

# SENATE BILL 813

J5

(6lr2133)

*ENROLLED BILL*  
— Finance/Health —

Introduced by **Senator Hayes**

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

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Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

\_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
President.

CHAPTER \_\_\_\_\_

1 AN ACT concerning

2 **Health Insurance and Dental Plan Organizations – Dentists – Assignment of**  
3 **Benefits and Reimbursement of Nonpreferred Providers**

4 FOR the purpose of prohibiting certain insurers and dental plan organizations from  
5 prohibiting an assignment of benefits to a provider who is a dentist by an insured or  
6 refusing to directly reimburse a nonpreferred provider who is a dentist; requiring a  
7 nonpreferred provider who is a dentist and who seeks an assignment of benefits from  
8 an insured or enrollee to provide certain information to the insured or enrollee before  
9 performing a health care service and submit a disclosure form to document the  
10 assignment of benefits; authorizing certain insurers and dental plan organizations  
11 to refuse to directly reimburse a nonparticipating provider who is a dentist under  
12 certain circumstances; and generally relating to insurance coverage for dental  
13 services.

14 BY repealing and reenacting, without amendments,

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**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.

*Italics* indicate opposite chamber/conference committee amendments.



1 Article – Insurance  
2 Section 14–201(a)  
3 Annotated Code of Maryland  
4 (2017 Replacement Volume and 2025 Supplement)

5 BY repealing and reenacting, with amendments,  
6 Article – Insurance  
7 Section 14–201(p) and (r) and 14–205.3  
8 Annotated Code of Maryland  
9 (2017 Replacement Volume and 2025 Supplement)

10 BY adding to  
11 Article – Insurance  
12 Section 14–410.1  
13 Annotated Code of Maryland  
14 (2017 Replacement Volume and 2025 Supplement)

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

17 **Article – Insurance**

18 14–201.

19 (a) In this subtitle the following words have the meanings indicated.

20 (p) “Provider” means a physician, **DENTIST**, hospital, or other person that is  
21 licensed or otherwise authorized to provide health care services.

22 (r) “Similarly licensed provider” means:

23 (1) for a physician:

24 (i) a physician who is board certified or eligible in the same practice  
25 specialty; or

26 (ii) a group physician practice that contains board certified or  
27 eligible physicians in the same practice specialty; [or]

28 **(2) FOR A DENTIST:**

29 **(I) A DENTIST LICENSED TO PRACTICE DENTISTRY IN THE**  
30 **STATE UNDER TITLE 4 OF THE HEALTH OCCUPATIONS ARTICLE WHO PERFORMS**  
31 **THE SAME OR SIMILAR DENTAL SERVICES; OR**

1                   **(II) A GROUP DENTAL PRACTICE THAT CONSISTS OF DENTISTS**  
2 **LICENSED IN THE STATE UNDER TITLE 4 OF THE HEALTH OCCUPATIONS ARTICLE**  
3 **WHO PERFORM THE SAME OR SIMILAR DENTAL SERVICES; OR**

4                   **[(2)] (3)** for a health care provider ~~OR DENTIST~~ who is not a physician  
5 **OR DENTIST**, a health care provider ~~OR DENTIST~~ who holds the same type of license or  
6 certification.

7 14–205.3.

8           (a) This section does not apply to on–call physicians or hospital–based physicians.

9           (b) An insurer may not:

10                   (1) prohibit the assignment of benefits to a provider who is a physician **OR**  
11 **DENTIST** by an insured; or

12                   (2) refuse to directly reimburse a nonpreferred provider who is a physician  
13 **OR DENTIST** under an assignment of benefits.

14           (c) If an insured has not provided an assignment of benefits, the insurer shall  
15 include the following information with the payment to the insured for health care services  
16 rendered by the nonpreferred provider who is a physician **OR DENTIST**:

17                   (1) the specific claim covered by the payment;

18                   (2) the amount paid for the claim;

19                   (3) the amount that is the insured’s responsibility; and

20                   (4) a statement instructing the insured to use the payment to pay the  
21 nonpreferred provider in the event the insured has not paid the nonpreferred provider in  
22 full for the health care services rendered by the nonpreferred provider.

23           (d) If a physician **OR DENTIST** who is a nonpreferred provider seeks an  
24 assignment of benefits from an insured, the physician **OR DENTIST** shall provide the  
25 following information to the insured, prior to performing a health care service:

26                   (1) a statement informing the insured that the physician **OR DENTIST** is a  
27 nonpreferred provider;

28                   (2) a statement informing the insured that the physician **OR DENTIST** may  
29 charge the insured for noncovered services;

30                   (3) a statement informing the insured that the physician **OR DENTIST** may  
31 charge the insured the balance bill for covered services;

1 (4) an estimate of the cost of services that the physician **OR DENTIST** will  
2 provide to the insured;

3 (5) any terms of payment that may apply; and

4 (6) whether interest will apply and, if so, the amount of interest charged  
5 by the physician **OR DENTIST**.

6 (e) A physician **OR DENTIST** who is a nonpreferred provider shall submit the  
7 disclosure form developed by the Commissioner under subsection (f) of this section to  
8 document to the insurer the assignment of benefits by an insured.

9 (f) The Commissioner shall develop disclosure forms to implement the  
10 requirements under subsections (c) and (d) of this section.

11 (g) Notwithstanding the provisions of subsection (b) of this section, an insurer  
12 may refuse to directly reimburse a nonpreferred provider under an assignment of benefits  
13 if:

14 (1) the insurer receives notice of the assignment of benefits after the time  
15 the insurer has paid the benefits to the insured;

16 (2) the insurer, due to an inadvertent administrative error, has previously  
17 paid the insured;

18 (3) the insured withdraws the assignment of benefits before the insurer  
19 has paid the benefits to the nonpreferred provider; or

20 (4) the insured paid the nonpreferred provider the full amount due at the  
21 time of service.

22 **14-410.1.**

23 **(A) IN THIS SECTION, "DENTIST" MEANS AN INDIVIDUAL LICENSED UNDER**  
24 **TITLE 4 OF THE HEALTH OCCUPATIONS ARTICLE.**

25 **(B) EXCEPT AS PROVIDED IN SUBSECTION (G) OF THIS SECTION, A DENTAL**  
26 **PLAN ORGANIZATION MAY NOT:**

27 **(1) PROHIBIT THE ASSIGNMENT OF BENEFITS TO A DENTIST BY AN**  
28 **ENROLLEE; OR**

29 **(2) REFUSE TO DIRECTLY REIMBURSE A NONPREFERRED DENTIST**  
30 **UNDER AN ASSIGNMENT OF BENEFITS.**

1 (C) IF AN ENROLLEE HAS NOT PROVIDED AN ASSIGNMENT OF BENEFITS,  
2 THE DENTAL PLAN ORGANIZATION SHALL INCLUDE THE FOLLOWING INFORMATION  
3 WITH THE PAYMENT TO THE ENROLLEE FOR DENTAL SERVICES RENDERED BY THE  
4 NONPREFERRED DENTIST:

5 (1) THE SPECIFIC CLAIM COVERED BY THE PAYMENT;

6 (2) THE AMOUNT PAID FOR THE CLAIM;

7 (3) THE AMOUNT THAT IS THE ENROLLEE'S RESPONSIBILITY ~~OF THE~~  
8 ~~DENTAL PLAN ORGANIZATION~~; AND

9 (4) A STATEMENT INSTRUCTING THE ENROLLEE TO USE THE  
10 PAYMENT TO PAY THE NONPREFERRED DENTIST IN THE EVENT THAT THE ENROLLEE  
11 HAS NOT PAID THE NONPREFERRED DENTIST IN FULL FOR DENTAL SERVICES  
12 RENDERED BY THE NONPREFERRED DENTIST.

13 (D) IF A NONPREFERRED DENTIST SEEKS AN ASSIGNMENT OF BENEFITS  
14 FROM AN ENROLLEE, THE DENTIST SHALL PROVIDE THE FOLLOWING INFORMATION  
15 TO THE ENROLLEE BEFORE PERFORMING A DENTAL SERVICE:

16 (1) A STATEMENT INFORMING THE ENROLLEE THAT THE DENTIST IS  
17 A NONPREFERRED DENTIST;

18 (2) A STATEMENT INFORMING THE ENROLLEE THAT THE DENTIST  
19 MAY CHARGE THE ENROLLEE FOR NONCOVERED SERVICES;

20 (3) A STATEMENT INFORMING THE ENROLLEE THAT THE DENTIST  
21 MAY CHARGE THE ENROLLEE THE BALANCE BILL FOR COVERED SERVICES;

22 (4) AN ESTIMATE OF THE COST OF SERVICES THAT THE DENTIST WILL  
23 PROVIDE TO THE ENROLLEE;

24 (5) ANY TERMS OF PAYMENT THAT MAY APPLY; AND

25 (6) WHETHER INTEREST WILL APPLY AND, IF SO, THE AMOUNT OF  
26 INTEREST CHARGED BY THE DENTIST.

27 (E) A NONPREFERRED DENTIST SHALL SUBMIT THE DISCLOSURE FORM  
28 DEVELOPED BY THE COMMISSIONER UNDER SUBSECTION (F) OF THIS SECTION TO  
29 DOCUMENT TO THE DENTAL PLAN ORGANIZATION THE ASSIGNMENT OF BENEFITS  
30 BY THE ENROLLEE.

1 (F) THE COMMISSIONER SHALL DEVELOP THE FORMS NECESSARY TO  
2 IMPLEMENT THIS ~~SUBSECTION~~ SECTION.

3 (G) A DENTAL PLAN ORGANIZATION MAY REFUSE TO DIRECTLY REIMBURSE  
4 A NONPREFERRED DENTIST UNDER AN ASSIGNMENT OF BENEFITS IF:

5 (1) THE DENTAL PLAN ORGANIZATION RECEIVES NOTICE OF THE  
6 ASSIGNMENT OF BENEFITS AFTER THE TIME THE DENTAL PLAN ORGANIZATION HAS  
7 PAID THE BENEFITS TO THE ENROLLEE;

8 (2) THE ENROLLEE WITHDRAWS THE ASSIGNMENT OF BENEFITS  
9 BEFORE THE DENTAL PLAN ORGANIZATION HAS PAID THE BENEFITS TO THE  
10 NONPREFERRED DENTIST; OR

11 (3) THE ENROLLEE PAID THE NONPREFERRED DENTIST THE FULL  
12 AMOUNT DUE AT THE TIME OF SERVICE.

13 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
14 January 1, 2027.

Approved:

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Governor.

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President of the Senate.

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Speaker of the House of Delegates.