



1 1. "Covered services" means services ~~reimbursable~~ reimbursed  
2 under the applicable subscriber agreement, ~~subject~~ notwithstanding,  
3 and without regard to the contractual limitations on subscriber  
4 benefits ~~as may apply, including, for example, deductibles, waiting~~  
5 ~~period or frequency limitations;~~

6 2. "Dental plan" means and shall include any policy of  
7 insurance which is issued by a health benefit plan which provides  
8 for coverage of dental services not in connection with a medical  
9 plan; and

10 3. "Health benefit plan" means any plan or arrangement as  
11 defined in subsection C of Section 6060.4 of this title or any  
12 dental service corporation authorized pursuant to Section 2671 of  
13 this title.

14 C. A health benefit plan or dental plan shall establish and  
15 maintain appeal procedures for any claim by a dentist or a  
16 subscriber that is denied based on lack of medical necessity. Any  
17 such denial shall be based upon a determination by a dentist who  
18 holds a nonrestricted license in the United States. Any written  
19 communication to a dentist that includes or pertains to a denial of  
20 benefits for all or part of a claim on the basis of a lack of  
21 medical necessity shall include the identifier and license number  
22 together with state of issuance, and a contact telephone number of  
23 the licensed dentist making the adverse determination. The dentist  
24 who reviewed the claim shall only be contacted at the telephone

1 number provided in the written communication about the denial during  
2 business hours.

3 SECTION 2. This act shall become effective November 1, 2026.  
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5 COMMITTEE REPORT BY: COMMITTEE ON APPROPRIATIONS AND BUDGET, dated  
6 02/18/2026 - DO PASS, As Coauthored.  
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