By the Committee on Health Care Standards & Regulatory Reform and Representatives Safley, Chestnut, Ziebarth, D. Prewitt, Kelly, Ball, Ritter, Horan, Jacobs, Dawson-White, Peaden, Fasano, Maygarden, Frankel, Bush, Casey, Murman, (Additional Sponsors on Last Printed Page)

1 A bill to be entitled An act relating to dental insurance coverage; 2 3 creating ss. 627.4295 and 627.65755, F.S., and amending ss. 627.6471, 627.6472, 627.6515, and 4 5 641.31, F.S.; requiring health insurance policies and contracts to provide coverage for 6 7 general anesthesia and hospitalization for 8 certain persons under certain circumstances; 9 providing application; providing exceptions; providing a declaration of important state 10 11 interest; providing application; providing an effective date. 12 13 Be It Enacted by the Legislature of the State of Florida: 14 15 16 Section 1. Section 627.4295, Florida Statutes, is 17 created to read: 18 627.4295 Dental procedures; anesthesia and hospitalization coverage. -- For purposes of this section, 19 dental treatment or surgery shall be considered necessary when 20 21 the dental condition is likely to result in a medical condition if left untreated. Any individual health insurance 22 policy sold in this state which provides coverage for general 23 anesthesia and hospitalization services to a covered person 24 25 shall not preclude such coverage in assuring the safe delivery 26 of necessary dental care provided to a covered person who: Is under 8 years of age and is determined by a 27 licensed dentist, in consultation with the child's physician 28 licensed under chapter 458 or chapter 459, to require 29 necessary dental treatment in a hospital or ambulatory 30

surgical center due to a significantly complex dental

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2 management in the dental office has proved to be ineffective; 3 or 4 (2) Has one or more medical conditions that would create significant or undue medical risk for the individual in 5 6 the course of delivery of any necessary dental treatment or 7 surgery if not rendered in a hospital or ambulatory surgical 8 center. 9 10 As provided herein, all terms and conditions of the covered person's health insurance policy shall apply to such services. 11 12 An insurer may require prior authorization of hospitalization 13 for dental care in the same manner the insurer requires prior 14 authorization for hospitalization for other covered services. This section shall not apply to Medicare supplement, long-term 15 16 care, disability, limited benefit, or specified disease 17 policies. Section 2. Subsection (6) is added to section 18 19 627.6471, Florida Statutes, to read: 20 627.6471 Contracts for reduced rates of payment; limitations; coinsurance and deductibles.--21 (6) For purposes of this subsection, dental treatment 22 23 or surgery shall be considered necessary when the dental 24 condition is likely to result in a medical condition if left

condition or a developmental disability in which patient

(a) Is under 8 years of age and is determined by a

untreated. Any preferred provider organization contract which

provides coverage for general anesthesia and hospitalization services to a covered person shall not preclude such coverage

in assuring the safe delivery of necessary dental care

provided to a covered person who:

licensed under chapter 458 or chapter 459, to require 1 2 necessary dental treatment in a hospital or ambulatory surgical center due to a significantly complex dental 3 condition or a developmental disability in which patient 4 5 management in the dental office has proved to be ineffective; 6 or 7 (b) Has one or more medical conditions that would 8 create significant or undue medical risk for the individual in 9 the course of delivery of any necessary dental treatment or surgery if not rendered in a hospital or ambulatory surgical 10 11 center. 12 13 As provided herein, all terms and conditions of the covered 14 person's preferred provider organization contract shall apply to such services. A preferred provider organization may 15 16 require prior authorization of hospitalization for dental care 17 in the same manner the organization requires prior authorization for hospitalization for other covered services. 18 19 This section shall not apply to Medicare supplement, long-term 20 care, disability, limited benefit, or specified disease 21 policies. Section 3. Subsection (17) is added to section 22 627.6472, Florida Statutes, to read: 23 24 627.6472 Exclusive provider organizations.--(17) For purposes of this subsection, dental treatment 25 26 or surgery shall be considered necessary when the dental 27 condition is likely to result in a medical condition if left 28 untreated. Any exclusive provider organization contract which 29 provides coverage for general anesthesia and hospitalization services to a covered person shall not preclude such coverage 30

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in assuring the safe delivery of necessary dental care 2 provided to a covered person who: 3 (a) Is under 8 years of age and is determined by a 4 licensed dentist, in consultation with the child's physician 5 licensed under chapter 458 or chapter 459, to require 6 necessary dental treatment in a hospital or ambulatory 7 surgical center due to a significantly complex dental 8 condition or a developmental disability in which patient 9 management in the dental office has proved to be ineffective; 10 or 11 (b) Has one or more medical conditions that would 12 create significant or undue medical risk for the individual in 13 the course of delivery of any necessary dental treatment or 14 surgery if not rendered in a hospital or ambulatory surgical 15 center. 16 As provided herein, all terms and conditions of the covered 17 person's exclusive provider organization contract shall apply 18 to such services. An exclusive provider organization may 19 20 require prior authorization of hospitalization for dental care in the same manner the organization requires prior 21 22 authorization for hospitalization for other covered services. This section shall not apply to Medicare supplement, long-term 23 care, disability, limited benefit, or specified disease 24 25 policies. 26 Section 4. Subsection (8) is added to section 27 627.6515, Florida Statutes, to read: 28 627.6515 Out-of-state groups.--29 (8) For purposes of this subsection, dental treatment or surgery shall be considered necessary when the dental 30 condition is likely to result in a medical condition if left

untreated. Any group, franchise, or blanket health insurance policy issued or delivered outside this state, under which policy a resident of this state is provided coverage for general anesthesia and hospitalization services to a covered person, shall not preclude such coverage in assuring the safe delivery of necessary dental care provided to a covered person who:

- (a) Is under 8 years of age and is determined by a licensed dentist, in consultation with the child's physician licensed under chapter 458 or chapter 459, to require necessary dental treatment in a hospital or ambulatory surgical center due to a significantly complex dental condition or a developmental disability in which patient management in the dental office has proved to be ineffective; or
- (b) Has one or more medical conditions that would create significant or undue medical risk for the individual in the course of delivery of any necessary dental treatment or surgery if not rendered in a hospital or ambulatory surgical center.

As provided herein, all terms and conditions of the covered person's health insurance policy shall apply to such services. An insurer may require prior authorization of hospitalization for dental care in the same manner the insurer requires prior authorization for hospitalization for other covered services. This section shall not apply to Medicare supplement, long-term care, disability, limited benefit, or specified disease policies.

30 Section 5. Section 627.65755, Florida Statutes, is 31 created to read:

627.65755 Dental procedures; anesthesia and 1 2 hospitalization coverage. -- For purposes of this section, 3 dental treatment or surgery shall be considered necessary when the dental condition is likely to result in a medical 4 5 condition if left untreated. Any group, blanket, or franchise 6 health insurance policy sold in this state which provides 7 coverage for general anesthesia and hospitalization services 8 to a covered person shall not preclude such coverage in 9 assuring the safe delivery of necessary dental care provided 10 to a covered person who: 11 (1) Is under 8 years of age and is determined by a 12 licensed dentist, in consultation with the child's physician 13 licensed under chapter 458 or chapter 459, to require 14 necessary dental treatment in a hospital or ambulatory 15 surgical center due to a significantly complex dental 16 condition or a developmental disability in which patient 17 management in the dental office has proved to be ineffective; 18 or 19 (2) Has one or more medical conditions that would 20 create significant or undue medical risk for the individual in the course of delivery of any necessary dental treatment or 21 22 surgery if not rendered in a hospital or ambulatory surgical 23 center. 24 As provided herein, all terms and conditions of the covered 25 26 person's health insurance policy shall apply to such services. 27 An insurer may require prior authorization of hospitalization 28 for dental care in the same manner the insurer requires prior 29 authorization for hospitalization for other covered services. This section shall not apply to Medicare supplement, long-term 30

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care, disability, limited benefit, or specified disease 1 2 policies. Section 6. Subsection (34) is added to section 641.31, 3 4 Florida Statutes, to read: 5 641.31 Health maintenance contracts.--6 (34) For purposes of this subsection, dental treatment 7 or surgery shall be considered necessary when the dental 8 condition is likely to result in a medical condition if left untreated. Any health maintenance organization contract which 9 provides coverage for general anesthesia and hospitalization 10 11 services to a covered person shall not preclude such coverage 12 in assuring the safe delivery of necessary dental care 13 provided to a covered person who: 14 (a) Is under 8 years of age and is determined by a 15 licensed dentist, in consultation with the child's physician licensed under chapter 458 or chapter 459, to require 16 necessary dental treatment in a hospital or ambulatory 17 surgical center due to a significantly complex dental 18 19 condition or a developmental disability in which patient 20 management in the dental office has proved to be ineffective; 21 or 22 (b) Has one or more medical conditions that would create significant or undue medical risk for the individual in 23 24 the course of delivery of any necessary dental treatment or surgery if not rendered in a hospital or ambulatory surgical 25 26 center. 27 28 As provided herein, all terms and conditions of the covered 29 person's health maintenance organization contract shall apply to such services. A health maintenance organization may 30

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in the same manner the organization requires prior 1 2 authorization for hospitalization for other covered services. 3 This section shall not apply to Medicare supplement, long-term 4 care, disability, limited benefit, or specified disease 5 policies. 6 Section 7. The provisions of this act fulfill an 7 important state interest in that they promote the relief, 8 alleviation, and prevention of health, dental, or medical 9 problems associated with inadequate dental care. 10 Section 8. This act shall take effect October 1 of the 11 year in which enacted and shall apply to any policy issued, written, or renewed, or contract entered into, on or after 12 13 such date. 14 15 16 17 18 ADDITIONAL SPONSORS 19 Sanderson, Lippman, Minton, Bitner, Sublette, Fischer, Goode, 20 Morroni, Thrasher, Brennan, Wiles, Saunders, Brooks, Ritchie, 21 Burroughs, Stabins and Carlton 22 23 24 25 26 27 28 29 30

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