State of Arkansas As Engrossed: H2/15/05 85th General Assembly A Bill Regular Session, 2005 HOUSE BILL 1452

By: Representative Roebuck

For An Act To Be Entitled

AN ACT TO ENSURE THAT HEALTH BENEFIT PLANS PROVIDE COVERAGE FOR ANESTHESIA AND HOSPITAL CHARGES IN CASES INVOLVING YOUNG CHILDREN AND PERSONS WITH SERIOUS MENTAL OR PHYSICAL CONDITIONS WHERE THE AGE OR CONDITION REQUIRES HOSPITALIZATION OR GENERAL ANESTHESIA IN ORDER TO SAFELY AND EFFECTIVELY PERFORM DENTAL PROCEDURES ON THE PATIENT; AND FOR OTHER PURPOSES.

Subtitle

AN ACT TO ENSURE THAT HEALTH BENEFIT PLANS PROVIDE COVERAGE FOR ANESTHESIA AND HOSPITAL CHARGES FOR DENTAL PROCEDURES.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. Arkansas Code Title 23, Chapter 86, Subchapter 1 is amended to add an additional section to read as follows:

- 23-86-121. Coverage for anesthesia and hospitalization for dental procedures.
- (a) As used in this section, "health benefit plan" means any policy, contract, or agreement offered by an insurance company, health maintenance organization, or hospital and medical service corporation to provide, reimburse, or pay for health care services, but does not include the following:
 - (1) Workers' compensation coverage;
 - (2) Self-funded or self-insured health plans, unless the plan is established or maintained for employees of a governmental or church entity;
 - (3) Health plans covering specific diseases other than dental plans;
 - (4) Hospital indemnity insurance;
 - (5) Long-term care insurance;
 - (6) Short-term limited duration insurance;
 - (7) Accident only insurance;
 - (8) Medicare supplement insurance; or
 - (9) Other supplemental insurance.
- (b) Health benefit plans shall provide coverage for payment of anesthesia and hospital or ambulatory surgical facility charges for services performed in connection with dental procedures in a hospital or ambulatory surgical facility, if the provider treating the patient certifies that, because of the patient's age or condition or problem, hospitalization or general anesthesia is required in order to safely and effectively perform the procedures and the patient is:
- (1) A child under seven (7) years of age who is determined by two (2) dentists licensed under the Arkansas Dental Practice Act, § 17-82-101 et seq., to require, without delay, necessary dental treatment in a hospital or ambulatory surgical center for a significantly complex dental condition;
 - (2) A person with a diagnosed serious mental or physical condition; or
- (3) A person with a significant behavioral problem as determined by the covered person's physician as licensed under the Arkansas Medical Practices Act, §§ 17-95-201 17-95-207, 17-95-301 17-95-305, and 17-95-401 17-95-411.
- (c) The health benefit plan may apply deductibles, coinsurance, network requirements, medical necessity determinations, and other limitations as are applied to other covered services.
- (d) The health benefit plan may require prior authorization for hospitalization for dental care procedures in the same manner that prior authorization is required for hospitalization for other covered medical conditions.
- (e) If a person is covered under both a health benefit plan that provides dental benefits and a health benefit plan that provides medical benefits, the health benefit plan that includes dental benefits is the primary payer and the health benefits plan that provides medical benefits is the secondary payer.
 - (f) This section does not apply to treatment rendered for temporomandibular joint disorders,
 - (g)(I) This section applies to health benefit plans that are issued, renewed, extended, or modified on and after

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(2) "Renewed, extended or modified" shall include a change in premium or other financial term.

(h) This section does not require a health benefit plan that does not cover dental benefits to cover dental care for which general anesthesia, hospital or ambulatory surgical facility services, or both are performed in connection with dental procedures.

/s/ Roebuck

APPROVED: 03/02/2005