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

Disparities in oral health exist among all groups in the U.S, regardless of age, race, gender, poverty, ethnicity or education level. However, access to dental care is often shaped by external factors such as policy decisions, and insurance programs. As of 2024, approximately 57mmillion Americans live in a dental health professional shortage area.

An article by the *Journal of Dental Hygiene* concluded that:

America is in the middle of a dental access crisis for which there is no single solution. Disparities impacting access to care require local, state, and federal stakeholders to ... focus resources on more cost-effective preventive services instead of providing expensive palliative emergency services... and increase reimbursement fees so more providers will participate.”

At present, dental insurance benefits are usually provided to patients on a “use it or lose it” basis where unused portions of the annual benefit (generally \$1,000 to \$2,000) do not roll over to the next year. Instead benefit plans reset January 1st and unused portions of the benefit are forfeited.

HB 1091 offers parity for dentists and their patients similar to that for physicians and their patients. The bill ensures that nonpreferred dentists may seek and assignments of the amount to be paid by a patient’s insurer for the dental services to be provided.

Under the bill, each Dentist must provide participating patients with a statement that:

1. The dentist is a nonpreferred provider,
2. The dentist may charge the patient for noncovered services
3. The dentist may charge the patient the balance forcovered services that the insurer does not pay.
4. The dentist must provide the patient with an estimate of the cost of services, any terms of payment that may apply, and whether any interest will be applied to unpaid balances, and if so, the amount of interest.

5. A disclosure form will be developed by the Commissioner to be submitted to the insurer by the dentist.

HB 1091 addresses a number of the current challenges to improved dental health care. Under the bill, patients are able to assign their benefits to their dentists resulting in prompt payments to dentists and more timely treatment to patients.

Where there is no assignments of benefits, dentists require patients to pay the full cost of dental care before or at the time care is provided—a financial hardship to many patients.

Benefit payments directly to dentists precludes patients receiving a lump sum payment that can be used in hard financial times from paying a pressing bill such as rent, car payment, groceries, or medications.

Finally, the assignment of benefits by patient to dentist results in straightforward access to dental care—a critical component of health care. The same assignment of benefits has been available to physicians and other providers from their patients. It should be a patient's choice to seek treatment out of network with a dentist who does not participate in their dental plans.