

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 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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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.
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Subtitle

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

36 (1) Workers' compensation coverage;



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

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

6 (4) Hospital indemnity insurance;

7 (5) Long-term care insurance;

8 (6) Short-term limited duration insurance;

9 (7) Accident only insurance;

10 (8) Medicare supplement insurance; or

11 (9) Other supplemental insurance.

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

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

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

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

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

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

36 (e) If a person is covered under both a health benefit plan that

1 provides dental benefits and a health benefit plan that provides medical
2 benefits, the health benefit plan that includes dental benefits is the
3 primary payer and the health benefits plan that provides medical benefits is
4 the secondary payer.

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

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

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

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

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16 /s/ Roebuck
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