

# STATE OF NEW YORK

5313

2025-2026 Regular Sessions

## IN SENATE

February 20, 2025

Introduced by Sens. BAILEY, GALLIVAN, GOUNARDES, HARCKHAM -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance

AN ACT to amend the insurance law, in relation to addressing non-covered dental services

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Section 4224 of the insurance law is amended by adding a  
2 new subsection (g) to read as follows:

3 (g)(1) Notwithstanding any other provision of this section, no insurer  
4 authorized to do business in this state shall include a provision in a  
5 contract or participating provider agreement with a dentist which  
6 requires, directly or indirectly, that a participating dentist provide  
7 services to an insured at a fee set by, or at a fee subject to the  
8 approval of, the insurer unless the dental services are covered services  
9 under the insured's dental plan.

10 (2) For purposes of this subsection, "covered services" shall mean  
11 dental services for which reimbursement is available under an insured's  
12 dental plan or for which a reimbursement would be available but for the  
13 application of contractual limitations such as deductibles, copayments,  
14 coinsurance, waiting periods, annual or lifetime maximums, frequency  
15 limitations, alternative benefit payments, or any other limitation.

16 § 2. Subsection (s) of section 4303 of the insurance law, as added by  
17 chapter 293 of the laws of 1992, is amended to read as follows:

18 [~~s~~](s-1)(1) Notwithstanding any provision of a contract issued by a  
19 medical expense indemnity corporation, a dental expense indemnity corpo-  
20 ration or health service corporation, every contract which provides  
21 coverage for care provided through licensed health professionals who can  
22 bill for services shall provide the same coverage and reimbursement for  
23 such service provided pursuant to a clinical practice plan established

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

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1 pursuant to subdivision fourteen of section two hundred six of the  
2 public health law.

3 (2) Notwithstanding any other provision of this section, no medical  
4 expense indemnity corporation, dental expense indemnity corporation or  
5 health service corporation authorized to do business in this state shall  
6 include a provision in a contract or participating provider agreement  
7 with a dentist which requires, directly or indirectly, that a partic-  
8 ipating dentist provide services to an insured at a fee set by, or at a  
9 fee subject to the approval of, the medical expense indemnity corpo-  
10 ration, dental expense indemnity corporation or health service corpo-  
11 ration unless the dental services are covered services under the  
12 insured's dental plan.

13 (3) For purposes of this subsection, "covered services" shall mean  
14 dental services for which reimbursement is available under an insured's  
15 dental plan or for which a reimbursement would be available but for the  
16 application of contractual limitations such as deductibles, copayments,  
17 coinsurance, waiting periods, annual or lifetime maximums, frequency  
18 limitations, alternative benefit payments, or any other limitation.

19 § 3. This act shall take effect January 1, 2027 and shall apply to all  
20 insurance contracts issued or entered into on or after such date.