



128th MAINE LEGISLATURE

FIRST REGULAR SESSION-2017

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| S.P. 302 | In Senate, March 7, 2017 |

An Act Regarding Insurance Coverage of Certain Dental Services

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

Heath & Fuit

HEATHER J.R. PRIEST Secretary of the Senate

Presented by Senator CUSHING of Penobscot. Cosponsored by Representative MALABY of Hancock and Senator: WOODSOME of York, Representatives: KINNEY of Knox, PICKETT of Dixfield.

- 1 Be it enacted by the People of the State of Maine as follows:
- 2 Sec. 1. 24 MRSA §2317-B, sub-§12-I is enacted to read:
- <u>12-I. Title 24-A, sections 2770, 2847-V and 4260.</u> Limits on fees for dental
 <u>services, Title 24-A, sections 2770, 2847-V and 4260;</u>
- 5 Sec. 2. 24-A MRSA §2770 is enacted to read:
- 6 §2770. Limits on fees for dental services

An insurer that issues individual dental insurance or health insurance that includes
 coverage for dental services may not restrict, limit or otherwise control a fee that a dentist
 charges a patient for services not covered by the patient's policy or contract or the portion
 of a total fee for a covered service that exceeds the amount covered by the patient's policy
 or contract.

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

13 §2847-V. Limits on fees for dental services

An insurer that issues group dental insurance or health insurance that includes coverage for dental services may not restrict, limit or otherwise control a fee that a dentist charges a patient for services not covered by the patient's policy or contract or the portion of a total fee for a covered service that exceeds the amount covered by the patient's policy or contract.

19 Sec. 4. 24-A MRSA §4260 is enacted to read:

20 §4260. Limits on fees for dental services

All individual and group health maintenance organization contracts that include coverage for dental services may not restrict, limit or otherwise control a fee that a dentist charges a patient for services not covered by the patient's policy or contract or the portion of a total fee for a covered service that exceeds the amount covered by the patient's policy or contract.

26 **Sec. 5. Application.** The requirements of this Act apply to all policies, contracts 27 and certificates executed, delivered, issued for delivery, continued or renewed in this 28 State on or after January 1, 2018. For purposes of this Act, all contracts are deemed to be 29 renewed no later than the next yearly anniversary of the contract date.

30 SUMMARY

This bill prevents insurers and health maintenance organizations offering individual and group coverage from limiting dental fees that are not covered by the insurer or the portion of a dental fee that exceeds the amount covered. The provision applies to all individual and group health insurance policies, contracts and certificates issued or renewed on or after January 1, 2018.