

MAINE STATE LEGISLATURE

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120th MAINE LEGISLATURE

FIRST REGULAR SESSION-2001

Legislative Document

No. 403

S.P. 127

In Senate, February 1, 2001

**An Act to Provide Health Insurance Coverage for General Anesthesia
and Associated Facility Charges for Dental Procedures for Certain
Vulnerable Persons.**

Reference to the Committee on Banking and Insurance suggested and ordered printed.

A handwritten signature in cursive script, reading "Joy J. O'Brien".

JOY J. O'BRIEN
Secretary of the Senate

Presented by Senator ABROMSON of Cumberland.
Cosponsored by Representative SCHNEIDER of Durham and
Senators: MITCHELL of Penobscot, SAWYER of Penobscot, Representatives: MAYO of
Bath, SULLIVAN of Biddeford.

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

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

§2332-M. General anesthesia for dentistry

1. General anesthesia and associated facility charges. All individual and group nonprofit hospital and medical service organization contracts must provide that benefits are payable with respect to general anesthesia and associated facility charges for dental procedures rendered in a hospital when the clinical status or underlying medical condition of a patient requires dental procedures that ordinarily would not require general anesthesia to be rendered in a hospital. The insurer 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.

2. 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 1:

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

3. Dental procedures and dentist's fee not covered. This section does not require the individual or group nonprofit hospital or medical service organization to cover any charges

2 for the dental procedure itself, including, but not limited to,
3 the professional fee of the dentist. Coverage for anesthesia and
4 associated facility charges pursuant to this section is subject
5 to all other terms and conditions of the insurance plan that
6 apply generally to other benefits.

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

8 **§2759. General anesthesia for dentistry**

9 **1. General anesthesia and associated facility charges.** An
10 insurer that issues individual contracts must provide that
11 benefits are payable with respect to general anesthesia and
12 associated facility charges for dental procedures rendered in a
13 hospital, when the clinical status or underlying medical
14 condition of a patient requires dental procedures that ordinarily
15 would not require general anesthesia to be rendered in a
16 hospital. The insurer may require prior authorization of general
17 anesthesia and associated charges required for dental care
18 procedures in the same manner that prior authorization is
19 required for other covered diseases or conditions.

20 **2. Limitations on coverage.** This section applies only to
21 general anesthesia and associated facility charges for only the
22 following enrollees if the enrollees meet the criteria in
23 subsection 1:

24 **A. Patients, including infants, exhibiting physical,**
25 intellectual or medically compromising conditions for which
26 dental treatment under local anesthesia, with or without
27 additional adjunctive techniques and modalities, can not be
28 expected to provide a successful result and for which dental
29 treatment under general anesthesia can be expected to
30 produce a superior result;

31 **B. Patients demonstrating dental treatment needs for which**
32 local anesthesia is ineffective because of acute infection,
33 anatomic variation or allergy;

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

40 **D. Patients who have sustained extensive oral-facial or**
41 dental trauma for which treatment under local anesthesia
42 would be ineffective or compromised.

2 3. Dental procedures and dentist's fee not covered. This
3 section does not require an insurer that issues individual
4 contracts to cover any charges for the dental procedure itself,
5 including, but not limited to, the professional fee of the
6 dentist. Coverage for anesthesia and associated facility charges
7 pursuant to this section is subject to all other terms and
8 conditions of the insurance plan that apply generally to other
9 benefits.

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

11 **§2847-J. General anesthesia for dentistry**

12 **1. General anesthesia and associated facility charges.** An
13 insurer that issues group contracts must provide that benefits
14 are payable with respect to general anesthesia and associated
15 facility charges for dental procedures rendered in a hospital,
16 when the clinical status or underlying medical condition of a
17 patient requires dental procedures that ordinarily would not
18 require general anesthesia to be rendered in a hospital. The
19 insurer may require prior authorization of general anesthesia and
20 associated charges required for dental care procedures in the
21 same manner that prior authorization is required for other
22 covered diseases or conditions.

23 **2. Limitations on coverage.** This section applies only to
24 general anesthesia and associated facility charges for only the
25 following enrollees if the enrollees meet the criteria in
26 subsection 1:

27 **A. Patients, including infants, exhibiting physical,**
28 **intellectual or medically compromising conditions for which**
29 **dental treatment under local anesthesia, with or without**
30 **additional adjunctive techniques and modalities, can not be**
31 **expected to provide a successful result and for which dental**
32 **treatment under general anesthesia can be expected to**
33 **produce a superior result;**

34 **B. Patients demonstrating dental treatment needs for which**
35 **local anesthesia is ineffective because of acute infection,**
36 **anatomic variation or allergy;**

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

43 **D. Patients who have sustained extensive oral-facial or**
44 **dental trauma for which treatment under local anesthesia**
45 **would be ineffective or compromised.**

2 3. Dental procedures and dentist's fee not covered. This
4 section does not require an insurer that issues group contracts
to cover any charges for the dental procedure itself, including,
6 but not limited to, the professional fee of the dentist.
Coverage for anesthesia and associated facility charges pursuant
8 to this section is subject to all other terms and conditions of
the insurance plan that apply generally to other benefits.

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

12 §4249. General anesthesia for dentistry

14 1. General anesthesia and associated facility charges.
16 Individual and group contracts issued by a health maintenance
organization must provide that benefits are payable with respect
18 to general anesthesia and associated facility charges for dental
procedures rendered in a hospital when the clinical status or
underlying medical condition of a patient requires dental
20 procedures that ordinarily would not require general anesthesia
to be rendered in a hospital. The insurer may require prior
22 authorization of general anesthesia and associated charges
required for dental care procedures in the same manner that prior
24 authorization is required for other covered diseases or
conditions.

26 2. Limitations on coverage. This section applies only to
28 general anesthesia and associated facility charges for only the
following enrollees if the enrollees meet the criteria in
30 subsection 1:

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

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

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

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

5 3. Dental procedures and dentist's fee not covered. This
6 section does not require individual and group contracts issued by
7 a health maintenance organization to cover any charges for the
8 dental procedure itself, including, but not limited to, the
9 professional fee of the dentist. Coverage for anesthesia and
10 associated facility charges pursuant to this section is subject
11 to all other terms and conditions of the insurance plan that
12 apply generally to other benefits.

13 **Sec. 5. Applicability.** This Act applies to all policies and
14 contracts executed, delivered, issued for delivery, continued or
15 renewed on or after the effective date of this Act. All policies
16 and contracts are deemed to be renewed no later than the next
17 yearly anniversary of the contract date.

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SUMMARY

23 This bill requires that health insurers and health
24 maintenance organizations provide coverage for general anesthesia
25 and associated facility charges for dental procedures rendered in
26 a hospital for certain eligible enrollees, including persons with
27 developmental disabilities and persons whose health is
28 compromised and for whom general anesthesia is medically
29 necessary. This bill does not provide coverage for charges for
30 the dental procedure itself, including, but not limited to, the
 professional fee of the dentist.