

**CHILDREN AND DEVELOPMENTALLY DISABLED PATIENT ACCESS TO QUALITY
DENTAL CARE ACT**

Act of Jul. 5, 2012, P.L. 916, No. 94

Cl. 35

An Act

Providing mandatory insurance coverage for general anesthesia.

The General Assembly of the Commonwealth of Pennsylvania hereby enacts as follows:

Section 1. Short title.

This act shall be known and may be cited as the Children and Developmentally Disabled Patient Access to Quality Dental Care Act.

Section 2. Definitions.

The following words and phrases when used in this act shall have the meanings given to them in this section unless the context clearly indicates otherwise:

"Associated medical costs." Hospitalization and all related medical expenses normally incurred as a result of the administration of general anesthesia.

"Dental care." The diagnosis, treatment planning and implementation of services directed at the prevention and treatment of diseases, conditions and dysfunctions relating to the oral cavity and its associated structures and their impact upon the human body or the implementation of professional dental care provided to dental patients by a legally qualified dentist or physician operating within the scope of the dentist's or physician's training and licensure.

"Eligible dental patient." A patient who is seven years of age or younger or developmentally disabled for whom a successful result cannot be expected for treatment under local anesthesia and for whom a superior result can be expected for treatment under general anesthesia.

"General anesthesia." A controlled state of unconsciousness, including deep sedation, that is produced by a pharmacologic method, a nonpharmacologic method or a combination of both and that is accompanied by a complete or partial loss of protective reflexes that include the patient's inability to maintain an airway independently and to respond purposefully to physical stimulation or verbal command.

"Health insurance policy." An individual or group health, sickness or accident policy, subscriber contract or certificate offered, issued or renewed by an entity subject to any of the following:

(1) The act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921, including a society as defined in section 2402 of The Insurance Company Law of 1921.

(2) The act of December 29, 1972 (P.L.1701, No.364), known as the Health Maintenance Organization Act.

(3) 40 Pa.C.S. Ch. 61 (relating to hospital plan corporations) or 63 (relating to professional health services plan corporations).

The term does not include any of the following types of policies: accident only, fixed indemnity, limited benefit, credit, dental, vision, specified disease, Medicare supplemental, Civilian Health and Medical Program of the Uniform Services (CHAMPUS) supplement, long-term care, disability income, workers' compensation or automobile medical payment.

Section 3. Required coverage.

(a) General rule.--Every health insurance policy shall provide coverage for general anesthesia and associated medical costs provided to an eligible dental patient.

(b) Coverage subject to annual deductible, copayment or coinsurance requirements.--Coverage under this act shall be subject to deductible, copayment or coinsurance provisions and any other general exclusions, limitations or requirements of a health insurance policy to the same extent as other medical services covered by the policy are subject to those provisions.

(c) Construction.--This act shall not be construed to require coverage for dental care for which general anesthesia is provided.

(d) Nonapplicability.--The provisions of this section shall not apply to general anesthesia for dental care rendered for temporal mandibular joint disorders.

Section 4. Repeals.

All acts and parts of acts are repealed insofar as they are inconsistent with this act.

Section 5. Applicability.

This act shall apply to all health insurance policies offered, issued or renewed on or after the effective date of this section.

Section 20. Effective date.

This act shall take effect in 180 days.