

2 **ESHB 1364** - S COMM AMD

3 By Committee on Health & Long-Term Care

4

5 Strike everything after the enacting clause and insert the  
6 following:

7 "NEW SECTION. **Sec. 1.** A new section is added to chapter 41.05 RCW  
8 to read as follows:

9 (1) Each employee benefit plan offered to public employees that  
10 provides coverage for hospital, medical, or ambulatory surgery center  
11 services must cover general anesthesia services and related facility  
12 charges in conjunction with any dental procedure performed in a  
13 hospital or ambulatory surgical center if such anesthesia services and  
14 related facility charges are medically necessary because the covered  
15 person:

16 (a) Is under the age of seven, or physically or developmentally  
17 disabled, with a dental condition that cannot be safely and effectively  
18 treated in a dental office; or

19 (b) Has a medical condition that the person's physician determines  
20 would place the person at undue risk if the dental procedure were  
21 performed in a dental office. The procedure must be approved by the  
22 person's physician.

23 (2) Each employee benefit plan offered to public employees that  
24 provides coverage for dental services must cover general anesthesia  
25 services in conjunction with any covered dental procedure performed in  
26 a dental office if the general anesthesia services are medically  
27 necessary because the covered person is under the age of seven or  
28 physically or developmentally disabled.

29 (3) This section does not prohibit an employee benefit plan from:

30 (a) Applying cost-sharing requirements, maximum annual benefit  
31 limitations, and prior authorization requirements to the services  
32 required under this section; or

33 (b) Covering only those services performed by a health care  
34 provider, or in a health care facility, that is part of its provider  
35 network; nor does it limit the authority in negotiating rates and  
36 contracts with specific providers.

1 (4) This section does not apply to medicare supplement policies, or  
2 supplemental contracts covering a specified disease or other limited  
3 benefits.

4 (5) For the purpose of this section, "general anesthesia services"  
5 means services to induce a state of unconsciousness accompanied by a  
6 loss of protective reflexes, including the ability to maintain an  
7 airway independently and respond purposefully to physical stimulation  
8 or verbal command.

9 (6) This section applies to employee benefit plans issued or  
10 renewed on or after January 1, 2002.

11 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.43 RCW  
12 to read as follows:

13 (1) Each group health benefit plan that provides coverage for  
14 hospital, medical, or ambulatory surgery center services must cover  
15 general anesthesia services and related facility charges in conjunction  
16 with any dental procedure performed in a hospital or ambulatory  
17 surgical center if such anesthesia services and related facility  
18 charges are medically necessary because the covered person:

19 (a) Is under the age of seven, or physically or developmentally  
20 disabled, with a dental condition that cannot be safely and effectively  
21 treated in a dental office; or

22 (b) Has a medical condition that the person's physician determines  
23 would place the person at undue risk if the dental procedure were  
24 performed in a dental office. The procedure must be approved by the  
25 person's physician.

26 (2) Each group health benefit plan or group dental plan that  
27 provides coverage for dental services must cover medically necessary  
28 general anesthesia services in conjunction with any covered dental  
29 procedure performed in a dental office if the general anesthesia  
30 services are medically necessary because the covered person is under  
31 the age of seven or physically or developmentally disabled.

32 (3) This section does not prohibit a group health benefit plan or  
33 group dental plan from:

34 (a) Applying cost-sharing requirements, maximum annual benefit  
35 limitations, and prior authorization requirements to the services  
36 required under this section; or

37 (b) Covering only those services performed by a health care  
38 provider, or in a health care facility, that is part of its provider

1 network; nor does it limit the health carrier in negotiating rates and  
2 contracts with specific providers.

3 (4) This section does not apply to medicare supplement policies, or  
4 supplemental contracts covering a specified disease or other limited  
5 benefits.

6 (5) For the purpose of this section, "general anesthesia services"  
7 means services to induce a state of unconsciousness accompanied by a  
8 loss of protective reflexes, including the ability to maintain an  
9 airway independently and respond purposefully to physical stimulation  
10 or verbal command.

11 (6) This section applies to group health benefit plans and group  
12 dental plans issued or renewed on or after January 1, 2002."

13 **ESHB 1364** - S COMM AMD

14 By Committee on Health & Long-Term Care

15

16 On page 1, line 1 of the title, after "services;" strike the  
17 remainder of the title and insert "adding a new section to chapter  
18 41.05 RCW; and adding a new section to chapter 48.43 RCW."

EFFECT: Makes technical corrections and clarifications. Removes  
provisions regarding carrier liability. Changes the effective date.

--- END ---