STATE OF NEW YORK

11517

IN ASSEMBLY

May 28, 2026

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Lavine) -- read once and referred to the Committee on Insurance

AN ACT to amend the insurance law and the social services law, in relation to insurance coverage for bruxism diagnosis and treatment

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

Section 1. Legislative findings. The legislature hereby finds and declares that Bruxism is a serious oral health condition that may result in tooth fracture, enamel erosion, temporomandibular joint disorders, chronic pain, sleep disruption, and irreversible tooth loss when left untreated. Early diagnosis and preventative treatment of bruxism substantially reduces the need for costly restorative dental procedures, including crowns, implants, dentures, and oral surgery. Current dental reimbursement practices frequently fail to adequately compensate dentists for the evaluation, diagnosis, and treatment planning associated with bruxism and related occlusal disorders, thereby discouraging preventative intervention. Many dental insurance policies nominally provide coverage for occlusal guards while imposing reimbursement limitations, utilization barriers, or medical necessity requirements that render such coverage inaccessible in practice. Low-income individuals, Medicaid recipients, individuals with disabilities, and underserved minority communities disproportionately experience barriers to preventative oral healthcare and are more likely to suffer preventable dental deterioration and tooth loss due to untreated bruxism. It is therefore in the public interest to promote preventative oral healthcare by requiring meaningful reimbursement and coverage for the diagnosis and treatment of bruxism and related occlusal disorders.

§ 2. Subsection (i) of section 3216 of the insurance law is amended by adding a new paragraph 42 to read as follows:

(42) (A) Every policy which provides coverage or reimbursement for dental services shall provide coverage or reimbursement for the diagnosis and treatment of bruxism and related occlusal disorders when determined to be medically necessary by a licensed dentist.

(B) Such coverage shall include reimbursement for:

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

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(i) clinical evaluation and screening;
(ii) diagnosis;
(iii) treatment planning;
(iv) follow-up monitoring; and
(v) custom-fabricated occlusal guards or appliances prescribed for the treatment of diagnosed bruxism or related occlusal disorders.
(C) No insurer shall deny coverage for a prescribed occlusal guard solely on the basis that the treatment is preventative in nature.
(D) Coverage provided pursuant to this paragraph shall not be subject to annual or lifetime limitations that are less favorable than those imposed on other medically necessary dental services.
(E) The superintendent of financial services may promulgate rules and regulations necessary to implement the provisions of this paragraph, including standards relating to medical necessity and utilization review.

§ 3. Subsection (l) of section 3221 of the insurance law is amended by adding a new paragraph 24 to read as follows:

(24) (A) Every group or blanket accident and health insurance policy issued or issued for delivery in this state which provides coverage or reimbursement for dental services shall provide coverage or reimbursement for the diagnosis and treatment of bruxism and related occlusal disorders when determined to be medically necessary by a licensed dentist.
(B) Such coverage shall include reimbursement for:
(i) clinical evaluation and screening;
(ii) diagnosis;
(iii) treatment planning;
(iv) follow-up monitoring; and
(v) custom-fabricated occlusal guards or appliances prescribed for the treatment of diagnosed bruxism or related occlusal disorders.
(C) No insurer shall deny coverage for a prescribed occlusal guard solely on the basis that the treatment is preventative in nature.
(D) Coverage provided pursuant to this paragraph shall not be subject to annual or lifetime limitations that are less favorable than those imposed on other medically necessary dental services.
(E) The superintendent of financial services may promulgate rules and regulations necessary to implement the provisions of this paragraph, including standards relating to medical necessity and utilization review.

§ 4. Section 4303 of the insurance law is amended by adding a new subsection (yy) to read as follows:

(yy) (1) Every contract issued by a medical expense indemnity corporation, a hospital service corporation or a health service corporation which provides coverage or reimbursement for dental services shall provide coverage or reimbursement for the diagnosis and treatment of bruxism and related occlusal disorders when determined to be medically necessary by a licensed dentist.
(2) Such coverage shall include reimbursement for:
(A) clinical evaluation and screening;
(B) diagnosis;
(C) treatment planning;
(D) follow-up monitoring; and
(E) custom-fabricated occlusal guards or appliances prescribed for the treatment of diagnosed bruxism or related occlusal disorders.
(3) No insurer shall deny coverage for a prescribed occlusal guard solely on the basis that the treatment is preventative in nature.

(4) Coverage provided pursuant to this paragraph shall not be subject to annual or lifetime limitations that are less favorable than those imposed on other medically necessary dental services.

(5) The superintendent of financial services may promulgate rules and regulations necessary to implement the provisions of this paragraph, including standards relating to medical necessity and utilization review.

§ 5. Subdivision 2 of section 365-a of the social services law is amended by adding a new paragraph (f-1) to read as follows:

(f-1) (i) care and services for the diagnosis and treatment of bruxism and related occlusal disorders when determined to be medically necessary by a licensed dentist.

(ii) Such coverage shall include reimbursement for:

(A) clinical evaluation and screening;

(B) diagnosis;

(C) treatment planning;

(D) follow-up monitoring; and

(E) custom-fabricated occlusal guards or appliances prescribed for the treatment of diagnosed bruxism or related occlusal disorders.

(iii) The commissioner may promulgate rules and regulations necessary to implement the provisions of this paragraph, including standards relating to medical necessity and utilization review. In promulgating such regulations, the commissioner shall prioritize access to preventative treatment for:

(A) low-income individuals;

(B) individuals with developmental or intellectual disabilities;

(C) individuals with neurological conditions associated with bruxism; and

(D) communities experiencing significant oral health disparities;

§ 6. 1. The department of health and department of financial services shall study the impact of expanded bruxism diagnosis and treatment coverage on:

a. preventative dental outcomes,

b. tooth loss prevention,

c. utilization of restorative dental procedures,

d. and oral health disparities.

2. The report required by this section shall be submitted to the governor and legislature within three years of the effective date of this act.

§ 7. This act shall take effect on the one hundred eightieth day after it shall have become a law and shall apply to policies and contracts issued, renewed, modified, altered or amended on or after such effective date.