

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.

Act 439 of the Regular Session

1 State of Arkansas  
2 85th General Assembly  
3 Regular Session, 2005  
4

As Engrossed: H2/15/05

A Bill

HOUSE BILL 1452

5 By: Representative Roebuck  
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8 **For An Act To Be Entitled**

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

18 **Subtitle**

19 AN ACT TO ENSURE THAT HEALTH BENEFIT  
20 PLANS PROVIDE COVERAGE FOR ANESTHESIA  
21 AND HOSPITAL CHARGES FOR DENTAL  
22 PROCEDURES.  
23  
24

25 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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27 SECTION 1. Arkansas Code Title 23, Chapter 86, Subchapter 1 is amended  
28 to add an additional section to read as follows:

29 23-86-121. Coverage for anesthesia and hospitalization for dental  
30 procedures.

31 (a) As used in this section, "health benefit plan" means any policy,  
32 contract, or agreement offered by an insurance company, health maintenance  
33 organization, or hospital and medical service corporation to provide,  
34 reimburse, or pay for health care services, but does not include the  
35 following:



1 (1) Workers' compensation coverage;

2 (2) Self-funded or self-insured health plans, unless the plan is  
3 established or maintained for employees of a governmental or  
4 church entity;

5 (3) Health plans covering specific diseases other than dental  
6 plans;

7 (4) Hospital indemnity insurance;

8 (5) Long-term care insurance;

9 (6) Short-term limited duration insurance;

10 (7) Accident only insurance;

11 (8) Medicare supplement insurance; or

12 (9) Other supplemental insurance.

13 (b) Health benefit plans shall provide coverage for payment of  
14 anesthesia and hospital or ambulatory surgical facility charges for services  
15 performed in connection with dental procedures in a hospital or ambulatory  
16 surgical facility, if the provider treating the patient certifies that,  
17 because of the patient's age or condition or problem, hospitalization or  
18 general anesthesia is required in order to safely and effectively perform the  
19 procedures and the patient is:

20 (1) A child under seven (7) years of age who is determined by  
21 two (2) dentists licensed under the Arkansas Dental Practice Act, § 17-82-101  
22 et seq., to require, without delay, necessary dental treatment in a hospital  
23 or ambulatory surgical center for a significantly complex dental condition;

24 (2) A person with a diagnosed serious mental or physical  
25 condition; or

26 (3) A person with a significant behavioral problem as determined  
27 by the covered person's physician as licensed under the Arkansas Medical  
28 Practices Act, §§ 17-95-201 - 17-95-207, 17-95-301 - 17-95-305, and 17-95-401  
29 - 17-95-411.

30 (c) The health benefit plan may apply deductibles, coinsurance,  
31 network requirements, medical necessity determinations, and other limitations  
32 as are applied to other covered services.

33 (d) The health benefit plan may require prior authorization for  
34 hospitalization for dental care procedures in the same manner that prior  
35 authorization is required for hospitalization for other covered medical  
36 conditions.

1 (e) If a person is covered under both a health benefit plan that  
 2 provides dental benefits and a health benefit plan that provides medical  
 3 benefits, the health benefit plan that includes dental benefits is the  
 4 primary payer and the health benefits plan that provides medical benefits is  
 5 the secondary payer.

6 (f) This section does not apply to treatment rendered for  
 7 temporomandibular joint disorders.

8 (g)(1) This section applies to health benefit plans that are issued,  
 9 renewed, extended, or modified on and after January 1, 2006.

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

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

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/s/ Roebuck

APPROVED: 03/02/2005

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