

SUBJECT: Coverage of surgical and in-hospital dental conditions

COMMITTEE: Insurance — committee substitute recommended

VOTE: 9 ayes — Smithee, Van de Putte, Averitt, Bonnen, Burnam, Eiland, G. Lewis, Olivo, Wise

0 nays

WITNESSES: For — Nan Clayton, American Association of Retired Persons; Ron Redus, DDS, Texas Dental Association

Against — None

BACKGROUND : The temporomandibular joint (TMJ) is the joint between the side of the skull (the temporal bone) and the lower jaw bone (the mandible). Insurers and HMOs that provide benefits for medically necessary diagnostic or surgical treatment of skeletal joints must provide comparable coverage for medically necessary diagnostic or surgical treatment of conditions affecting the temporomandibular joint, including the jaw and the craniomandibular joint.

DIGEST: CSHB 2063 would specifically require that TMJ surgical coverage be provided for conditions that are the result of accidents, traumas, congenital defects, developmental defects, or pathologies.

A health benefit plan also could not exclude from coverage an individual who was unable to undergo dental treatment in an office setting or under local anesthesia due to a documented physical, mental or medical reason.

References to insurers and HMOs would be replaced by a definition of “group health benefit plans,” which would include standard provisions that refer to health insurance, small employer plans, health maintenance organizations, approved nonprofit health corporations, and multiple employer welfare arrangements to the extent allowed under federal law.

The bill would take effect September 1, 1997.

**SUPPORTERS
SAY:**

CSHB 2063 would clarify the coverage of TMJ by health benefit plans and ensure that children and adults with special medical or mental problems or disabilities would be able to receive necessary dental services in a hospital setting. For example, gag reflexes in certain cerebral palsy patients prevent the effective use of local anesthesia and treatment of dental problems in a dentist office. Also, routine and specialized dental care normally performed in a dentist office may result in infection or complications in medically compromised senior citizens or be impeded by scared or uncontrollable mentally retarded children.

CSHB 2063 would not be enacting a new “mandate” and would not increase health benefit plan costs because it would only require health benefit plans to pay for hospital expenses they would normally pay for in the treatment of other medical problems and the bill would only affect coverage for a small number of individuals. CSHB 2063 would not require health benefit plans to pay for dental services, only hospital-related services. However, by ensuring the coverage of hospital anesthesia and related surgical expenses, it would dramatically increase special-case patients’ access to appropriate dental care.

The coverage of nonsurgical treatment would not be required because of potential costs associated with such a requirement and potential problems of abuse of nonsurgical benefits by dentists and other practitioners. For example, some people have tried to claim as TMJ treatments nonsurgical orthodontia treatments used to make cosmetic improvements.

**OPPONENTS
SAY:**

Mandatory coverage of special dental treatment for certain individuals would increase the cost of health insurance, just as any mandated benefit would, and could thereby limit the availability of employer-sponsored health insurance or the access to insurance by individuals and families. Costs also could increase by fostering an increase in the number of dental surgeries unnecessarily performed in hospitals.

This mandate would not help everyone covered by insurance. It would only affect about 20 percent of the health insurance market; self-insured health benefit plans and Medicare benefits plans, which cover about 46 percent of the market, fall under federal regulation and do not have to conform with state mandates.

**OTHER
OPPONENTS
SAY:**

This bill also should require insurers and HMOs to cover nonsurgical treatment of TMJ disorders. TMJ disorders do not occur solely because of accidents or congenital defects; they frequently occur as the result of chronic conditions that can result in slow deterioration, such as stress (which causes some individuals to grind their teeth) and occlusional (“overbite”) situations. Many of these slowly forming TMJ conditions can be treated without surgery, such as with orthodontic appliances. About 10-15 states require nonsurgical as well as surgical treatment of TMJ and have sufficient restrictions to prevent the abuse of nonsurgical treatments.

NOTES:

The committee substitute changed the original version of the bill by replacing “employee benefit plan” with standard provisions referring to “group health benefit plans;” and by removing the requirement that coverage include nonsurgical procedures for musculoskeletal disorders affecting any bone or joint in the face, neck or head.