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DENTAL ANESTHESIA COVERAGE: HOSPITAL/SURGICAL SETTINGS

House Bill 5326

Sponsor: Rep. Paul DeWeese

House Bill 5327

Sponsor: Rep. Patricia Godchaux

House Bill 5328

Sponsor: Rep. Ruth Johnson

House Bill 5329

Sponsor: Rep. Jerry Vander Roest

**Committee: Insurance and Financial
Services**

Complete to 7-26-00

A SUMMARY OF HOUSE BILLS 5326-5329 AS INTRODUCED 2-9-00

The bills would, generally speaking, require health benefit plans or plan administrators to provide coverage for general anesthesia and associated facility charges for dental procedures rendered in a hospital or surgical setting when certain conditions were met. Those conditions are:

- the clinical status or underlying medical condition of the insured patient, as determined by the primary care physician, pediatrician, or dentist, required dental procedures that ordinarily would not require general anesthesia to be rendered in a hospital or surgical care setting;
- the insured patient was under seven years old;
- the insured patient was developmentally disabled, regardless of age; and
- the insured patient had health that was compromised and was a patient for whom general anesthesia regardless of age was determined to be medically necessary by the patient's primary care physician, pediatrician, or dentist.

A health insurer or similar entity could require prior authorization of general anesthesia and associated facility charges in the same manner prior authorization was required for other covered benefits, and the coverage for general anesthesia and associated facility charges would be subject to all other terms and conditions that applied generally to other benefits.

The bills would not require coverage for the dental procedure itself, including the dentist's professional fee.

House Bill 5326 would amend the Third Party Administrator Act (MCL 550.933a) to apply to a TPA administering a health plan under a service contract. House Bill 5327 would amend the Public Health Code (MCL 333.21053g) to apply to individual and group HMO contracts. House Bill 5328 would amend the Nonprofit Health Care Corporation Reform Act (MCL 550.1416c) to apply to nongroup and group certificates of Blue Cross and Blue Shield of Michigan. House Bill 5329 would amend the Insurance Code (MCL 500.3406p) to apply to individual and group expense-incurred hospital, medical, or surgical policies or certificates.

Analyst: C. Couch

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