

HOUSE BILL 767

J1

4lr1893

By: **Delegate Kipke**

Introduced and read first time: January 31, 2024

Assigned to: Health and Government Operations

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Medical Assistance Program – Adult and Pediatric Dental Services –**
3 **Reimbursement Rates**

4 FOR the purpose of requiring the Maryland Department of Health, on or before a certain
5 date each year, to conduct a certain review of billed charges and reimbursement rates
6 for adult and pediatric dental services; requiring the Department to revise the rates
7 for adult and pediatric dental services provided under the Maryland Medical
8 Assistance Program in a certain manner; and generally relating to reimbursement
9 rates for adult and pediatric dental services.

10 BY repealing and reenacting, with amendments,
11 Article – Health – General
12 Section 15–103.5
13 Annotated Code of Maryland
14 (2023 Replacement Volume)

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

17 **Article – Health – General**

18 15–103.5.

19 (a) **(1)** [For] **SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, FOR** the
20 calendar year prior to the report date under subsection (b) of this section, the Department
21 shall review the rates paid to providers under the federal Medicare fee schedule and
22 compare the rates under the Medicare fee schedule to the fee-for-service rates paid to
23 similar providers for the same services under the Maryland Medical Assistance Program
24 and the rates paid to managed care organization providers for the same services under the
25 Maryland Medical Assistance Program.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 **(2) THE REVIEW REQUIRED UNDER PARAGRAPH (1) OF THIS**
2 **SUBSECTION MAY NOT INCLUDE RATES PAID TO DENTAL PROVIDERS.**

3 (b) On or before January 1, 2010, and each January 1 thereafter, the Department
4 shall report, in accordance with § 2-1257 of the State Government Article, to the Senate
5 Finance Committee and the House Health and Government Operations Committee on:

6 (1) The review and comparison under subsection (a) of this section;

7 (2) Whether the fee-for-service rates and managed care organization
8 provider rates will exceed the rates paid under the Medicare fee schedule for the period
9 covered by the review required under subsection (a) of this section;

10 (3) An analysis of the fee-for-service reimbursement rates paid in other
11 states and how those rates compare with those in the State;

12 (4) A schedule for bringing the State's fee-for-service reimbursement rates
13 to a level that assures that all health care providers are reimbursed adequately to provide
14 access to care; and

15 (5) An analysis of the estimated costs of implementing the schedule and
16 any proposed changes to the fee-for-service reimbursement rates for the Maryland Medical
17 Assistance Program and the Maryland Children's Health Program.

18 **(C) (1) ON OR BEFORE JANUARY 1 EACH YEAR, BEGINNING IN 2025, THE**
19 **DEPARTMENT SHALL REPORT TO THE SENATE FINANCE COMMITTEE AND THE**
20 **HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE, IN ACCORDANCE**
21 **WITH § 2-1257 OF THE STATE GOVERNMENT ARTICLE, ON:**

22 **(I) A REVIEW OF THE BILLED CHARGES AND REIMBURSEMENT**
23 **RATES PAID BY ALL COMMERCIAL PAYORS FOR THE PRIOR CALENDAR YEAR TO**
24 **PROVIDERS FOR ADULT AND PEDIATRIC DENTAL SERVICES; AND**

25 **(II) A COMPARISON OF THE CHARGE DATA AND RATES PAID BY**
26 **ALL PAYORS AS DETERMINED UNDER ITEM (I) OF THIS PARAGRAPH TO THE RATES**
27 **PAID FOR THE SAME SERVICES UNDER THE PROGRAM.**

28 **(2) THE DEPARTMENT SHALL:**

29 **(I) USE THE DATA FROM THE REVIEW REQUIRED UNDER**
30 **PARAGRAPH (1) OF THIS SUBSECTION TO REVISE THE REIMBURSEMENT RATES FOR**
31 **ADULT AND PEDIATRIC DENTAL SERVICES PAID UNDER THE PROGRAM;**

1 **(II) ENSURE THAT THE REIMBURSEMENT RATES PAID UNDER**
2 **THE PROGRAM FOR ADULT AND PEDIATRIC DENTAL SERVICES ARE SUFFICIENT TO**
3 **PROVIDE ACCESS TO CARE FOR PROGRAM RECIPIENTS; AND**

4 **(III) ENSURE THAT THE RATES PAID UNDER THE PROGRAM FOR**
5 **ADULT AND PEDIATRIC DENTAL SERVICES TO ALL MEDICAL AND DENTAL**
6 **PROVIDERS ARE NOT LESS THAN 60% OF:**

7 **1. THE AVERAGE COMMERCIAL RATES FOR ALL PAYORS**
8 **IN THE STATE WHO OFFER THE SERVICE; OR**

9 **2. IF THE AVERAGE COMMERCIAL RATE CANNOT BE**
10 **DETERMINED, THE BENCHMARK CHARGES FOR THE AMERICAN DENTAL**
11 **ASSOCIATION CURRENT DENTAL TERMINOLOGY (CDT) CODES FOR THE SERVICES.**

12 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July
13 1, 2024.