SENATE CORPORATIONS AND TRANSPORTATION COMMITTEE SUBSTITUTE FOR SENATE BILL 776

48TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2007

AN ACT

RELATING TO INSURANCE; REQUIRING INSURANCE COVERAGE FOR GENERAL ANESTHESIA AND HOSPITALIZATION FOR DENTAL SURGERY.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. A new section of the Health Care Purchasing
Act is enacted to read:

"[NEW MATERIAL] GENERAL ANESTHESIA AND HOSPITALIZATION FOR DENTAL SURGERY.--

- A. Group health care coverage, including any form of self-insurance, offered, issued or renewed under the Health Care Purchasing Act shall provide coverage for hospitalization and general anesthesia provided in a hospital or ambulatory surgical center for dental surgery for the following:
- (1) insureds exhibiting physical, intellectual or medically compromising conditions for which dental treatment .168840.2

under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result and for which dental treatment under general anesthesia can be expected to produce superior results;

- (2) insureds for whom local anesthesia is ineffective because of acute infection, anatomic variation or allergy;
- extremely uncooperative, fearful, anxious or uncommunicative with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain or infection, loss of teeth or other increased oral or dental morbidity;
- (4) insureds with extensive oral-facial or dental trauma for which treatment under local anesthesia would be ineffective or compromised; or
- (5) other procedures for which hospitalization or general anesthesia in a hospital or ambulatory surgical center is medically necessary.
- B. The provisions of this section do not apply to short-term travel, accident-only or limited or specified disease policies.
- C. Coverage for dental surgery may be subject to copayments, deductibles and coinsurance subject to network and prior authorization requirements consistent with those imposed .168840.2

on other benefits under the same group health care coverage, including any form of self-insurance."

Section 2. A new section of Chapter 59A, Article 22 NMSA 1978 is enacted to read:

"[NEW MATERIAL] GENERAL ANESTHESIA AND HOSPITALIZATION FOR DENTAL SURGERY.--

A. An individual or group health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state shall provide coverage for hospitalization and general anesthesia provided in a hospital or ambulatory surgical center for dental surgery for the following:

- (1) insureds exhibiting physical, intellectual or medically compromising conditions for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result and for which dental treatment under general anesthesia can be expected to produce superior results;
- (2) insureds for whom local anesthesia is ineffective because of acute infection, anatomic variation or allergy;
- (3) insured children or adolescents who are extremely uncooperative, fearful, anxious or uncommunicative with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be .168840.2

expected to result in dental or oral pain or infection, loss of teeth or other increased oral or dental morbidity;

- (4) insureds with extensive oral-facial or dental trauma for which treatment under local anesthesia would be ineffective or compromised; or
- (5) other procedures for which hospitalization or general anesthesia in a hospital or ambulatory surgical center is medically necessary.
- B. The provisions of this section do not apply to short-term travel, accident-only or limited or specified disease policies.
- C. Coverage for dental surgery may be subject to copayments, deductibles and coinsurance subject to network and prior authorization requirements consistent with those imposed on other benefits under the same policy, plan or certificate."
- Section 3. A new section of Chapter 59A, Article 23 NMSA 1978 is enacted to read:

"[NEW MATERIAL] GENERAL ANESTHESIA AND HOSPITALIZATION FOR DENTAL SURGERY.--

A. A blanket or group health insurance policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state shall provide coverage for hospitalization and general anesthesia provided in a hospital or ambulatory surgical center for dental surgery for the following:

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1	(l) insureds exhibiting physical, intellectual		
2	or medically compromising conditions for which dental treatment		
3	under local anesthesia, with or without additional adjunctive		
4	techniques and modalities, cannot be expected to provide a		
5	successful result and for which dental treatment under general		
6	anesthesia can be expected to produce superior results;		
7	(2) insureds for whom local anesthesia is		

- (2) insureds for whom local anesthesia is ineffective because of acute infection, anatomic variation or allergy;
- extremely uncooperative, fearful, anxious or uncommunicative with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain or infection, loss of teeth or other increased oral or dental morbidity;
- (4) insureds with extensive oral-facial or dental trauma for which treatment under local anesthesia would be ineffective or compromised; or
- (5) other procedures for which hospitalization or general anesthesia in a hospital or ambulatory surgical center is medically necessary.
- B. The provisions of this section do not apply to short-term travel, accident-only or limited or specified disease policies.
- C. Coverage for dental surgery may be subject to .168840.2

copayments, deductibles and coinsurance subject to network and prior authorization requirements consistent with those imposed on other benefits under the same policy, plan or certificate."

Section 4. A new section of Chapter 59A, Article 46 NMSA 1978 is enacted to read:

"[NEW MATERIAL] GENERAL ANESTHESIA AND HOSPITALIZATION FOR DENTAL SURGERY.--

- A. An individual or group health maintenance organization contract delivered, issued for delivery or renewed in this state shall provide coverage for hospitalization and general anesthesia provided in a hospital or ambulatory surgical center for dental surgery for the following:
- (1) insureds exhibiting physical, intellectual or medically compromising conditions for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result and for which dental treatment under general anesthesia can be expected to produce superior results;
- (2) insureds for whom local anesthesia is ineffective because of acute infection, anatomic variation or allergy;
- (3) insured children or adolescents who are extremely uncooperative, fearful, anxious or uncommunicative with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be .168840.2

expected to result in dental or oral pain or infection, loss of teeth or other increased oral or dental morbidity;

- (4) insureds with extensive oral-facial or dental trauma for which treatment under local anesthesia would be ineffective or compromised; or
- (5) other procedures for which hospitalization or general anesthesia in a hospital or ambulatory surgical center is medically necessary.
- B. The provisions of this section do not apply to short-term travel, accident-only or limited or specified disease policies.
- C. Coverage for dental surgery may be subject to copayments, deductibles and coinsurance subject to network and prior authorization requirements consistent with those imposed on other benefits under the same policy, plan or certificate."
- Section 5. A new section of Chapter 59A, Article 47 NMSA 1978 is enacted to read:

"[NEW MATERIAL] GENERAL ANESTHESIA AND HOSPITALIZATION FOR DENTAL SURGERY.--

A. An individual or group health insurance policy, health care plan or certificate of health insurance delivered or issued for delivery in this state shall provide coverage for hospitalization and general anesthesia provided in a hospital or ambulatory surgical center for dental surgery for the following:

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(l) insureds exhibiting physical, intellectual
or medically compromising conditions for which dental treatment
under local anesthesia, with or without additional adjunctive
techniques and modalities, cannot be expected to provide a
successful result and for which dental treatment under general
anesthesia can be expected to produce superior results;

- (2) insureds for whom local anesthesia is ineffective because of acute infection, anatomic variation or allergy;
- extremely uncooperative, fearful, anxious or uncommunicative with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain or infection, loss of teeth or other increased oral or dental morbidity;
- (4) insureds with extensive oral-facial or dental trauma for which treatment under local anesthesia would be ineffective or compromised; or
- (5) other procedures for which hospitalization or general anesthesia in a hospital or ambulatory surgical center is medically necessary.
- B. The provisions of this section do not apply to short-term travel, accident-only or limited or specified disease policies.
- C. Coverage for dental surgery may be subject to .168840.2

underscored material = new
[bracketed material] = delete

copayments, deductibles and coinsurance subject to network and prior authorization requirements consistent with those imposed on other benefits under the same policy, plan or certificate."

Section 6. EFFECTIVE DATE.--The effective date of the provisions of this act is July 1, 2007.

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