

SENATE BILL REPORT

ESHB 1364

As Reported By Senate Committee On:
Health & Long-Term Care, March 28, 2001

Title: An act relating to general anesthesia services.

Brief Description: Mandating general anesthesia services.

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

Brief History:

Committee Activity: Health & Long-Term Care: 3/21/01, 3/28/01 [DPA].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended.

Signed by Senators Thibaudeau, Chair; Franklin, Vice Chair; Costa, Deccio, Fraser, Parlette and Winsley.

Staff: Jonathan Seib (786-7427)

Background: Current law does not mandate health care coverage of anesthesia services. However, legislation introduced in 1998 required health plans to cover dental anesthesia for certain persons. The issue was referred to the Department of Health (DOH) for sunset review.

DOH recommended that general anesthesia for dental use be a covered benefit in health plans, but that there should be coordination of benefits between medical and dental plans, e.g., medical plans should cover the cost of general anesthesia and related facility charges when the procedure takes place in a hospital or surgical center environment, and dental plans should cover the cost of general anesthesia and related charges when the procedure takes place in a dental office.

Summary of Amended Bill: Public employee benefit plans and other group health benefit plans that provide coverage for hospital, medical, or ambulatory surgery center services must cover general anesthesia services and related facility charges in conjunction with any dental procedure performed in a hospital or ambulatory surgical center if such services are medically necessary because the covered person: (1) is under age seven, or physically or developmentally disabled, with a dental condition that cannot be safely and effectively treated in a dental office; or (2) has a medical condition that the person's physician determines would place the person at undue risk if the dental procedure were performed in a dental office.

Public employee benefit plans and other group benefit plans that provide coverage for dental services must cover general anesthesia services in conjunction with any covered dental

procedure performed in a dental office if the services are medically necessary because the covered person is under age seven or physically or mentally disabled.

Prior authorization, cost sharing, and network participation requirements may apply.

The act does not apply to Medicare supplement policies, or supplemental contracts covering a specified disease or other limited benefits.

The act applies to employee benefit plans issued or renewed on or after January 1, 2002.

Amended Bill Compared to Substitute Bill: The striking amendment makes technical corrections and clarifications. It also removes provisions regarding carrier liability, and makes the act applicable as of January 1, 2002.

Appropriation: None.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For: The intent of the bill is to clarify who is responsible for anesthesia services for dental procedures performed in various settings. It is a consumer protection measure addressing the distribution of costs between medical and dental plans. Having general anesthesia covered is particularly important with regard to children with physical disabilities.

Testimony Against: Mandates add to the cost of health care coverage, and take away flexibility on the part of purchasers.

Testified: PRO: Representative Pflug, prime sponsor; Linda Hull, Washington State Dental Association; Greg Psaltis, Washington State Academy of Pediatric Dentistry; CONCERNS: Nancee Wildermuth, Regence Blue Shield, PacifiCare of Washington.