

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

Sec. 1. 24 MRSA §2317-B, sub-§12-B is enacted to read:

12-B. Title 24-A, sections 2762, 2847-M and 4253. Coverage for temporomandibular joint disorders, Title 24-A, sections 2762, 2847-M and 4253;

Sec. 2. 24-A MRSA §2762 is enacted to read:

§ 2762. Coverage for temporomandibular joint disorders

1. Required coverage. If an individual health insurance policy provides coverage for musculoskeletal disorders, the policy must provide coverage for musculoskeletal disorders affecting any bone or joint in the face, head or neck, including, but not limited to, temporomandibular joint disorders as provided in this section.

A. Coverage must be provided for diagnosis and surgical and nonsurgical treatment determined to be medically necessary health care as defined in section 4301-A, subsection 10-A.

B. Coverage may not be excluded for treatments or services performed by a dentist when coverage would be reimbursed under the policy if performed by a licensed physician and those treatments or services are within the scope of license of a dentist.

C. Coverage may be excluded for experimental procedures.

2. Limits; coinsurance; deductibles. Any policy, contract or certificate that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance, reasonable limitations, deductibles and exclusions and prior authorization to the extent that these provisions are not inconsistent with the requirements of this section.

3. Application. The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after the effective date of this section. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 3. 24-A MRSA §2847-M is enacted to read:

§ 2847-M. Coverage for temporomandibular joint disorders

1. Required coverage. If a group health insurance policy provides coverage for musculoskeletal disorders, the policy must provide coverage for musculoskeletal disorders affecting any bone or joint in the face, head or neck, including, but not limited to, temporomandibular joint disorders as provided in this section.

A. Coverage must be provided for diagnosis and surgical and nonsurgical treatment determined to be medically necessary health care as defined in section 4301-A, subsection 10-A.

B. Coverage may not be excluded for treatments or services performed by a dentist when coverage would be reimbursed under the policy if performed by a licensed physician and those treatments or services are within the scope of license of a dentist.

C. Coverage may be excluded for experimental procedures.

2. Limits; coinsurance; deductibles. Any policy, contract or certificate that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions and prior authorization to the extent that these provisions are not inconsistent with the requirements of this section.

3. Application. The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after the effective date of this section. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 4. 24-A MRS §4253 is enacted to read:

§ 4253. Coverage for temporomandibular joint disorders

1. Required coverage. If an individual or group health maintenance organization contract provides coverage for musculoskeletal disorders, the contract must provide coverage for musculoskeletal disorders affecting any bone or joint in the face, head or neck, including, but not limited to, temporomandibular joint disorders as provided in this section.

A. Coverage must be provided for diagnosis and surgical and nonsurgical treatment determined to be medically necessary health care as defined in section 4301-A, subsection 10-A.

B. Coverage may not be excluded for treatments or services performed by a dentist when coverage would be reimbursed under the policy if performed by a licensed physician and those treatments or services are within the scope of license of a dentist.

C. Coverage may be excluded for experimental procedures.

2. Limits; coinsurance; deductibles. Any policy, contract or certificate that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions and prior authorization to the extent that these provisions are not inconsistent with the requirements of this section.

3. Application. The requirements of this section apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after the effective date of this section. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

Sec. 5. Application. The requirements of this Act apply to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed in this State on or after January 1, 2008. For purposes of this Act, all contracts are deemed to be renewed no later than the next anniversary of the contract date.

Sec. 6. Appropriations and allocations. The following appropriations and allocations are made.

ADMINISTRATIVE AND FINANCIAL SERVICES, DEPARTMENT OF

Salary Plan 0305

Initiative: Appropriates and allocates funds for the additional costs of health insurance to the State resulting from the requirement to provide coverage for temporomandibular joint disorders.

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|---------------------|----------------|----------------|
| GENERAL FUND | 2007-08 | 2008-09 |
| Personal Services | \$0 | \$93,600 |
| | <hr/> | |
| GENERAL FUND TOTAL | \$0 | \$93,600 |
| | | |
| HIGHWAY FUND | 2007-08 | 2008-09 |
| Personal Services | \$0 | \$36,200 |
| | <hr/> | |
| HIGHWAY FUND TOTAL | \$0 | \$36,200 |

SUMMARY

This amendment replaces the bill. Like the bill, the amendment requires health insurance policies, contracts and certificates to provide coverage for temporomandibular joint disorders but specifies that such coverage must be provided if coverage would be provided under the policy for musculoskeletal disorders affecting other bones or joints in the body. The amendment requires that coverage be provided for diagnosis and surgical and nonsurgical treatment determined to be medically necessary. The amendment requires coverage for services and treatments provided by a dentist if those treatments and services would be reimbursed under the policy when performed by a licensed physician. The amendment excludes coverage for experimental treatment. The provisions of this bill apply to all policies, contracts and certificates issued or renewed on or after January 1, 2008.

FISCAL NOTE REQUIRED

(See attached)