

Hall of the House of Representatives
83rd General Assembly - Regular Session, 2001
Amendment Form

Subtitle of House Bill No. 2363

"TO PROVIDE COVERAGE FOR TREATMENT OF THE BONES AND JOINTS OF THE
FACE, HEAD AND NECK IN THE SAME MANNER AS COVERAGE FOR TREATMENT OF
OTHER BONES AND JOINTS OF THE HUMAN BODY."

Amendment No. 1 to House Bill No. 2363.

Amend House Bill No. 2363 as originally introduced:

Page 1, line 9, amend the title by adding the word "OPTIONAL" before the word "COVERAGE"

AND

Page 1, line 16, amend the subtitle by adding the word "OPTIONAL" before the word "COVERAGE"

AND

Page 1, delete lines 25 through 36 and page 2, delete lines 1 through 3 and substitute the following:

"SECTION 1. (a) (1) Every health carrier shall offer optional coverage in its health care plans for the medical treatment of musculoskeletal disorders affecting any bone or joint in the face, neck or head, including temporomandibular joint disorder and craniomandibular disorder. Treatment shall include both surgical and nonsurgical procedures.

(2) This coverage shall be provided for medically necessary diagnosis and treatment of these conditions whether they are the result of accident, trauma, congenital defect, developmental defect, or pathology.

(3) This coverage shall be the same as that provided for any other musculoskeletal disorder in the body and shall be provided whether prescribed or administered by a physician or dentist.

(b) The policyholder shall accept or reject the optional coverage in writing on the application. The application shall specifically and conspicuously inform the policyholder that rejection of the option means that covered benefits provided to insureds or enrollees will not include "temporomandibular joint disorder (TMJ) or craniomandibular disorder."

(c) Nothing herein shall prevent an insurer from including such

coverage for any or all musculoskeletal disorders affecting any bone or joint in the face, neck or head as part of a policy's basic coverage, in lieu of offering optional coverage.

(d) This act shall apply to those health care plans issued, delivered, renewed, extended, amended, or modified on or after the effective date of this act.

SECTION 2. Definitions.

(1)(A) "Health care plan" means any individual, blanket, or group plan, policy, or contract for health care services issued or delivered by a carrier in this state, including indemnity and managed care plans.

(B) "Health care plan" does not mean a plan that provides coverage only for:

(i) A specified accident or accident-only coverage or long-term care insurance as defined in the Long-Term Care Insurance Act.

(ii) A Medicare supplement policy of insurance, as defined by the Insurance Commissioner by regulation;

(iii) Coverage under a plan through Medicare, Medicaid, or the Federal Employees Health Benefit Program;

(iv) Any coverage issued under Chapter 55 of Title 10 of the U.S. Code, existing on January 1, 2001, and any coverage issued as supplemental to that coverage; and

(v) Any coverage issued as supplemental to liability insurance, workers' compensation or similar insurance;

(2) "Health carrier" means any accident and health insurance company, referred to in law as "disability" insurance company, hospital or medical services corporation, or health maintenance organization (including a so-called dental maintenance organization), issuing or delivering health care plans in this state.

SECTION 3. If any provision of this act or the application thereof to any person or circumstance is held invalid, the invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to this end the provisions of this act are declared to be severable."

The Amendment was read _____
By: Representative Roebuck
LT/KB - 031620011114
JMB385

Chief Clerk