

HOUSE No. 981

The Commonwealth of Massachusetts

PRESENTED BY:

Sean Garballey

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act relative to dental anesthesia.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	DATE ADDED:
<i>Sean Garballey</i>	<i>23rd Middlesex</i>	<i>1/15/2019</i>

HOUSE No. 981

By Mr. Garballey of Arlington, a petition (accompanied by bill, House, No. 981) of Sean Garballey relative to insurance coverage for hospital or ambulatory center charges for certain dental procedures requiring general anesthesia. Financial Services.

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court
(2019-2020)

An Act relative to dental anesthesia.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after
2 section 17O, as inserted by chapter 233 of the acts 2016, the following section:-

3 Section 17P. Any coverage offered by the commission to an active or retired employee of
4 the commonwealth insured under the group insurance commission shall provide coverage for the
5 hospital or ambulatory center charges and administration of general anesthesia administered by a
6 licensed anesthesiologist or certified registered nurse anesthetist for dental procedures performed
7 on a covered person who is: (i) a child seven years of age or younger who is determined by a
8 licensed dentist to be unable to receive needed dental treatment in an outpatient setting, and the
9 provider treating the patient certifies that due to the patient's condition, anesthesia administered by a
10 licensed anesthesiologist or certified registered nurse anesthetist for dental procedures is required in
11 order to perform significantly complex dental procedures safely and effectively; (ii) a child
12 years of age or younger with documented phobias or a documented mental illness, as determined

13 by a physician or by a licensed mental health professional, whose dental needs are sufficiently
14 complex and urgent that delaying or deferring treatment may result in infection or loss of teeth;
15 for whom a successful result cannot be expected from dental care provider under local
16 anesthesia; and for whom a superior result can be expected from dental care provided under
17 general anesthesia; or (iii) a person who has exceptional medical circumstances or a development
18 disability, as determined by a licensed physician which places the person at serious risk.

19 The coverage required by this section may be subject to prior authorization for general
20 anesthesia and associated hospital or ambulatory surgical center charges for dental care in the
21 same manner that prior authorization is required for these benefits in connection with other
22 covered medical care.

23 The coverage required by this section may be restricted to dental care that is provided
24 by: (i) fully accredited specialist in pediatric dentistry; (ii) a fully accredited specialist in oral and
25 maxillofacial surgery; and (iii) a dentist to whom hospital privileges have been granted.

26 Nothing in this section shall require coverage for the dental procedures or other dental
27 care for which general anesthesia is provided; and provided, that coverage shall be subject to
28 annual deductible, co-payment, or co-insurance requirements, and any other general exclusions
29 of a health insurance policy to the same extent as other medical services covered by the policy.

30 SECTION 2. Chapter 118E of the General Laws is hereby amended by inserting after
31 section 10J, as inserted by chapter 233 of the acts 2016, the following section:-

32 Section 10K. The division shall provide coverage for the hospital or ambulatory center
33 charges and administration of general anesthesia administered by a licensed anesthesiologist or
34 certified registered nurse anesthetist for dental procedures performed on a covered person who

is: (i) a child seven years of age or younger who is determined by a licensed dentist to be unable to receive needed dental treatment in an outpatient setting, and the provider treating the patient certifies that due to the patient's age and the patient's condition, hospitalization or general anesthesia in a hospital or ambulatory surgical center is required in order to perform significantly complex dental procedures safely and effectively; (ii) a child 12 years of age or younger with documented phobias or a documented mental illness, as determined by a physician or by a licensed mental health professional, whose dental needs are sufficiently complex and urgent that delaying or deferring treatment may result in infection or loss of teeth; for whom a successful result cannot be expected from dental care provider under local anesthesia; and for whom a superior result can be expected from dental care provided under general anesthesia; or (iii) a person who has exceptional medical circumstances or a development disability, as determined by a licensed physician which places the person at serious risk.

The coverage required by this section may be subject to prior authorization for general anesthesia and associated hospital or ambulatory surgical center charges for dental care in the same manner that prior authorization is required for these benefits in connection with other covered medical care.

The coverage required by this section may be restricted to dental care that is provided by: (i) fully accredited specialist in pediatric dentistry; (ii) a fully accredited specialist in oral and maxillofacial surgery; and (iii) a dentist to whom hospital privileges have been granted.

Nothing in this section shall require coverage for the dental procedures or other dental care for which general anesthesia is provided; and provided, that coverage shall be subject to

56 annual deductible, co-payment, or co-insurance requirements, and any other general exclusions
57 of a health insurance policy to the same extent as other medical services covered by the policy.

58 SECTION 3. Chapter 175 of the General Laws is hereby amended by inserting after
59 section 47II, as inserted by chapter 233 of the acts 2016, the following section:-

60 Section 47JJ. A policy, contract, agreement, plan or certificate of insurance issued,
61 delivered or renewed within the commonwealth that provides medical expense coverage shall
62 provide coverage for the hospital or ambulatory center charges and administration of general
63 anesthesia administered by a licensed anesthesiologist or certified registered nurse anesthetist for
64 dental procedures performed on a covered person who is: (i) a child seven years of age or
65 younger who is determined by a licensed dentist to be unable to receive needed dental treatment
66 in an outpatient setting, and the provider treating the patient certifies that due to the patient's age
67 and the patient's condition, hospitalization or general anesthesia in a hospital or ambulatory
68 surgical center is required in order to perform significantly complex dental procedures safely and
69 effectively; (ii) a child 12 years of age or younger with documented phobias or a documented
70 mental illness, as determined by a physician or by a licensed mental health professional, whose
71 dental needs are sufficiently complex and urgent that delaying or deferring treatment may result
72 in infection or loss of teeth; for whom a successful result cannot be expected from dental care
73 provider under local anesthesia; and for whom a superior result can be expected from dental care
74 provided under general anesthesia; or (iii) a person who has exceptional medical circumstances
75 or a development disability, as determined by a licensed physician which places the person at
76 serious risk.

77 The coverage required by this section may be subject to prior authorization for general
78 anesthesia and associated hospital or ambulatory surgical center charges for dental care in the
79 same manner that prior authorization is required for these benefits in connection with other
80 covered medical care.

81 The coverage required by this section may be restricted to dental care that is provided by:
82 (i) fully accredited specialist in pediatric dentistry; (ii) a fully accredited specialist in oral and
83 maxillofacial surgery; and (iii) a dentist to whom hospital privileges have been granted.

84 Nothing in this section shall require coverage for the dental procedures or other dental
85 care for which general anesthesia is provided; and provided, that coverage shall be subject to
86 annual deductible, co-payment, or co-insurance requirements, and any other general exclusions
87 of a health insurance policy to the same extent as other medical services covered by the policy.

88 SECTION 4. Chapter 176A of the General Laws is hereby amended by inserting after
89 section 8KK, as inserted by chapter 233 of the acts 2016, the following section:-

90 Section 8LL. A contract between a subscriber and the corporation under an individual or
91 group hospital service plan that is delivered, issued or renewed within the commonwealth shall
92 provide coverage for the hospital or ambulatory center charges and administration of general
93 anesthesia administered by a licensed anesthesiologist or certified registered nurse anesthetist for
94 dental procedures performed on a covered person who is: (i) a child seven years of age or
95 younger who is determined by a licensed dentist to be unable to receive needed dental treatment
96 in an outpatient setting, and the provider treating the patient certifies that due to the patient's age
97 and the patient's condition, hospitalization or general anesthesia in a hospital or ambulatory
98 surgical center is required in order to perform significantly complex dental procedures safely and

effectively; (ii) a child 12 years of age or younger with documented phobias or a documented mental illness, as determined by a physician or by a licensed mental health professional, whose dental needs are sufficiently complex and urgent that delaying or deferring treatment may result in infection or loss of teeth; for whom a successful result cannot be expected from dental care provider under local anesthesia; and for whom a superior result can be expected from dental care provided under general anesthesia; or (iii) a person who has exceptional medical circumstances or a development disability, as determined by a licensed physician which places the person at serious risk.

The coverage required by this section may be subject to prior authorization for general anesthesia and associated hospital or ambulatory surgical center charges for dental care in the same manner that prior authorization is required for these benefits in connection with other covered medical care.

The coverage required by this section may be restricted to dental care that is provided by: (i) fully accredited specialist in pediatric dentistry; (ii) a fully accredited specialist in oral and maxillofacial surgery; and (iii) a dentist to whom hospital privileges have been granted.

Nothing in this section shall require coverage for the dental procedures or other dental care for which general anesthesia is provided; and provided, that coverage shall be subject to annual deductible, co-payment, or co-insurance requirements, and any other general exclusions of a health insurance policy to the same extent as other medical services covered by the policy.

SECTION 5. Chapter 176B of the General Laws is hereby amended by inserting after section 4KK, as inserted by chapter 233 of the acts 2016, the following section:-

Section 4LL. A subscription certificate under an individual or group medical service agreement delivered, issued or renewed within the commonwealth shall provide coverage for the hospital or ambulatory center charges and administration of general anesthesia administered by a licensed anesthesiologist or certified registered nurse anesthetist for dental procedures performed on a covered person who is: (i) a child seven years of age or younger who is determined by a licensed dentist to be unable to receive needed dental treatment in an outpatient setting, and the provider treating the patient certifies that due to the patient's age and the patient's condition, hospitalization or general anesthesia in a hospital or ambulatory surgical center is required in order to perform significantly complex dental procedures safely and effectively; (ii) a child 12 years of age or younger with documented phobias or a documented mental illness, as determined by a physician or by a licensed mental health professional, whose dental needs are sufficiently complex and urgent that delaying or deferring treatment may result in infection or loss of teeth; for whom a successful result cannot be expected from dental care provider under local anesthesia; and for whom a superior result can be expected from dental care provided under general anesthesia; or (iii) a person who has exceptional medical circumstances or a development disability, as determined by a licensed physician which places the person at serious risk.

The coverage required by this section may be subject to prior authorization for general anesthesia and associated hospital or ambulatory surgical center charges for dental care in the same manner that prior authorization is required for these benefits in connection with other covered medical care.

The coverage required by this section may be restricted to dental care that is provided by: (i) fully accredited specialist in pediatric dentistry; (ii) a fully accredited specialist in oral and maxillofacial surgery; and (iii) a dentist to whom hospital privileges have been granted.

Nothing in this section shall require coverage for the dental procedures or other dental care for which general anesthesia is provided; and provided, that coverage shall be subject to annual deductible, co-payment, or co-insurance requirements, and any other general exclusions of a health insurance policy to the same extent as other medical services covered by the policy.a

SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting after section 4CC, as inserted by chapter 233 of the acts 2016, the following section:-

Section 4DD. An individual or group health maintenance contract shall provide coverage for a dental procedure that is related to or resulting from a medical condition for the hospital or ambulatory center charges and administration of general anesthesia administered by a licensed anesthesiologist or certified registered nurse anesthetist for dental procedures performed on a covered person who is: (i) a child seven years of age or younger who is determined by a licensed dentist to be unable to receive needed dental treatment in an outpatient setting, and the provider treating the patient certifies that due to the patient's age and the patient's condition, hospitalization or general anesthesia in a hospital or ambulatory surgical center is required in order to perform significantly complex dental procedures safely and effectively; (ii) a child 12 years of age or younger with documented phobias or a documented mental illness, as determined by a physician or by a licensed mental health professional, whose dental needs are sufficiently complex and urgent that delaying or deferring treatment may result in infection or loss of teeth; for whom a successful result cannot be expected from dental care provider under local anesthesia; and for whom a superior result can be expected from dental care provided under

general anesthesia; or (iii) a person who has exceptional medical circumstances or a development disability, as determined by a licensed physician which places the person at serious risk.

The coverage required by this section may be subject to prior authorization for general anesthesia and associated hospital or ambulatory surgical center charges for dental care in the same manner that prior authorization is required for these benefits in connection with other covered medical care.

The coverage required by this section may be restricted to dental care that is provided by: (i) fully accredited specialist in pediatric dentistry; (ii) a fully accredited specialist in oral and maxillofacial surgery; and (iii) a dentist to whom hospital privileges have been granted.

Nothing in this section shall require coverage for the dental procedures or other dental care for which general anesthesia is provided; and provided, that coverage shall be subject to annual deductible, co-payment, or co-insurance requirements, and any other general exclusions of a health insurance policy to the same extent as other medical services covered by the policy.

SECTION 7. This act shall apply to all health insurance policies offered, issued, or renewed on or after the effective date of this act.