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HOUSE BILL 1889

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State of Washington                      56th Legislature                      1999 Regular Session

By Representatives Pflug and Cody

Read first time 02/09/1999. Referred to Committee on Health Care.

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; or

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

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

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

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

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

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

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

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

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

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

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

5 (3) This section does not:

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

8 (b) Limit the health carrier in negotiating rates and contracts  
9 with specific providers; or

10 (c) Apply to medicare supplement policies or supplemental contracts  
11 covering a specified disease or other limited benefits.

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

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

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