



125th MAINE LEGISLATURE

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Legislative Document

No. 1666

S.P. 565

In Senate, December 21, 2011

An Act To Guarantee Basic Preventive Dental Health Services for Children in Maine

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 203.

Received by the Secretary of the Senate on December 19, 2011. Referred to the Committee on Insurance and Financial Services pursuant to Joint Rule 308.2 and ordered printed pursuant to Joint Rule 218.

Joseph G. Carleton Jr.

JOSEPH G. CARLETON, JR.
Secretary of the Senate

Presented by Senator KATZ of Kennebec.
Cosponsored by Representative TREAT of Hallowell and
Representatives: BLODGETT of Augusta, CUSHING of Hampden.

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:

3 **12-I. Title 24-A, sections 2769 and 2847-U.** Coverage for preventive dental health
4 services for enrollees who are one year of age or older and under 18 years of age, Title
5 24-A, sections 2769 and 2847-U;

6 **Sec. 2. 24-A MRSA §2769** is enacted to read:

7 **§2769. Coverage for preventive dental health services**

8 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
9 following terms have the following meanings.

10 A. "Preventive dental health services" means:

11 (1) For an enrollee who is one year of age or older and under 18 years of age,
12 professionally applied topical fluoride treatments twice annually;

13 (2) For an enrollee who is under 4 years of age and who has active dental
14 disease, professionally applied topical fluoride treatments up to 4 times annually;
15 and

16 (3) For an enrollee who is one year of age or older and under 18 years of age and
17 who has active dental disease and is undergoing orthodontic therapy,
18 professionally applied topical fluoride treatments up to 4 times annually.

19 **2. Required coverage.** An insurer that issues individual dental insurance or health
20 insurance that includes coverage for dental services shall provide coverage for preventive
21 dental health services.

22 **3. Limits; coinsurance; deductibles.** A contract that provides coverage for the
23 services required by this section may contain provisions for maximum benefits and
24 coinsurance and reasonable limitations, deductibles and exclusions to the extent that these
25 provisions are not inconsistent with the requirements of this section.

26 **4. Coordination of benefits with dental insurance.** If an enrollee eligible for
27 coverage under this section is eligible for coverage under a dental insurance policy or
28 contract and a health insurance policy or contract, the insurer providing dental insurance
29 is the primary payer responsible for charges under subsection 2 and the insurer providing
30 individual health insurance is the secondary payer.

31 **5. Application.** The requirements of this section apply to all policies, contracts and
32 certificates executed, delivered, issued for delivery, continued or renewed in this State on
33 or after January 1, 2013. For purposes of this section, all contracts are deemed to be
34 renewed no later than the next yearly anniversary of the contract date.

35 **Sec. 3. 24-A MRSA §2847-U** is enacted to read:

1 **§2847-U. Coverage for preventive dental health services**

2 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
3 following terms have the following meanings.

4 A. "Preventive dental health services" means:

5 (1) For an enrollee who is one year of age or older and under 18 years of age,
6 professionally applied topical fluoride treatments twice annually;

7 (2) For an enrollee who is under 4 years of age and who has active dental
8 disease, professionally applied topical fluoride treatments up to 4 times annually;
9 and

10 (3) For an enrollee who is one year of age or older and under 18 years of age and
11 who has active dental disease and is undergoing orthodontic therapy,
12 professionally applied topical fluoride treatments up to 4 times annually.

13 **2. Required coverage.** An insurer that issues group dental insurance or health
14 insurance that includes coverage for dental services shall provide coverage for preventive
15 dental health services.

16 **3. Limits; coinsurance; deductibles.** A contract that provides coverage for the
17 services required by this section may contain provisions for maximum benefits and
18 coinsurance and reasonable limitations, deductibles and exclusions to the extent that these
19 provisions are not inconsistent with the requirements of this section.

20 **4. Coordination of benefits with dental insurance.** If an enrollee eligible for
21 coverage under this section is eligible for coverage under a dental insurance policy or
22 contract and a health insurance policy or contract, the insurer providing dental insurance
23 is the primary payer responsible for charges under subsection 2 and the insurer providing
24 group health insurance is the secondary payer.

25 **5. Application.** The requirements of this section apply to all policies, contracts and
26 certificates executed, delivered, issued for delivery, continued or renewed in this State on
27 or after January 1, 2013. For purposes of this section, all contracts are deemed to be
28 renewed no later than the next yearly anniversary of the contract date.

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

30 **§4260. Coverage for preventive dental health services**

31 **1. Definitions.** As used in this section, unless the context otherwise indicates, the
32 following terms have the following meanings.

33 A. "Preventive dental health services" means:

34 (1) For an enrollee who is one year of age or older and under 18 years of age,
35 professionally applied topical fluoride treatments twice annually;

36 (2) For an enrollee who is under 4 years of age and who has active dental
37 disease, professionally applied topical fluoride treatments up to 4 times annually;
38 and

1 (3) For an enrollee who is one year of age or older and under 18 years of age,
2 who has active dental disease and is undergoing orthodontic therapy,
3 professionally applied topical fluoride treatments up to 4 times annually.

4 **2. Required coverage.** All individual and group health maintenance organization
5 contracts that include coverage for dental services shall provide coverage for preventive
6 dental health services.

7 **3. Limits; coinsurance; deductibles.** A contract that provides coverage for the
8 services required by this section may contain provisions for maximum benefits and
9 coinsurance and reasonable limitations, deductibles and exclusions to the extent that these
10 provisions are not inconsistent with the requirements of this section.

11 **4. Coordination of benefits with dental insurance.** If an enrollee eligible for
12 coverage under this section is eligible for coverage under a dental insurance policy or
13 contract and a health maintenance organization policy or contract, the insurer providing
14 dental insurance is the primary payer responsible for charges under subsection 2 and the
15 health maintenance organization providing health coverage is the secondary payer.

16 **5. Application.** The requirements of this section apply to all policies, contracts and
17 certificates executed, delivered, issued for delivery, continued or renewed in this State on
18 or after January 1, 2013. For purposes of this section, all contracts are deemed to be
19 renewed no later than the next yearly anniversary of the contract date.

20 **SUMMARY**

21 This bill requires dental insurers and health insurers and health maintenance
22 organizations that include coverage for dental services in their policies and contracts to
23 provide coverage for preventive dental health services for children. The bill applies to
24 policies and contracts issued or renewed on or after January 1, 2013.