

# SENATE BILL No. 987

February 9, 2000, Introduced by Senators SHUGARS, BYRUM, HAMMERSTROM, STILLE, NORTH, SCHWARZ and ROGERS and referred to the Committee on Health Policy.

A bill to amend 1956 PA 218, entitled  
"The insurance code of 1956,"  
(MCL 500.100 to 500.8302) by adding section 3406p.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1 SEC. 3406P. (1) AN EXPENSE-INCURRED HOSPITAL, MEDICAL, OR  
2 SURGICAL POLICY OR CERTIFICATE DELIVERED, ISSUED FOR DELIVERY, OR  
3 RENEWED IN THIS STATE SHALL PROVIDE COVERAGE FOR GENERAL ANESTHE-  
4 SIA AND ASSOCIATED FACILITY CHARGES FOR DENTAL PROCEDURES  
5 RENDERED IN A HOSPITAL OR SURGICAL CARE SETTING IF ALL OF THE  
6 FOLLOWING ARE MET:

7 (A) THE CLINICAL STATUS OR UNDERLYING MEDICAL CONDITION OF  
8 THE INSURED PATIENT, AS DETERMINED BY THE INSURED PATIENT'S PRI-  
9 MARY CARE PHYSICIAN, PEDIATRICIAN, OR DENTIST, REQUIRES DENTAL  
10 PROCEDURES THAT ORDINARILY WOULD NOT REQUIRE GENERAL ANESTHESIA  
11 TO BE RENDERED IN A HOSPITAL OR SURGICAL CARE SETTING.

1 (B) THE INSURED PATIENT MEETS 1 OR MORE OF THE FOLLOWING:

2 (i) IS UNDER 7 YEARS OF AGE.

3 (ii) IS DEVELOPMENTALLY DISABLED, REGARDLESS OF AGE.

4 (iii) HAS HEALTH THAT IS COMPROMISED AND FOR WHOM GENERAL  
5 ANESTHESIA REGARDLESS OF AGE IS MEDICALLY NECESSARY AS DETERMINED  
6 BY THE INSURED PATIENT'S PRIMARY CARE PHYSICIAN, PEDIATRICIAN, OR  
7 DENTIST.

8 (2) AN INSURER MAY REQUIRE PRIOR AUTHORIZATION OF GENERAL  
9 ANESTHESIA AND ASSOCIATED FACILITY CHARGES FOR DENTAL CARE PROCE-  
10 DURES IN THE SAME MANNER THAT PRIOR AUTHORIZATION IS REQUIRED FOR  
11 OTHER COVERED BENEFITS. COVERAGE FOR ANESTHESIA AND ASSOCIATED  
12 FACILITY CHARGES UNDER THIS SECTION IS SUBJECT TO ALL OTHER TERMS  
13 AND CONDITIONS OF THE POLICY OR CERTIFICATE THAT APPLY GENERALLY  
14 TO OTHER BENEFITS.

15 (3) THIS SECTION DOES NOT REQUIRE A POLICY OR CERTIFICATE TO  
16 PROVIDE COVERAGE FOR THE DENTAL PROCEDURE ITSELF, INCLUDING, BUT  
17 NOT LIMITED TO, THE DENTIST'S PROFESSIONAL FEE.