



# 132nd MAINE LEGISLATURE

## FIRST SPECIAL SESSION-2025

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Legislative Document

No. 1800

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H.P. 1205

House of Representatives, April 24, 2025

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**An Act to Prohibit Health Care Entities Providing Dental Plans  
from Requiring Dentists to Charge Fees for Uncovered Services**

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Reference to the Committee on Health Coverage, Insurance and Financial Services  
suggested and ordered printed.

*Robert B. Hunt*

ROBERT B. HUNT  
Clerk

Presented by Representative MASTRACCIO of Sanford.

1 **Be it enacted by the People of the State of Maine as follows:**

2 **Sec. 1. 24-A MRSA §2770-A** is enacted to read:

3 **§2770-A. Fees for covered services**

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

6 A. "Covered service" means a dental care service for which reimbursement is available  
7 under an enrollee's health plan contract or for which reimbursement would be available  
8 but for the application of contractual limitations such as a deductible, copayment,  
9 coinsurance, waiting period, annual or lifetime maximum, frequency limitation,  
10 alternative benefit payment or any other similar limitation.

11 B. "Dental care provider" means a person licensed under Title 32, chapter 143,  
12 subchapter 3.

13 C. "Enrollee" has the same meaning as in section 2671, subsection 2-B.

14 D. "Health care service contractor" means an entity that provides health care services  
15 on a prepaid basis and is not an insurer.

16 E. "Third-party administrator" means an external entity that manages a health insurance  
17 plan for an employer.

18 **2. Prohibition of required fees for services not covered by health plan.** An insurer,  
19 health care service contractor, health maintenance organization or any similar entity subject  
20 to regulation under this Title that covers dental care services and a contract or participating  
21 provider agreement with a dentist, denturist, dental therapist, dental hygienist or other  
22 licensed dental care provider may not require, directly or indirectly, that a licensed  
23 participating dental care provider provide dental care services to an enrollee at a fee set by,  
24 or subject to the approval of, the regulated entity for a service that is not a covered service.

25 **3. Third-party administrators.** A 3rd-party administrator may not make available to  
26 a customer a dental plan as defined in section 2692, subsection 2 that sets a fee for a service  
27 by a dental care provider in the administrator's provider network that is not a covered  
28 service.

29 **4. Fees for covered services.** A fee for a covered service must be set in good faith and  
30 may not be nominal.

31 **Sec. 2. 24-A MRSA §2847-X** is enacted to read:

32 **§2847-X. Fees for covered services**

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

35 A. "Covered service" means a dental care service for which reimbursement is available  
36 under an enrollee's health plan contract or for which reimbursement would be available  
37 but for the application of contractual limitations such as a deductible, copayment,  
38 coinsurance, waiting period, annual or lifetime maximum, frequency limitation,  
39 alternative benefit payment or any other similar limitation.

40 B. "Dental care provider" means a person licensed under Title 32, chapter 143,  
41 subchapter 3.

