

# MAINE STATE LEGISLATURE

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# 121st MAINE LEGISLATURE

## FIRST REGULAR SESSION-2003

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Legislative Document

No. 879

H.P. 656

House of Representatives, February 20, 2003

**An Act To Require Insurance Companies To Pay up to \$200 for  
Wigs for Individuals Who Have Lost Hair Due to Medical Reasons**

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

*Millicent M. MacFarland*  
MILLICENT M. MacFARLAND  
Clerk

Presented by Representative O'BRIEN of Augusta. (BY REQUEST)

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

4 **Sec. 1. 22 MRSA §3173-F** is enacted to read:

6 **§3173-F. Reimbursement for wigs**

8 Through a program of Medicaid coverage, the department shall  
10 provide reimbursement, up to \$200 to the extent allowable under  
12 the United States Social Security Act, Title XIX or successors to  
14 it, for the purchase of a wig or hairpiece when the wig or  
16 hairpiece is purchased to cover baldness or thin hair resulting  
18 from a disease attested to by a physician or treatment for such a  
20 disease.

22 **Sec. 2. 24-A MRSA §2745-H** is enacted to read:

24 **§2745-H. Coverage for wigs**

26 **1. Required coverage.** All individual insurance policies  
28 and contracts, except accidental injury, specified disease,  
30 hospital indemnity, Medicare supplement, long-term care and other  
32 limited benefit health insurance policies and contracts, must  
34 provide coverage up to \$200 for the purchase of a wig or  
36 hairpiece when the wig or hairpiece is purchased to cover  
38 baldness or thin hair resulting from a disease attested to by a  
40 physician or treatment for such a disease.

42 **2. Application.** The requirements of this section apply to  
44 all policies, contracts and certificates executed, delivered,  
46 issued for delivery, continued or renewed in this State on or  
48 after October 1, 2003. For purposes of this section, all  
50 contracts are deemed to be renewed no later than the next yearly  
anniversary of the contract date.

52 **Sec. 3. 24-A MRSA §2837-I** is enacted to read:

54 **§2837-I. Coverage for wigs**

56 **1. Required coverage.** All group insurance policies and  
58 contracts, except accidental injury, specified disease, hospital  
60 indemnity, Medicare supplement, long-term care and other limited  
62 benefit health insurance policies and contracts, must provide  
64 coverage up to \$200 for the purchase of a wig or hairpiece when  
66 the wig or hairpiece is purchased to cover baldness or thin hair  
68 resulting from a disease attested to by a physician or treatment  
70 for such a disease.

72 **2. Application.** The requirements of this section apply to  
74 all policies, contracts and certificates executed, delivered,  
76 issued for delivery, continued or renewed in this State on or

2 after October 1, 2003. For purposes of this section, all  
3 contracts are deemed to be renewed no later than the next yearly  
4 anniversary of the contract date.

6 **Sec. 4. 24-A MRSA §4252** is enacted to read:

8 **§4252. Coverage for wigs**

10 **1. Required coverage.** All health maintenance organization  
11 individual and group contracts must provide coverage up to \$200  
12 for the purchase of a wig or hairpiece when the wig or hairpiece  
13 is purchased to cover baldness or thin hair resulting from a  
14 disease attested to by a physician or treatment for such a  
15 disease.

16 **2. Application.** The requirements of this section apply to  
17 all policies, contracts and certificates executed, delivered,  
18 issued for delivery, continued or renewed in this State on or  
19 after October 1, 2003. For purposes of this section, all  
20 contracts are deemed to be renewed no later than the next yearly  
21 anniversary of the contract date.

24 **SUMMARY**

26 This bill requires individual and group health insurance  
27 policies and health maintenance organization contracts to cover  
28 up to \$200 of the purchase of a wig or hairpiece when the  
29 purchase is made to cover baldness or thin hair resulting from a  
30 disease attested to by a physician or treatment for such a  
31 disease. The bill requires similar Medicaid reimbursement to the  
32 extent allowed by federal law.