

Chapter 85

(Senate Bill 705)

AN ACT concerning

Health Insurance – Dental Provider Contracts – Prohibited Provision

FOR the purpose of prohibiting a carrier from including in a dental provider contract a provision that requires a dental provider to provide certain services at a fee set by the carrier; defining a certain term; providing for the application of this Act; and generally relating to dental provider contracts and health insurance carriers.

BY repealing and reenacting, without amendments,
Article – Insurance
Section 15–112.2(a)
Annotated Code of Maryland
(2006 Replacement Volume and 2010 Supplement)

BY adding to
Article – Insurance
Section 15–112.2(g)
Annotated Code of Maryland
(2006 Replacement Volume and 2010 Supplement)

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

Article – Insurance

15–112.2.

- (a) (1) In this section the following words have the meanings indicated.
- (2) “Capitated dental provider panel” means a provider panel for one or more dental plan organizations offering contracts only for dental services reimbursed on a capitated basis for certain services.
- (3) “Carrier” means:
- (i) an insurer;
 - (ii) a nonprofit health service plan;

- (iii) a health maintenance organization; or
- (iv) a dental plan organization.

(4) “Enrollee” means a person entitled to health care benefits from a carrier.

(5) “Fee-for-service dental provider panel” means a provider panel for one or more dental plan organizations, insurers, or nonprofit health service plans offering contracts only for dental services reimbursed on a full or discounted fee-for-service basis.

(6) “HMO provider panel” means a provider panel for one or more health maintenance organizations.

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

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

(9) “Provider” has the meaning stated in § 19-701 of the Health – General Article.

(10) “Provider contract” means a contract:

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

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

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

(G) (1) IN THIS SUBSECTION, “COVERED ~~SERVICE SERVICES~~” MEANS ~~A HEALTH CARE SERVICE THAT IS~~ HEALTH CARE SERVICES THAT ARE REIMBURSABLE UNDER A POLICY OR CONTRACT FOR DENTAL SERVICES BETWEEN AN ENROLLEE AND A CARRIER, SUBJECT TO ANY CONTRACTUAL LIMITATIONS ON BENEFITS, INCLUDING DEDUCTIBLES, COPAYMENTS, OR FREQUENCY LIMITATIONS.

(2) A CARRIER MAY NOT INCLUDE IN A DENTAL PROVIDER CONTRACT A PROVISION THAT REQUIRES A DENTAL PROVIDER TO PROVIDE

HEALTH CARE SERVICES THAT ARE NOT COVERED SERVICES AT A FEE SET BY THE CARRIER.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all dental provider contracts issued, renewed, or amended in the State on or after October 1, 2011.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2011.

Approved by the Governor, April 12, 2011.