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HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES

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**STATE OF MAINE
HOUSE OF REPRESENTATIVES
132ND LEGISLATURE
FIRST SPECIAL SESSION**

COMMITTEE AMENDMENT “ ” to H.P. 1205, L.D. 1800, “An Act to Prohibit Health Care Entities Providing Dental Plans from Requiring Dentists to Charge Fees for Uncovered Services”

Amend the bill by striking out the title and substituting the following:

'An Act to Prohibit Health Care Entities Providing Dental Plans from Requiring a Dental Provider to Charge Fees for Uncovered Dental Services'

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

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

12-I. Title 24-A, sections 2770-A, 2847-X and 4261. Fees for covered dental care services, Title 24-A, sections 2770-A, 2847-X and 4261;

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

§2770-A. Fees for covered dental services

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

A. "Covered dental service" means a dental service for which reimbursement is available under an insurance policy or contract or for which reimbursement would be available but for the application of contractual limitations such as a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation, alternative benefit payment or any other similar limitation.

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

2. Prohibition of required fees for dental services not covered. An insurer that issues individual dental insurance or that issues health insurance that covers dental services may not require, directly or indirectly, that a participating dental provider provide dental

1 services at a fee set by, or subject to the approval of, the insurer for a service that is not a
2 covered dental service.

3 **3. Fees for covered dental services.** A fee for a covered dental service must be set
4 by the insurer in good faith and may not be nominal.

5 **Sec. 3. 24-A MRSA §2847-X** is enacted to read:

6 **§2847-X. Fees for covered dental services**

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

9 A. "Covered dental service" means a dental service for which reimbursement is
10 available under an insurance policy or contract or for which reimbursement would be
11 available but for the application of contractual limitations such as a deductible,
12 copayment, coinsurance, waiting period, annual or lifetime maximum, frequency
13 limitation, alternative benefit payment or any other similar limitation.

14 B. "Dental provider" means a person licensed under Title 32, chapter 143, subchapter
15 3.

16 **2. Prohibition of required fees for dental services not covered.** An insurer that
17 issues group dental insurance or that issues group health insurance that covers dental
18 services may not require, directly or indirectly, that a participating dental provider provide
19 dental services at a fee set by, or subject to the approval of, the insurer for a service that is
20 not a covered dental service.

21 **3. Fees for covered dental services.** A fee for a covered dental service must be set
22 by the insurer in good faith and may not be nominal.

23 **Sec. 4. 24-A MRSA §4261** is enacted to read:

24 **§4261. Fees for covered dental services**

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

27 A. "Covered dental service" means a dental service for which reimbursement is
28 available under an individual or group contract or for which reimbursement would be
29 available but for the application of contractual limitations such as a deductible,
30 copayment, coinsurance, waiting period, annual or lifetime maximum, frequency
31 limitation, alternative benefit payment or any other similar limitation.

32 B. "Dental provider" means a person licensed under Title 32, chapter 143, subchapter
33 3.

34 **2. Prohibition of required fees for dental services not covered.** A health
35 maintenance organization that issues individual or group dental insurance or individual or
36 group contracts that include coverage for dental services may not require, directly or
37 indirectly, that a participating dental provider provide dental services at a fee set by, or
38 subject to the approval of, the health maintenance organization for a service that is not a
39 covered dental service.

40 **3. Fees for covered dental services.** A fee for a covered dental service must be set
41 by the health maintenance organization in good faith and may not be nominal.'

42 Amend the bill by relettering or renumbering any nonconsecutive Part letter or section
43 number to read consecutively.

44 **SUMMARY**

4 This amendment makes technical changes to the bill and changes the title. The
5 amendment applies the substantive provisions of the bill to health maintenance
6 organizations in the appropriate chapter of the Maine Insurance Code.