

MAINE STATE LEGISLATURE

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132nd MAINE LEGISLATURE

FIRST SPECIAL SESSION-2025

Legislative Document

No. 1800

H.P. 1205

House of Representatives, April 24, 2025

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

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

A handwritten signature in cursive script, reading "R 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.

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

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

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

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

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

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

SUMMARY

This bill prohibits insurers, health care service contractors, health maintenance organizations and other similar entities from requiring dentists and other dental professionals to provide at a set fee dental care services that are not covered services. The bill also prohibits 3rd-party administrators from making available to customers a dental plan that sets a fee for a service by a dental care provider in the administrator's network that is not a covered service.