
SUBSTITUTE HOUSE BILL 1889

State of Washington

56th Legislature

1999 Regular Session

By House Committee on Health Care (originally sponsored by Representatives Pflug and Cody)

Read first time 03/02/1999.

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 the covered person:

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

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

16 (c) Has at least one medical condition that would create an undue
17 medical risk if treatment is not performed in a hospital or ambulatory
18 surgery center; such treatment must be approved by the patient's
19 physician.

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

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

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

9 (3) This section does not:

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

12 (b) Limit the authority in negotiating rates and contracts with
13 specific providers;

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

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

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

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

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

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

28 (1) Each health carrier that provides coverage for hospital,
29 medical, or ambulatory surgery center services must cover hospital and
30 general anesthesia services in conjunction with dental procedures in a
31 hospital or ambulatory surgical center if the covered person:

32 (a) Is under the age of seven and the required procedure cannot be
33 safely and effectively performed in a dental office;

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

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

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

3 (2) Each health carrier that provides coverage for dental benefits
4 must cover general anesthesia services in conjunction with dental
5 procedures if the covered person is:

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

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

10 (3) This section does not:

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

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

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

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

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

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

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

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