

HOUSE BILL 585

C3

01r0923

By: **Delegate V. Clagett**

Introduced and read first time: February 3, 2010

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance – Mandated Benefits – Dental Implants**

3 FOR the purpose of prohibiting certain insurers, nonprofit health service plans, and
4 health maintenance organizations that provide coverage for certain procedures
5 under certain circumstances from excluding or denying coverage for dental
6 implant surgery and devices; making the provisions of this Act applicable to
7 health benefit plans issued to small employers, notwithstanding certain
8 provisions of law; making the provisions of this Act applicable to health
9 maintenance organizations; making certain conforming changes and
10 clarifications; and generally relating to health insurance coverage for dental
11 implants.

12 BY repealing and reenacting, with amendments,
13 Article – Insurance
14 Section 15–821
15 Annotated Code of Maryland
16 (2006 Replacement Volume and 2009 Supplement)

17 BY adding to
18 Article – Health – General
19 Section 19–706(ccc)
20 Annotated Code of Maryland
21 (2009 Replacement Volume)

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

24 **Article – Insurance**

25 15–821.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (a) (1) This section applies to [each policy or contract that is issued or
2 delivered in the State to an employer or individual by an insurer or nonprofit health
3 service plan]:

4 (I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS
5 THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS
6 OR GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE
7 POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

8 (II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE
9 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS
10 UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

11 (2) NOTWITHSTANDING § 15-1207(D) OF THIS TITLE, THIS
12 SECTION APPLIES TO A HEALTH BENEFIT PLAN ISSUED TO A SMALL EMPLOYER
13 UNDER SUBTITLE 12 OF THIS TITLE.

14 (b) (1) [A policy or contract] AN ENTITY OR HEALTH BENEFIT PLAN
15 subject to this section that provides coverage on a group or individual basis for a
16 diagnostic or surgical procedure involving a bone or joint of the skeletal structure may
17 not exclude or deny coverage for the same diagnostic or surgical procedure involving a
18 bone or joint of the face, neck, or head if, under the accepted standards of the
19 profession of the health care provider rendering the service, the procedure,
20 INCLUDING DENTAL IMPLANT SURGERY AND DEVICES, is medically necessary to
21 treat a condition caused by [a congenital deformity, disease, or injury]:

22 (I) A CONGENITAL DEFORMITY;

23 (II) A DISEASE; OR

24 (III) AN INJURY.

25 (2) [This] EXCEPT FOR DENTAL IMPLANT DEVICES, THIS
26 subsection does not apply to intraoral prosthetic devices.

27 (c) (1) This section does not affect any other coverage required under this
28 article or restrict the scope of coverage under a policy or contract ISSUED BY AN
29 ENTITY subject to this section OR UNDER A HEALTH BENEFIT PLAN SUBJECT TO
30 THIS SECTION.

31 (2) This section is not intended to encourage surgical procedures over
32 appropriate nonsurgical procedures, or to prohibit the continued coverage of
33 nonsurgical procedures in the treatment of a bone or joint of the face, neck, or head.

1 19-706.

2 (CCCC) THE PROVISIONS OF § 15-821 OF THE INSURANCE ARTICLE
3 APPLY TO HEALTH MAINTENANCE ORGANIZATIONS.

4 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
5 July 1, 2010.