

MAINE STATE LEGISLATURE

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BANKING AND INSURANCE

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STATE OF MAINE SENATE 120TH LEGISLATURE FIRST REGULAR SESSION

COMMITTEE AMENDMENT "A" to S.P. 127, L.D. 403, Bill, "An Act to Provide Health Insurance Coverage for General Anesthesia and Associated Facility Charges for Dental Procedures for Certain Vulnerable Persons"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting in its place the following:

Sec. 1. 24 MRSA §2332-M is enacted to read:

§2332-M. Coverage for general anesthesia for dentistry

1. Enrollee defined. For the purposes of this section, unless the context otherwise indicates, "enrollee" means a person who is covered under an individual or group health insurance contract provided by a nonprofit hospital and medical service organization.

2. General anesthesia and associated facility charges. All individual and group nonprofit hospital and medical service organization contracts must provide coverage for general anesthesia and associated facility charges for dental procedures rendered in a hospital when the clinical status or underlying medical condition of an enrollee requires dental procedures that ordinarily would not require general anesthesia to be rendered in a hospital. The nonprofit hospital and medical service organization may require prior authorization of general anesthesia and associated charges required for dental care procedures in the same manner that prior authorization is required for other covered diseases or conditions.

3. Limitations on coverage. This section applies only to general anesthesia and associated facility charges for only the

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2 following enrollees if the enrollees meet the criteria in
3 subsection 2:

4 A. Enrollees, including infants, exhibiting physical,
5 intellectual or medically compromising conditions for which
6 dental treatment under local anesthesia, with or without
7 additional adjunctive techniques and modalities, can not be
8 expected to provide a successful result and for which dental
9 treatment under general anesthesia can be expected to
10 produce a superior result;

11 B. Enrollees demonstrating dental treatment needs for which
12 local anesthesia is ineffective because of acute infection,
13 anatomic variation or allergy;

14 C. Extremely uncooperative, fearful, anxious or
15 uncommunicative children or adolescents with dental needs of
16 such magnitude that treatment should not be postponed or
17 deferred and for whom lack of treatment can be expected to
18 result in dental or oral pain or infection, loss of teeth or
19 other increased oral or dental morbidity; and

20 D. Enrollees who have sustained extensive oral-facial or
21 dental trauma for which treatment under local anesthesia
22 would be ineffective or compromised.

23 4. Dental procedures and dentist's fee not covered. This
24 section does not require a nonprofit hospital and medical service
25 organization to cover any charges for the dental procedure
26 itself, including, but not limited to, the professional fee of
27 the dentist. Coverage for anesthesia and associated facility
28 charges pursuant to this section is subject to all other terms
29 and conditions of the individual or group contract that apply
30 generally to other benefits.

31 5. Coordination of benefits with dental insurance. If an
32 enrollee eligible for coverage under this section is also
33 eligible for coverage for general anesthesia and associated
34 facility charges under a dental insurance policy or contract, the
35 nonprofit health care service organization or insurer providing
36 dental insurance is the primary payer responsible for those
37 charges and the nonprofit hospital and medical service
38 organization is the secondary payer.

39 **Sec. 2. 24-A MRSA §2759 is enacted to read:**

40 **§2759. Coverage for general anesthesia for dentistry**

41 **1. Enrollee defined. For the purposes of this section,**
42 **unless the context otherwise indicates, "enrollee" means a person**
43

2 who is covered under an individual health insurance contract
3 provided by an insurer.

4 **2. General anesthesia and associated facility charges.** An
5 insurer that issues individual health insurance contracts shall
6 provide coverage for general anesthesia and associated facility
7 charges for dental procedures rendered in a hospital when the
8 clinical status or underlying medical condition of an enrollee
9 requires dental procedures that ordinarily would not require
10 general anesthesia to be rendered in a hospital. The insurer may
11 require prior authorization of general anesthesia and associated
12 charges required for dental care procedures in the same manner
13 that prior authorization is required for other covered diseases
14 or conditions.

15 **3. Limitations on coverage.** This section applies only to
16 general anesthesia and associated facility charges for only the
17 following enrollees if the enrollees meet the criteria in
18 subsection 2:

19 A. Enrollees, including infants, exhibiting physical,
20 intellectual or medically compromising conditions for which
21 dental treatment under local anesthesia, with or without
22 additional adjunctive techniques and modalities, can not be
23 expected to provide a successful result and for which dental
24 treatment under general anesthesia can be expected to
25 produce a superior result;

26 B. Enrollees demonstrating dental treatment needs for which
27 local anesthesia is ineffective because of acute infection,
28 anatomic variation or allergy;

29 C. Extremely uncooperative, fearful, anxious or
30 uncommunicative children or adolescents with dental needs of
31 such magnitude that treatment should not be postponed or
32 deferred and for whom lack of treatment can be expected to
33 result in dental or oral pain or infection, loss of teeth or
34 other increased oral or dental morbidity; and

35 D. Enrollees who have sustained extensive oral-facial or
36 dental trauma for which treatment under local anesthesia
37 would be ineffective or compromised.

38 **4. Dental procedures and dentist's fee not covered.** This
39 section does not require an insurer that issues individual
40 contracts to cover any charges for the dental procedure itself,
41 including, but not limited to, the professional fee of the
42 dentist. Coverage for anesthesia and associated facility charges
43 pursuant to this section is subject to all other terms and
44 conditions.

2 conditions of the individual contract that apply generally to
3 other benefits.

4 5. Coordination of benefits with dental insurance. If an
5 enrollee eligible for coverage under this section is also
6 eligible for coverage for general anesthesia and associated
7 facility charges under a dental insurance policy or contract, the
8 nonprofit health care service organization or insurer providing
9 dental insurance is the primary payer responsible for those
10 charges and the insurer providing individual health insurance is
11 the secondary payer.

12 **Sec. 3. 24-A MRSA §2847-J is enacted to read:**

13 **§2847-J. Coverage for general anesthesia for dentistry**

14
15 1. Enrollee defined. For the purposes of this section,
16 unless the context otherwise indicates, "enrollee" means a person
17 who is covered under a group health insurance contract provided
18 by an insurer.

19
20 2. General anesthesia and associated facility charges. An
21 insurer that issues group health insurance contracts shall
22 provide coverage for general anesthesia and associated facility
23 charges for dental procedures rendered in a hospital when the
24 clinical status or underlying medical condition of an enrollee
25 requires dental procedures that ordinarily would not require
26 general anesthesia to be rendered in a hospital. The insurer may
27 require prior authorization of general anesthesia and associated
28 charges required for dental care procedures in the same manner
29 that prior authorization is required for other covered diseases
30 or conditions.

31
32 3. Limitations on coverage. This section applies only to
33 general anesthesia and associated facility charges for only the
34 following enrollees if the enrollees meet the criteria in
35 subsection 2:

36
37 A. Enrollees, including infants, exhibiting physical,
38 intellectual or medically compromising conditions for which
39 dental treatment under local anesthesia, with or without
40 additional adjunctive techniques and modalities, can not be
41 expected to provide a successful result and for which dental
42 treatment under general anesthesia can be expected to
43 produce a superior result;

44
45 B. Enrollees demonstrating dental treatment needs for which
46 local anesthesia is ineffective because of acute infection,
47 anatomic variation or allergy;

2 C. Extremely uncooperative, fearful, anxious or
3 uncommunicative children or adolescents with dental needs of
4 such magnitude that treatment should not be postponed or
5 deferred and for whom lack of treatment can be expected to
6 result in dental or oral pain or infection, loss of teeth or
7 other increased oral or dental morbidity; and

8 D. Enrollees who have sustained extensive oral-facial or
9 dental trauma for which treatment under local anesthesia
10 would be ineffective or compromised.

12 4. Dental procedures and dentist's fee not covered. This
13 section does not require an insurer that issues group contracts
14 to cover any charges for the dental procedure itself, including,
15 but not limited to, the professional fee of the dentist. Coverage
16 for anesthesia and associated facility charges pursuant to this
17 section is subject to all other terms and conditions of the group
18 contract that apply generally to other benefits.

20 5. Coordination of benefits with dental insurance. If an
21 enrollee eligible for coverage under this section is also
22 eligible for coverage for general anesthesia and associated
23 facility charges under a dental insurance policy or contract, the
24 nonprofit health care service organization or insurer providing
25 dental insurance is the primary payer responsible for those
26 charges and the insurer providing group health insurance is the
27 secondary payer.

28 **Sec. 4. 24-A MRSA §4249 is enacted to read:**

30 **§4249. Coverage for general anesthesia for dentistry**

32 1. Enrollee defined. For the purposes of this section,
33 unless the context otherwise indicates, "enrollee" means a person
34 who is covered under an individual or group contract provided by
35 a health maintenance organization.

38 2. General anesthesia and associated facility charges. All
39 individual and group health maintenance organization contracts
40 must provide coverage for general anesthesia and associated
41 facility charges for dental procedures rendered in a hospital
42 when the clinical status or underlying medical condition of an
43 enrollee requires dental procedures that ordinarily would not
44 require general anesthesia to be rendered in a hospital. The
45 insurer may require prior authorization of general anesthesia and
46 associated charges required for dental care procedures in the
47 same manner that prior authorization is required for other
48 covered diseases or conditions.

3. Limitations on coverage. This section applies only to general anesthesia and associated facility charges for only the following enrollees if the enrollees meet the criteria in subsection 2:

A. Enrollees, including infants, exhibiting physical, intellectual or medically compromising conditions for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, can not be expected to provide a successful result and for which dental treatment under general anesthesia can be expected to produce a superior result;

B. Enrollees demonstrating dental treatment needs for which local anesthesia is ineffective because of acute infection, anatomic variation or allergy;

C. Extremely uncooperative, fearful, anxious or uncommunicative children or adolescents with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain or infection, loss of teeth or other increased oral or dental morbidity; and

D. Enrollees who have sustained extensive oral-facial or dental trauma for which treatment under local anesthesia would be ineffective or compromised.

4. Dental procedures and dentist's fee not covered. This section does not require a health maintenance organization to cover any charges for the dental procedure itself, including, but not limited to, the professional fee of the dentist. Coverage for anesthesia and associated facility charges pursuant to this section is subject to all other terms and conditions of the individual or group contract that apply generally to other benefits.

5. Coordination of benefits with dental insurance. If an enrollee eligible for coverage under this section is also eligible for coverage for general anesthesia and associated facility charges under a dental insurance policy or contract, the nonprofit health care service organization or insurer providing dental insurance is the primary payer responsible for those charges and the health maintenance organization providing health coverage is the secondary payer.

Sec. 5. Applicability. This Act applies to all policies, contracts and certificates executed, delivered, issued for delivery, continued or renewed on or after January 1, 2002. All

2 policies, contracts and certificates are deemed to be renewed no
later than the next yearly anniversary of the contract date.'

4 Further amend the bill by inserting at the end before the
summary the following:

8 **FISCAL NOTE**

10 The state employees health plan within the Department of
Administrative and Financial Services will incur some minor
12 additional costs to provide coverage for general anesthesia and
associated facility charges for dental procedures rendered in
14 hospitals for certain eligible enrollees. These costs can be
absorbed within the plan's existing budgeted resources.

16 The Bureau of Insurance within the Department of
Professional and Financial Regulation will incur some minor
18 additional costs to review any additional contract filings for
20 compliance. These costs can be absorbed within the bureau's
existing budgeted resources.'

22
24 **SUMMARY**

26 This amendment is the majority report of the committee and
replaces the bill. The amendment requires that health insurers
28 and health maintenance organizations provide coverage for general
anesthesia and associated facility charges for dental procedures
30 rendered in a hospital for certain eligible enrollees, including
persons with developmental disabilities and persons whose health
32 is compromised and for whom general anesthesia is medically
necessary. The amendment does not provide coverage for charges
34 for the dental procedure itself, including, but not limited to,
the professional fee of the dentist. The amendment clarifies that
36 coverage under a dental insurance policy is primary and health
insurance coverage is secondary and makes other clarifications in
38 the language.

40 The amendment applies to all policies, contracts and
42 certificates issued or renewed on or after January 1, 2002. The
amendment also adds a fiscal note to the bill.