

SENATE BILL 637

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CF HB 804

By: ~~Senators Pipkin and Astle~~, **Astle, Klausmeier, Exum, and Garagiola**

Introduced and read first time: February 5, 2010

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 25, 2010

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Dental Provider Panels – Provider Contracts**

3 FOR the purpose of prohibiting a provider contract from containing a provision that
4 requires a participating dental provider, as a condition of ~~participating~~
5 continued participation in certain dental provider panels, to accept ~~a new an~~
6 added, revised, or amended fee schedule that contains a lower fee; providing for
7 the application of this Act; and generally relating to dental provider panels and
8 provider contracts.

9 BY repealing and reenacting, without amendments,
10 Article – Insurance
11 Section 15–112.2(a)
12 Annotated Code of Maryland
13 (2006 Replacement Volume and 2009 Supplement)

14 BY adding to
15 Article – Insurance
16 Section 15–112.2(f)
17 Annotated Code of Maryland
18 (2006 Replacement Volume and 2009 Supplement)

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

21 **Article – Insurance**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 15-112.2.

2 (a) (1) In this section the following words have the meanings indicated.

3 (2) "Capitated dental provider panel" means a provider panel for one
4 or more dental plan organizations offering contracts only for dental services
5 reimbursed on a capitated basis for certain services.

6 (3) "Carrier" means:

7 (i) an insurer;

8 (ii) a nonprofit health service plan;

9 (iii) a health maintenance organization; or

10 (iv) a dental plan organization.

11 (4) "Fee-for-service dental provider panel" means a provider panel for
12 one or more dental plan organizations, insurers, or nonprofit health service plans
13 offering contracts only for dental services reimbursed on a full or discounted
14 fee-for-service basis.

15 (5) "Enrollee" means a person entitled to health care benefits from a
16 carrier.

17 (6) "HMO provider panel" means a provider panel for one or more
18 health maintenance organizations.

19 (7) "Managed care organization" has the meaning stated in § 15-101
20 of the Health – General Article.

21 (8) "Non-HMO provider panel" means a provider panel for one or
22 more nonprofit health service plans or insurers.

23 (9) "Provider" has the meaning stated in § 19-701 of the Health –
24 General Article.

25 (10) "Provider contract" means a contract:

26 (i) between a provider and a carrier, an affiliate of a carrier, or
27 an entity that contracts with a provider to serve a carrier; and

28 (ii) under which the provider agrees to provide health care
29 services to enrollees.

1 (11) "Provider panel" means the providers that contract either directly
2 or through a subcontracting entity with a carrier to provide health care services to
3 enrollees.

4 (F) A PROVIDER CONTRACT MAY NOT CONTAIN A PROVISION THAT
5 REQUIRES A PARTICIPATING DENTAL PROVIDER, AS A CONDITION OF
6 ~~PARTICIPATING~~ CONTINUED PARTICIPATION IN A CAPITATED DENTAL
7 PROVIDER PANEL OR A FEE-FOR-SERVICE DENTAL PROVIDER PANEL, TO
8 ACCEPT AN ADDED, REVISED, OR AMENDED FEE SCHEDULE THAT CONTAINS A
9 LOWER FEE.

10 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all
11 dental provider contracts issued, renewed, or amended in the State on or after October
12 1, 2010.

13 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
14 October 1, 2010.

Approved:

Governor.

President of the Senate.

Speaker of the House of Delegates.