

MAINE STATE LEGISLATURE

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Date: 6/18/07

majority

INSURANCE AND FINANCIAL SERVICES

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STATE OF MAINE
HOUSE OF REPRESENTATIVES
123RD LEGISLATURE
FIRST REGULAR SESSION

COMMITTEE AMENDMENT "A" to H.P. 1003, L.D. 1429, Bill, "An Act To Require Insurance Coverage for Temporomandibular Joint Disorders"

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

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

12-B. Title 24-A, sections 2762, 2847-M and 4253. Coverage for temporomandibular joint disorders, Title 24-A, sections 2762, 2847-M and 4253;

Sec. 2. 24-A MRSA §2762 is enacted to read:

§2762. Coverage for temporomandibular joint disorders

1. Required coverage. If an individual health insurance policy provides coverage for musculoskeletal disorders, the policy must provide coverage for musculoskeletal disorders affecting any bone or joint in the face, head or neck, including, but not limited to, temporomandibular joint disorders as provided in this section.

A. Coverage must be provided for diagnosis and surgical and nonsurgical treatment determined to be medically necessary health care as defined in section 4301-A, subsection 10-A.

B. Coverage may not be excluded for treatments or services performed by a dentist when coverage would be reimbursed under the policy if performed by a licensed physician and those treatments or services are within the scope of license of a dentist.

C. Coverage may be excluded for experimental procedures.

2. Limits; coinsurance; deductibles. Any policy, contract or certificate that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance, reasonable limitations, deductibles and exclusions and prior authorization to the extent that these provisions are not inconsistent with the requirements of this section.

COMMITTEE AMENDMENT

1 3. Application. The requirements of this section apply to all policies, contracts and
2 certificates executed, delivered, issued for delivery, continued or renewed in this State on
3 or after the effective date of this section. For purposes of this section, all contracts are
4 deemed to be renewed no later than the next yearly anniversary of the contract date.

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

6 **§2847-M. Coverage for temporomandibular joint disorders**

7 1. Required coverage. If a group health insurance policy provides coverage for
8 musculoskeletal disorders, the policy must provide coverage for musculoskeletal
9 disorders affecting any bone or joint in the face, head or neck, including, but not limited
10 to, temporomandibular joint disorders as provided in this section.

11 A. Coverage must be provided for diagnosis and surgical and nonsurgical treatment
12 determined to be medically necessary health care as defined in section 4301-A,
13 subsection 10-A.

14 B. Coverage may not be excluded for treatments or services performed by a dentist
15 when coverage would be reimbursed under the policy if performed by a licensed
16 physician and those treatments or services are within the scope of license of a dentist.

17 C. Coverage may be excluded for experimental procedures.

18 2. Limits; coinsurance; deductibles. Any policy, contract or certificate that
19 provides coverage for services under this section may contain provisions for maximum
20 benefits and coinsurance and reasonable limitations, deductibles and exclusions and prior
21 authorization to the extent that these provisions are not inconsistent with the requirements
22 of this section.

23 3. Application. The requirements of this section apply to all policies, contracts and
24 certificates executed, delivered, issued for delivery, continued or renewed in this State on
25 or after the effective date of this section. For purposes of this section, all contracts are
26 deemed to be renewed no later than the next yearly anniversary of the contract date.

27 **Sec. 4. 24-A MRSA §4253** is enacted to read:

28 **§4253. Coverage for temporomandibular joint disorders**

29 1. Required coverage. If an individual or group health maintenance organization
30 contract provides coverage for musculoskeletal disorders, the contract must provide
31 coverage for musculoskeletal disorders affecting any bone or joint in the face, head or
32 neck, including, but not limited to, temporomandibular joint disorders as provided in this
33 section.

34 A. Coverage must be provided for diagnosis and surgical and nonsurgical treatment
35 determined to be medically necessary health care as defined in section 4301-A,
36 subsection 10-A.

37 B. Coverage may not be excluded for treatments or services performed by a dentist
38 when coverage would be reimbursed under the policy if performed by a licensed
39 physician and those treatments or services are within the scope of license of a dentist.

40 C. Coverage may be excluded for experimental procedures.

COMMITTEE AMENDMENT "A" to H.P. 1003, L.D. 1429

1 and services would be reimbursed under the policy when performed by a licensed
2 physician. The amendment excludes coverage for experimental treatment. The provisions
3 of this bill apply to all policies, contracts and certificates issued or renewed on or after
4 January 1, 2008.

5 **FISCAL NOTE REQUIRED**
6 (See attached)



123rd MAINE LEGISLATURE

LD 1429

LR 1647(02)

An Act To Require Insurance Coverage for Temporomandibular Joint Disorders

Fiscal Note for Bill as Amended by Committee Amendment "A"

Committee: Insurance and Financial Services

Fiscal Note Required: Yes

Fiscal Note

	2007-08	2008-09	Projections 2009-10	Projections 2010-11
Net Cost (Savings)				
General Fund	\$0	\$93,600	\$98,300	\$103,200
Highway Fund	\$0	\$36,200	\$38,000	\$39,900
Appropriations/Allocations				
General Fund	\$0	\$93,600	\$98,300	\$103,200
Highway Fund	\$0	\$36,200	\$38,000	\$39,900

Fiscal Detail and Notes

Adding coverage for temporomandibular joint disorders will increase premium costs effective with the contract year beginning July 1, 2008. The additional employer costs across all funds to the state employee health insurance program is estimated to be approximately \$228,900 for fiscal year 2008-09.

A General Fund appropriation of \$93,600 and a Highway Fund allocation of \$36,200 are included for the salary plan reserve accounts to fund increases for General Fund and Highway Fund employees. The costs for employees paid by other funds, including a small amount for the Fund for a Healthy Maine, may require increased allotments as recommended by the State Budget Officer and approved by the Governor.

Any additional costs to the Bureau of Insurance in the Department of Professional and Financial Regulation in implementing this legislation can be absorbed by the bureau within existing budget resources. This fiscal note does not reflect the additional costs to the private health insurance market.