

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

An Act To Guarantee Basic Preventive Dental Health Services for Children in Maine

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

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

12-I. Title 24-A, sections 2769 and 2847-U. Coverage for preventive dental health services for enrollees who are one year of age or older and under 18 years of age, Title 24-A, sections 2769 and 2847-U;

Sec. 2. 24-A MRSA §2769 is enacted to read:

§ 2769. Coverage for preventive dental health services

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

A. "Preventive dental health services" means:

(1) For an enrollee who is one year of age or older and under 18 years of age, professionally applied topical fluoride treatments twice annually;

(2) For an enrollee who is under 4 years of age and who has active dental disease, professionally applied topical fluoride treatments up to 4 times annually; and

(3) For an enrollee who is one year of age or older and under 18 years of age and who has active dental disease and is undergoing orthodontic therapy, professionally applied topical fluoride treatments up to 4 times annually.

2. Required coverage. An insurer that issues individual dental insurance or health insurance that includes coverage for dental services shall provide coverage for preventive dental health services.

3. Limits; coinsurance; deductibles. A contract that provides coverage for the services required by this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

4. Coordination of benefits with dental insurance. If an enrollee eligible for coverage under this section is eligible for coverage under a dental insurance policy or contract and a health insurance policy or contract, the insurer providing dental insurance is the primary payer responsible for charges under subsection 2 and the insurer providing individual health insurance is the secondary payer.

5. 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 January 1, 2013. 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-U is enacted to read:

§ 2847-U. Coverage for preventive dental health services

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

A. "Preventive dental health services" means:

(1) For an enrollee who is one year of age or older and under 18 years of age, professionally applied topical fluoride treatments twice annually;

(2) For an enrollee who is under 4 years of age and who has active dental disease, professionally applied topical fluoride treatments up to 4 times annually; and

(3) For an enrollee who is one year of age or older and under 18 years of age and who has active dental disease and is undergoing orthodontic therapy, professionally applied topical fluoride treatments up to 4 times annually.

2. Required coverage. An insurer that issues group dental insurance or health insurance that includes coverage for dental services shall provide coverage for preventive dental health services.

3. Limits; coinsurance; deductibles. A contract that provides coverage for the services required by this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

4. Coordination of benefits with dental insurance. If an enrollee eligible for coverage under this section is eligible for coverage under a dental insurance policy or contract and a health insurance policy or contract, the insurer providing dental insurance is the primary payer responsible for charges under subsection 2 and the insurer providing group health insurance is the secondary payer.

5. 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 January 1, 2013. 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 MRSA §4260 is enacted to read:

§ 4260. Coverage for preventive dental health services

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

A. "Preventive dental health services" means:

(1) For an enrollee who is one year of age or older and under 18 years of age, professionally applied topical fluoride treatments twice annually;

(2) For an enrollee who is under 4 years of age and who has active dental disease, professionally applied topical fluoride treatments up to 4 times annually; and

(3) For an enrollee who is one year of age or older and under 18 years of age, who has active dental disease and is undergoing orthodontic therapy, professionally applied topical fluoride treatments up to 4 times annually.

2. Required coverage. All individual and group health maintenance organization contracts that include coverage for dental services shall provide coverage for preventive dental health services.

3. Limits; coinsurance; deductibles. A contract that provides coverage for the services required by this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

4. Coordination of benefits with dental insurance. If an enrollee eligible for coverage under this section is eligible for coverage under a dental insurance policy or contract and a health maintenance organization policy or contract, the insurer providing dental insurance is the primary payer responsible for charges under subsection 2 and the health maintenance organization providing health coverage is the secondary payer.

5. 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 January 1, 2013. For purposes of this section, all contracts are deemed to be renewed no later than the next yearly anniversary of the contract date.

SUMMARY

This bill requires dental insurers and health insurers and health maintenance organizations that include coverage for dental services in their policies and contracts to provide coverage for preventive dental health services for children. The bill applies to policies and contracts issued or renewed on or after January 1, 2013.