

Substituted for by HF 754  
4-10-00  
(P. 1083)

FILED FEB 29 '00

2408

SENATE FILE  
BY COMMITTEE ON COMMERCE

**WITHDRAWN**

4-10-00  
(P. 1083)

(SUCCESSOR TO SF 2034)

Passed Senate, Date \_\_\_\_\_ Passed House, Date \_\_\_\_\_  
Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_ Vote: Ayes \_\_\_\_\_ Nays \_\_\_\_\_  
Approved \_\_\_\_\_

**A BILL FOR**

1 An Act relating to individual and group accident and sickness  
2 insurance, nonprofit health service plans, and health  
3 maintenance organizations, by mandating coverage for  
4 anesthesia and certain hospital charges associated with the  
5 provision of dental care services.

6 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

SF 2408

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1 Section 1. NEW SECTION. 514C.19 MANDATED COVERAGE FOR  
2 DENTAL CARE -- ANESTHESIA AND CERTAIN HOSPITAL CHARGES.

3 1. Notwithstanding section 514C.6, and subject to the  
4 terms and conditions of the policy or contract, a policy or  
5 contract providing for third-party payment or prepayment of  
6 health or medical expenses shall provide coverage for the  
7 administration of general anesthesia and hospital or  
8 ambulatory surgical center charges related to the provision of  
9 dental care services provided to any of the following covered  
10 individuals:

11 a. A child under five years of age upon a determination by  
12 a licensed dentist and the child's treating physician licensed  
13 pursuant to chapter 148, 150, or 150A, that such child  
14 requires necessary dental treatment in a hospital or  
15 ambulatory surgical center due to a dental condition or a  
16 developmental disability for which patient management in the  
17 dental office has proved to be ineffective.

18 b. Any individual upon a determination by a licensed  
19 dentist and the individual's treating physician licensed  
20 pursuant to chapter 148, 150, or 150A, that such individual  
21 has one or more medical conditions that would create  
22 significant or undue medical risk for the individual in the  
23 course of delivery of any necessary dental treatment or  
24 surgery if not rendered in a hospital or ambulatory surgical  
25 center.

26 2. Prior authorization of hospitalization or ambulatory  
27 surgical center for dental care procedures may be required in  
28 the same manner that prior authorization is required for  
29 hospitalization for other coverages under the contract or  
30 policy.

31 3. This section applies to the following classes of third-  
32 party payment provider contracts or policies delivered, issued  
33 for delivery, continued, or renewed in this state on or after  
34 July 1, 2000:

35 a. Individual or group accident and sickness insurance

1 providing coverage on an expense-incurred basis.

2 b. An individual or group hospital or medical service  
3 contract issued pursuant to chapter 509, 514, or 514A.

4 c. An individual or group health maintenance organization  
5 contract regulated under chapter 514B.

6 d. Any other entity engaged in the business of insurance,  
7 risk transfer, or risk retention, which is subject to the  
8 jurisdiction of the commissioner.

9 e. A plan established pursuant to chapter 509A for public  
10 employees.

11 f. An organized delivery system licensed by the director  
12 of public health.

13 4. This section shall not apply to accident only,  
14 specified disease, short-term hospital or medical, hospital  
15 confinement indemnity, credit, dental, vision, Medicare  
16 supplement, long-term care, basic hospital and medical-  
17 surgical expense coverage as defined by the commissioner,  
18 disability income insurance coverage, coverage issued as a  
19 supplement to liability insurance, workers' compensation or  
20 similar insurance, or automobile medical payment insurance.

21 EXPLANATION

22 This bill establishes a new Code section 514C.19 which  
23 provides that a policy or contract providing for third-party  
24 payment or prepayment of health or medical expenses must  
25 provide coverage for the administration of general anesthesia  
26 and hospital or ambulatory surgical center charges related to  
27 providing dental care services for certain covered  
28 individuals. The covered individuals include a child under  
29 five years of age, upon a determination by a licensed dentist  
30 and the child's treating physician that the child requires  
31 necessary dental treatment in a hospital or ambulatory  
32 surgical center due to a dental condition or a developmental  
33 disability for which patient management in the dental office  
34 has proved to be ineffective, and any other individual upon a  
35 determination by a licensed dentist and the individual's

1 treating physician that the individual has one or more medical  
2 conditions that would create significant or undue medical risk  
3 for the individual in the course of providing the necessary  
4 dental treatment or surgery if such treatment or surgery were  
5 not performed in a hospital or ambulatory surgical center.  
6 The bill provides that prior authorization for such dental  
7 care procedures may be required in the same manner as required  
8 for hospitalization for other coverages under the contract or  
9 policy. The bill applies to third-party payment contracts or  
10 policies delivered, issued for delivery, continued, or renewed  
11 in this state on or after July 1, 2000.

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