

§4320-S. Coverage for dental services for cancer patients

1. Required coverage. Except as provided in subsection 2, a carrier offering a health plan in this State shall provide coverage for medically necessary dental procedures in accordance with the following for an enrollee who has been diagnosed with cancer.

A. Coverage must be provided for fluoride treatment and dental procedures that are medically necessary to reduce the risk of infection or eliminate infection or to treat tooth loss or decay in an enrollee prior to beginning cancer treatment, including chemotherapy, biological therapy or radiation therapy treatment. [PL 2021, c. 683, §1 (NEW).]

B. Coverage must be provided for dental procedures that are medically necessary to reduce the risk of infection or eliminate infection or to treat tooth loss or decay that are the direct or indirect result of cancer treatment, including chemotherapy, biological therapy or radiation therapy treatment. [PL 2021, c. 683, §1 (NEW).]

C. Coverage required under this subsection must include coverage for laboratory assessments, medications and treatments. [PL 2021, c. 683, §1 (NEW).]
[PL 2021, c. 683, §1 (NEW).]

2. Routine preventive dental care not required. A carrier is not required to provide coverage for routine preventive dental care, including cleaning and sealants.
[PL 2021, c. 683, §1 (NEW).]

REVISOR'S NOTE: §4320-S. Coverage for fertility services (As enacted by PL 2021, c. 692, §1 is REALLOCATED TO TITLE 24-A, SECTION 4320-U)

SECTION HISTORY

PL 2021, c. 683, §1 (NEW).

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