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Date: (Filing No. S-)

INSURANCE AND FINANCIAL SERVICES

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**STATE OF MAINE
SENATE
128TH LEGISLATURE
FIRST REGULAR SESSION**

COMMITTEE AMENDMENT “ ” to S.P. 302, L.D. 900, Bill, “An Act Regarding Insurance Coverage of Certain Dental Services”

Amend the bill by striking out all of sections 2 to 5 and inserting the following:

Sec. 2. 24-A MRSA §2770 is enacted to read:

§2770. Limits on fees for dental services

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Covered service" means a dental care service for which reimbursement is available under an enrollee's plan contract or for which reimbursement would be available but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments or any other limitation.

B. "Dental provider" means a dentist, independent practice dental hygienist or dental hygiene therapist licensed under Title 32, chapter 143 who is providing dental services within the lawful scope of practice of the dentist, independent practice dental hygienist or dental hygiene therapist.

C. "Enrollee" means an individual who is covered under an individual health insurance contract provided by an insurer.

2. Limits on fees. An insurer that issues individual dental insurance or health insurance that includes coverage for dental services may not restrict, limit or otherwise control a fee that a dental provider charges an enrollee for a service unless the service is a covered service under the patient's policy or contract.

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

COMMITTEE AMENDMENT

1 **§2847-V. Limits on fees for dental services**

2 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
3 following terms have the following meanings.

4 A. "Covered service" means a dental care service for which reimbursement is
5 available under an enrollee's plan contract or for which reimbursement would be
6 available but for the application of contractual limitations such as deductibles,
7 copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency
8 limitations, alternative benefit payments or any other limitation.

9 B. "Dental provider" means a dentist, independent practice dental hygienist or dental
10 hygiene therapist licensed under Title 32, chapter 143 who is providing dental
11 services within the lawful scope of practice of the dentist, independent practice dental
12 hygienist or dental hygiene therapist.

13 C. "Enrollee" means an individual who is covered under a group health insurance
14 contract provided by an insurer.

15 **2. Limits on fees.** An insurer that issues group dental insurance or health insurance
16 that includes coverage for dental services may not restrict, limit or otherwise control a fee
17 that a dental provider charges an enrollee for a service unless the service is a covered
18 service under the patient's policy or contract.

19 **Sec. 4. 24-A MRSA §4260** is enacted to read:

20 **§4260. Limits on fees for dental services**

21 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
22 following terms have the following meanings.

23 A. "Covered service" means a dental care service for which reimbursement is
24 available under an enrollee's plan contract or for which reimbursement would be
25 available but for the application of contractual limitations such as deductibles,
26 copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency
27 limitations, alternative benefit payments or any other limitation.

28 B. "Dental provider" means a dentist, independent practice dental hygienist or dental
29 hygiene therapist licensed under Title 32, chapter 143 who is providing dental
30 services within the lawful scope of practice of the dentist, independent practice dental
31 hygienist or dental hygiene therapist.

32 C. "Enrollee" means an individual who is covered under an individual or group
33 health maintenance organization contract.

34 **2. Limits on fees.** An individual or group health maintenance organization contract
35 that includes coverage for dental services may not restrict, limit or otherwise control a fee
36 that a dental provider charges an enrollee for a service unless the service is a covered
37 service under the patient's policy or contract.

38 **Sec. 5. Application.** The requirements of this Act apply to contracts between a
39 dental provider, as defined in the Maine Revised Statutes, Title 24-A, sections 2770,
40 2847-V and 4260, and an insurer or health maintenance organization that issues

1 individual or group coverage for dental services executed or renewed on or after January
2 1, 2018.'

3 **SUMMARY**

4 This amendment is the minority report of the committee and replaces most of the bill.
5 Like the bill, the amendment prohibits insurers and health maintenance organizations
6 offering individual and group coverage from limiting dental fees that are not covered by
7 the insurer. The amendment also adds a definition of "covered service" to clarify that a
8 dental provider must charge the contracted fee for a service that a health plan or dental
9 plan would be obligated to pay but for the application of contractual limitations such as
10 deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums,
11 frequency limitations, alternative benefit payments or any other limitations.

12 The amendment changes the term "dentist" to "dental provider" with the intent to
13 include independent practice dental hygienists and dental hygiene therapists as well as
14 dentists.

15 The amendment also eliminates references in the bill that appear to permit balance
16 billing of a patient.

17 The amendment applies to contracts executed or renewed on or after January 1, 2018.