

## RÉSUMÉ DIGEST

**ACT 405 (SB 476)**

**2016 Regular Session**

**Martiny**

New law requires every hospital, health, or medical expense insurance policy in the large group market as defined in prior law to include coverage of diagnosis and treatment for temporomandibular joint (TMJ) and associated musculature and neurological conditions.

New law exempts the Office of Group Benefits (OGB) from the requirements of new law.

New law requires the TMJ insurance coverage to be subject to the same conditions, limitations, precertification, prior authorization, referral procedures, copayment, and coinsurance provisions that apply coverage for diagnosis and treatment involving other bones or joints of the human skeleton.

New law applies to all new policies, plans, certificates, and contracts issued on or after January 1, 2018. Further requires existing policies, plans, certificates, and contracts to include coverage for TMJ by January 1, 2019.

Effective upon signature of the governor (June 8, 2016).

(Adds R.S. 22:1055)