

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE HOUSE BILL 1364

57th Legislature
2001 Regular Legislative Session

Passed by the House April 16, 2001
Yeas 94 Nays 0

Speaker of the House of Representatives

Speaker of the House of Representatives

Passed by the Senate April 10, 2001
Yeas 47 Nays 0

President of the Senate

Approved

Governor of the State of Washington

CERTIFICATE

We, Timothy A. Martin and Cynthia Zehnder, Co-Chief Clerks of the House of Representatives of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE HOUSE BILL 1364** as passed by the House of Representatives and the Senate on the dates hereon set forth.

Chief Clerk

Chief Clerk

FILED

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE HOUSE BILL 1364

AS AMENDED BY THE SENATE

Passed Legislature - 2001 Regular Session

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 that
8 provides coverage for hospital, medical, or ambulatory surgery center
9 services must cover general anesthesia services and related facility
10 charges in conjunction with any dental procedure performed in a
11 hospital or ambulatory surgical center if such anesthesia services and
12 related facility charges are medically necessary because the covered
13 person:

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

17 (b) Has a medical condition that the person's physician determines
18 would place the person at undue risk if the dental procedure were

1 performed in a dental office. The procedure must be approved by the
2 person's physician.

3 (2) Each employee benefit plan offered to public employees that
4 provides coverage for dental services must cover general anesthesia
5 services in conjunction with any covered dental procedure performed in
6 a dental office if the general anesthesia services are medically
7 necessary because the covered person is under the age of seven or
8 physically or developmentally disabled.

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

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

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

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

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

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

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

29 (1) Each group health benefit plan that provides coverage for
30 hospital, medical, or ambulatory surgery center services must cover
31 general anesthesia services and related facility charges in conjunction
32 with any dental procedure performed in a hospital or ambulatory
33 surgical center if such anesthesia services and related facility
34 charges are medically necessary because the covered person:

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

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

5 (2) Each group health benefit plan or group dental plan that
6 provides coverage for dental services must cover medically necessary
7 general anesthesia services in conjunction with any covered dental
8 procedure performed in a dental office if the general anesthesia
9 services are medically necessary because the covered person is under
10 the age of seven or physically or developmentally disabled.

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

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

16 (b) Covering only those services performed by a health care
17 provider, or in a health care facility, that is part of its provider
18 network; nor does it limit the health carrier in negotiating rates and
19 contracts with specific providers.

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

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

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

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