

SECOND REGULAR SESSION
[P E R F E C T E D]
SENATE COMMITTEE SUBSTITUTE FOR
SENATE BILL NO. 762
89TH GENERAL ASSEMBLY

Reported from the Committee on Insurance and Housing, March 12, 1998, with recommendation that the Senate Committee Substitute do pass.

Senate Committee Substitute for Senate Bill No. 762, adopted April 22, 1998.

Taken up for Perfection April 22, 1998. Bill declared Perfected and Ordered Printed, as amended.

TERRY L. SPIELER, Secretary.

S3265.03P

AN ACT

To repeal section 197.200, RSMo 1994, relating to insurance coverage for dental care for children and persons with disabilities, and to enact in lieu thereof two new sections relating to the same subject.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 197.200, RSMo 1994, is repealed and two new sections are enacted in lieu thereof to be known as sections 197.200 and 376.1225, to read as follows:

197.200. As used in sections 197.200 to 197.240, unless the context clearly indicates otherwise, the following terms mean:

(1) "Ambulatory surgical center", any public or private establishment operated primarily for the purpose of performing surgical procedures or primarily for the purpose of performing childbirths, and which does not provide services or other accommodations for patients to stay **within the establishment** more than twenty-three hours [within the establishment] **for surgical procedures, forty-eight hours following vaginal deliveries or ninety-six hours following cesarean sections**, provided, however, that nothing in this definition shall be construed to include the offices of dentists currently licensed pursuant to chapter 332, RSMo;

(2) "Dentist", any person currently licensed to practice dentistry pursuant to chapter 332, RSMo;

EXPLANATION--Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

(3) "Department", the department of health;

(4) "Governmental unit", any city, county or other political subdivision of this state, or any department, division, board or other agency of any political subdivision of this state;

(5) "Person", any individual, firm, partnership, corporation, company, or association and the legal successors thereof;

(6) "Physician", any person currently licensed to practice medicine pursuant to chapter 334, RSMo;

(7) "Podiatrist", any person currently licensed to practice podiatry pursuant to chapter 330, RSMo.

376.1225. 1. Every health benefit plan as that is defined in section 376.1350, RSMo, and all self-insured group health benefit plans of any type or description whether providing for coverage for specific individuals and members of their families or to groups of individuals and/or their families and all plans offered by an "insurer" as defined in section 376.821, RSMo, shall provide coverage for administration of general anesthesia and hospital charges for dental care provided to the following covered persons:

(1) A child under the age of five;

(2) A person who is severely disabled; or

(3) A person who has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided.

2. Each plan as described in this section must provide coverage for administration of general anesthesia and hospital or office charges for treatment rendered by a dentist, regardless of whether the services are provided in a hospital or surgical center or office.

3. Nothing in this section shall prevent a health carrier from requiring prior authorization for hospitalization for dental care procedures in the same manner that prior authorization is required for hospitalization for other covered diseases or conditions.

4. Nothing in this section shall apply to accident-only, specified disease, hospital indemnity, medicare supplement or long-term care policies.

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