

FINAL BILL REPORT

ESHB 1364

C 321 L 01

Synopsis as Enacted

Brief Description: Mandating general anesthesia services.

Sponsors: By House Committee on Health Care (originally sponsored by Representatives Pflug, Edmonds, Cody, Campbell, Boldt, Doumit, Pennington and Schual-Berke).

House Committee on Health Care
Senate Committee on Health & Long-Term Care

Background:

There is no mandated offering or benefit for the medical procedure of general anesthesia required by law to be covered in public employee benefit plans under the State Health Authority or health benefit plans provided by health carriers. Public employee benefit plans cover state employees; employees of higher education and community colleges; retirees of public schools (K through 12); and all other employees of local political jurisdictions that opt for coverage. Health carriers cover beneficiaries under health benefit plans offered by disability insurers, health care service contractors, and health maintenance organizations.

Anesthesia is a medical procedure for inducing a state of unconsciousness in a patient.

Summary:

General anesthesia is defined as a state of unconsciousness accompanied by a loss of protected reflexes, including the ability to maintain an airway independently and respond purposefully to physical stimulation or verbal command.

Public employee benefit plans and health carriers that offer group health insurance plans which include hospital, medical, or ambulatory surgery services must cover hospital and general anesthesia services in conjunction with dental procedures performed in a hospital or surgery center under certain conditions. The procedure must be medically necessary because the person is under the age of seven, or is physically or developmentally disabled, with a dental condition that cannot be safely treated in a dental office or the person has at least one medical condition that would create an undue medical risk if performed in a dental office.

Public employee benefit plans and health carriers that offer group health plans which include dental services must cover general anesthesia services in conjunction with dental

procedures performed in a dental office. The procedure must be medically necessary because the person is under the age of seven or is physically or developmentally disabled.

Prior authorization, cost-sharing, and participating health care facility requirements may apply. The authority to negotiate rates and contracts with providers is not limited. This procedure is not covered under any Medicare supplement policies nor any supplemental contracts for a specific disease.

This requirement becomes effective for health benefit plans issued or renewed after January 1, 2002.

Votes on Final Passage:

House 94 0

Senate 47 0 (Senate amended)

House 94 0 (House concurred)

Effective: July 22, 2001