he will be paid the covered amount. It saves the patient from having to pay the covered amount upfront. Finally, it facilitates the continuation of a dentist/patient relationship that could have been interrupted by changes relating to the patient's insurance coverage.

The MSDA and the MSOMS respectfully request that HB 1091 receive a Favorable Report.

Daniel T. Doherty, Jr.
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