
ENGROSSED SUBSTITUTE HOUSE BILL 1364

State of Washington

57th Legislature

2001 Regular Session

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

Read first time . Referred to Committee on .

1 AN ACT Relating to general anesthesia services; adding a new
2 section to chapter 41.05 RCW; and adding a new section to chapter 48.43
3 RCW.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 41.05 RCW
6 to read as follows:

7 (1) Each employee benefit plan offered to public employees and
8 their covered dependents that provides coverage for hospital, medical,
9 or ambulatory surgery center services must cover hospital and general
10 anesthesia services in conjunction with dental procedures in a hospital
11 or ambulatory surgical center if such hospitalization is medically
12 necessary because the covered person:

13 (a) Is under the age of seven with a dental condition and the
14 required procedure cannot be safely and effectively performed in a
15 dental office;

16 (b) Is physically or developmentally disabled and cannot be safely
17 and effectively treated in a dental office; or

18 (c) Has at least one medical condition that would create an undue
19 medical risk if treatment is not performed in a hospital or ambulatory

1 surgery center as determined by the patient's physician; such treatment
2 must be approved by the patient's physician.

3 (2) Each employee benefit plan offered to public employees and
4 their covered dependents that provides coverage for dental services
5 must cover general anesthesia services in conjunction with covered
6 dental procedures if such services are medically necessary because the
7 covered person is:

8 (a) Under the age of seven and the required procedure can be safely
9 and effectively performed in a dental office; or

10 (b) Physically or developmentally disabled and can be safely and
11 effectively treated in a dental office.

12 (3) This section does not:

13 (a) Prevent the application of standard cost-sharing requirements
14 applicable to other covered benefits;

15 (b) Limit the authority in negotiating rates and contracts with
16 specific providers;

17 (c) Apply to medicare supplement policies or supplemental contracts
18 covering a specified disease or other limited benefits; or

19 (d) Prevent the requirement that services be provided in a
20 participating health care facility.

21 (4) Prior authorization may be required in a manner similar for
22 hospitalization of other covered conditions.

23 (5) For the purpose of this section, "general anesthesia" means a
24 state of unconsciousness accompanied by a loss of protective reflexes,
25 including the ability to maintain an airway independently and respond
26 purposefully to physical stimulation or verbal command.

27 (6) This section applies to employee benefit plans issued or
28 renewed on or after the effective date of this section.

29 (7) An employee benefit plan or health carrier that covers hospital
30 or general anesthesia services under this section is not responsible
31 for, or liable with respect to, the services of a dentist when those
32 services are not covered by the carrier.

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

35 (1) Each health carrier that provides group coverage for hospital,
36 medical, or ambulatory surgery center services must cover hospital and
37 general anesthesia services in conjunction with dental procedures in a

1 hospital or ambulatory surgical center if such hospitalization is
2 medically necessary because the covered person:

3 (a) Is under the age of seven with a dental condition and the
4 required procedure cannot be safely and effectively performed in a
5 dental office;

6 (b) Is physically or developmentally disabled and cannot be safely
7 and effectively treated in a dental office; or

8 (c) Has at least one medical condition that would create an undue
9 medical risk if treatment is not performed in a hospital or ambulatory
10 surgery center as determined by the patient's physician; such treatment
11 must be approved by the patient's physician.

12 (2) Each health carrier that provides group coverage for dental
13 benefits must cover general anesthesia services in conjunction with
14 covered dental procedures if such services are medically necessary
15 because the covered person is:

16 (a) Under the age of seven and the required procedure can be safely
17 and effectively performed in the dental office; or

18 (b) Physically or developmentally disabled and can safely and
19 effectively be treated in the dental office.

20 (3) This section does not:

21 (a) Prevent the application of standard cost-sharing requirements
22 applicable to other covered benefits;

23 (b) Limit the health carrier in negotiating rates and contracts
24 with specific providers;

25 (c) Apply to medicare supplement policies or supplemental contracts
26 covering a specified disease or other limited benefits; or

27 (d) Prevent the requirement that services be provided in a
28 participating health care facility.

29 (4) Prior authorization may be required in a manner similar for
30 hospitalization of other covered conditions.

31 (5) For the purpose of this section, "general anesthesia" means a
32 state of unconsciousness accompanied by a loss of protective reflexes,
33 including the ability to maintain an airway independently and respond
34 purposefully to physical stimulation or verbal command.

35 (6) This section applies to health benefit plans and dental plans
36 authorized under RCW 48.44.035 issued or renewed on or after the
37 effective date of this section.

38 (7) Each health carrier that covers hospital or general anesthesia
39 services under this section is not responsible for, or liable with

1 respect to, the services of a dentist when those services are not
2 covered by the carrier.

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