

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1 State of Arkansas  
2 84th General Assembly  
3 Regular Session, 2003  
4

# A Bill

SENATE BILL 677

5 By: Senator Malone  
6 By: Representative Roebuck  
7

## For An Act To Be Entitled

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9  
10 AN ACT TO ENSURE THAT HEALTH BENEFIT PLANS  
11 PROVIDE COVERAGE FOR ANESTHESIA AND HOSPITAL  
12 CHARGES IN CASES INVOLVING YOUNG CHILDREN AND  
13 PERSONS WITH SERIOUS MENTAL OR PHYSICAL  
14 CONDITIONS WHERE THE AGE OR CONDITION REQUIRES  
15 HOSPITALIZATION OR GENERAL ANESTHESIA IN ORDER TO  
16 SAFELY AND EFFECTIVELY PERFORM DENTAL PROCEDURES  
17 ON THE PATIENT; AND FOR OTHER PURPOSES.  
18

## Subtitle

19  
20 AN ACT TO ENSURE THAT HEALTH BENEFIT  
21 PLANS PROVIDE COVERAGE FOR ANESTHESIA  
22 AND HOSPITAL CHARGES FOR DENTAL  
23 PROCEDURES.  
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26 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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28 SECTION 1. Arkansas code Title 23, Chapter 86, Subchapter 1 is amended  
29 to add an additional section to read as follows:

30 23-86-121. Coverage for anesthesia and hospitalization for dental  
31 procedures.

32 (a) Health benefit plans shall provide coverage for payment of  
33 anesthesia and hospital or ambulatory surgical facility charges for services  
34 performed in connection with dental procedures in a hospital or ambulatory  
35 surgical facility, if the provider treating the patient certifies that,  
36 because of the patient's age or condition or problem, hospitalization or



1 general anesthesia is required in order to safely and effectively perform the  
2 procedures and the patient is:

- 3 (1) A child under the age of twelve (12) years;
- 4 (2) A person with a serious mental or physical condition; or
- 5 (3) A person with a significant behavioral problem.

6 (b) The health benefit plan may apply deductibles, coinsurance,  
7 network requirements, medical necessity determinations, and other limitations  
8 as are applied to other covered services.

9 (c) The health benefit plan may require prior authorization for  
10 hospitalization for dental care procedures in the same manner that prior  
11 authorization is required for hospitalization for other covered medical  
12 conditions.

13 (d) This section shall not apply to treatment rendered for  
14 temporomandibular joint disorders.

15 (e)(1) This section applies to health benefit plans that are issued,  
16 renewed, extended, or modified on and after July 30, 2003.

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

19 (f) The Arkansas Health Insurance Consumer Choice Act, § 23-79-801, et  
20 seq., and any other law permitting the offering of health benefit plans that  
21 do not include state-mandated benefits shall not apply to this section.

22 (g) "Health benefit plan" means any policy, contract, or agreement  
23 offered by an insurance company, health maintenance organization, or hospital  
24 and medical service corporation to provide, reimburse, or pay for health care  
25 services, but does not include the following:

- 26 (1) Workers' compensation coverage; or
- 27 (2) Self-funded or self-insured health plans, unless the plan is  
28 established or maintained for employees of a governmental or church entity.

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