Approved: 3-10-98
Date

MINUTES OF THE HOUSE COMMITTEE ON INSURANCE.

The meeting was called to order by Chairperson Dennis Wilson at 1:31 p.m. on February 16, 1998 in Room 527-S of the State Capitol.

All members were present except: Representative Larry Campbell, excused
Representative Tom Burroughs, excused

Committee staff present: Bill Wolff, Legislative Research Department
Robert Nugent, Revisor of Statutes
Beth James, Committee Secretary

Conferees appearing before the committee: Representative Nancy Kirk
Hamed Alatassi
Dr. Paul Kittle
Dr. Richard Darnall

Others attending: See attached list

The meeting was called to order at 1:31 p.m. by Chairperson Dennis Wilson. The first order of the day was **HB2800.**

HB2800: **Hospitalization benefits for oral surgery.**

The Chairperson announced that Representative Nancy Kirk would be giving the overview on this bill to the committee.

Representative Kirk went to the podium. She explained why the committee is introducing this bill. Then she gave the overview of the bill.

Representative Kirk called Mr. Hamed Alatassi to the podium when she was done. Mr. Alatassi was the person who originally contacted Representative Kirk and asked her to get some legislation on this matter. (Attachment #1). Mr. Alatassi explained about his two year old son needing oral surgery and how much easier it could have been if the child could have had the work done in the hospital.

The next speaker was Dr. Paul Kittle. He too spoke as a proponent on **HB2800**. (Attachment #2). Dr. Kittle also provided the committee with a copy of relevant parts of similar legislation recently passed into law by Louisiana. Also attached to Dr. Kittle's testimony was a copy of the document that lists the current indications for performing dental work in the operating room. The final attachment was a fact sheet on the issues relating to access to hospital care for dental problems. A short question and answer period followed.

Mr. Kittle said that he has four or five patients a year that should be seen in the hospital. When he was in the army he would take two a week.

The next speaker was Dr. Richard Darnall. He too spoke as a proponent on this bill. Dr. Darnall is a dental specialist. Dr. Darnall did not have any written testimony. He "urged" rewording of lines 33 and 34 at minimum, to include the KS Dental Board along with the Board of Healing Arts. He said he has similar experiences as Dr. Kittle.

Representative Kirk said she had no problem with the changes Dr. Darnall suggested.

There were no other speakers on this bill. The hearing was closed on this bill for today.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

The Chairperson then called the attention of the committee to **HB 2705:**

HB 2705: **Technical correction to Kassebaum-Kennedy health insurance legislation.**

The Chairperson said he would entertain a motion on this bill. Representative Johnson made a motion to pass out **HB 2705** favorably. And, to put it on the consent calendar. The motion was seconded by Representative Stone. A vote was taken and the bill was passed out favorably. Representative McCreary asked that it be reported that he voted nay.

The meeting was adjourned at 2:00 p.m. The next meeting will be February 17, 1998.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

HOUSE INSURANCE COMMITTEE GUEST LIST

DATE: 2-16-98

NAME	REPRESENTING
Diana Wharton	KS Assn Realtors
Hamed Alabassi	
Laura Weeks	Intern - Rep Gregory
SHANE STREMMING	Intern - Rep. Campbell
Tom Wilder	Kansas Insurance Dept
Bill Sneed	NIAA
Richard Darnall	KDA
John Peterson	Ks Land Title Assn
Kevin Davis	Am Family Ins
Callie Hill Denton	KAHP
Bruce Witt	Preferred Health Systems
Paul Kittle DDS	KDA
Kathy Peterson	Prudential

TO THE INSURANCE COMMISSIONER OF KANSAS
420 SW 9th ST.
TOPEKA KS 66612

FROM:HAMED ALATASSI
300 SW ROOSEVELT ST.
TOPEKA KS 66606

IAM AN EMPLOYEE OF FRITOLAY INC AND I HAVE PRUDENTIAL FOR HEALTH INS AND CIGNA FOR DENTAL PLAN.
IAM THE FATHER OF FIVE CHILDREN ONE OF THEM IS TWO YEARS OLD HE FELL AND BROKE HIS TWO FRONT TEETH I TOOK TO OUR FAMILY DENTIST DR. BURNS IN TOPEKA IN TURN HE REFFERED US TO DR. JACOBS IN LAWERENCE . ON THE FIRST VISIT FOR TREATMENT NEITHER HIS MOTHER OR I WERE ALLOWED TO GO IN WITH HIM IN THE TREATMENT ROOM ,ON THE SECOND VISIT THE CHILD WAS VERY TERRIFIED SO WE ASKED IF ONE OF US CAN GO WITH HIM WE WERE TOLD NO WAY SO WE DECIDED TO LEAVE BECAUSE MY SON WAS VERY TERRIFIED AND WENT BACK TO DR. BURNS WHO REFFERED TO DR. HOFFMAN IN KANSAS CITY . DR. HOFFMAN SUBMITTED THE TREATMENT PLAN TO CIGNA WHICH IT TOOK FOUR MONTH TO RESPOND BECAUSE DR. JACOBS HAD SUBMITED ACLAIM THAT HE HAS DONE THE WORK WHICH WAS NOT TRUE BY THEN MY SON ENDED UP WITH INFECTION IN HIS GUMS AND FEVER SO I TOOK HIM TO HIS PEDITRICIAN AND REQUESTED REFFERAL TO DR. HOFFMAN BECAUSE HE NEEDED SURGERY TO REMOVE HIS TEETH BECAUSE OF THE INFECTION. BOTH PRUDENTIAL REFUSED TO HONOR THE CLAIM FOR HOSPITAL STATING IT IS NOT NEEDED I DONOT THINK THAT ANYBODY IN THEIR RIGHT MIND EXPECT A TWO YEAR OLD CHILD TO SIT IN A DENTIST CHAIR AND HAVE HIS GUMS CUT AND REMOVE HIS TEETH.

IAM WRITING TO YOU REQUESTING YOUR HELP IN HAVING ONE OF THE INS COMPANIES PAY FOR THIS AND I VERY MUCH APPRECIAT YOUR HELP.

ENCLOSED FIND DOCUMENTS AND LETERS SUPPORTING THIS CLAIM.

ALSO I HOPE YOU FIND IN YOUR HEART THAT THE LAW SHOULD BE CHANGED TO FORCE THOSE INSURANCE COMPANIES TO PAY FOR THIS FOR THOSE CHILDREN UNDER CERTAIN AGE WE PAY THEM A LOT OF MONEY TO HAVE THEM CONTROL OUR HEALTH AND I DO NOT THINK THAT IT IS FAIR FOR ANY CHILD TO GO THROUGH PAIN AND SUFFERING BECAUSE THE INS COMPANY WANTS TO PLAY GAMES AND TRY TO AVOID PAYING FOR TREATMENT.

PRUDENTIAL GROUP NO.88797 Cigna - Dental
MY NO. 551459943

MY HOME NO. 273-3273

THANK YOU IN ADVANCE FOR HELP.

YOURS TRULY
HAMED ALATASSI.
Hamed alatassi

House Insurance
Attachment #1
2-16-98

Good afternoon. My name is Dr. Paul Kittle and I am a specialist in children's dentistry from Leavenworth. I am here today to ask for your consideration in amending HB2800 to broaden the bill such that it specifically will cover dental care under general anesthesia in the operating room for children and special needs patients who require it.

By way of background, I am a retired U.S. Army full Colonel. I practiced 20 years of children's dentistry in the Army and was privileged to be the Director of the Army's Postgraduate Program in Pediatric Dentistry for 4 years. I am one of only 1000 Board Certified Pediatric dentists in the United States. Most recently, I just completed a 3 year term as a national Trustee for my professional organization, the American Academy of Pediatric Dentistry. I am very involved in being an advocate for children, with much of my research and national lecturing being on behavior management, sedation of children and especially the detection and reporting of child abuse/neglect.

I have passed out to you several sheets. The first is a copy of this testimony. The second is a copy of relevant parts of similar legislation recently passed into law by Louisiana. You will note when you read this that it refers to the criteria for deciding when it is proper to do dental care in the operating room as established in the Reference Manual of the American Academy of Pediatric Dentistry. Your third piece of paper is a copy of that document that lists the current indications for performing dental work in the operating room. The final piece of paper I have provided you is a fact sheet on the issues relating to access to hospital care for dental problems. (Also from the American Academy of Pediatric Dentistry)

In 1995, Minnesota enacted the first legislation in this country requiring medical insurers to provide coverage for general anesthesia and related hospital costs, when dental treatment is provided to a medically-insured child or patient with defined special needs. Five states (Minnesota, Louisiana, Texas, Wisconsin and Tennessee) have now passed legislation mandating that medical insurance companies cannot exclude treatment of early infant dental caries and routine dental care for special needs patients. Missouri, Alabama, California, Colorado, Oklahoma, Florida and New York are currently debating this legislation.

Let me try to define the problems for you:
1) the age of the child needing dental care
2) the extent of dental care required
3) special needs patients with certain physical, mental or medical problems

To expand:

1) Many young children are put to bed or down for a nap with a bottle. If this bottle contains anything other than water or, if

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Attachment #2
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the child is allowed to sleep in the bed with the mother and allowed to nurse all night, then the teeth are exposed to a sugary solution for an extended period of time. What often follows is that the teeth are severely attacked by bacteria in the mouth which convert the sugar to acids thereby dissolving the teeth. (see photo) This leads to severe dental cavities which, if left untreated, can progress to very severe infections. The biggest problem is with the age of the child. It is usually not possible to reason with the young child. They are simply too uncooperative, fearful or anxious and will not allow the work to be accomplished in the dental office. This presents a real problem because you now have a child with severe cavities who can't be treated with ordinary means.

Treatment options:
- do nothing - what happens?
- postpone the care - what happens?
- restrain them ("tie them down") - what happens?
- sedate them - how? what happens?
- general anesthesia - what happens? The Problem - denial of coverage

2) I want you to understand that if the procedures are small or the cavities are not that bad or if the condition can be observed, then sometimes we can accomplish the treatment in the office. Major efforts are made to not take the child to the operating room because it is quite an involved procedure. You have to be credentialed to do it, the office is closed for treating patients while you are in the operating room, and it costs most dentists money to go to the operating room because they are not in their offices treating other patients. None-the-less, there are times when it must be done and access to the operating room is being denied by the insurance companies.

3) There is also another category of patients, both children and adults, who are handicapped/disadvantaged/challenged either mentally, physically or medically (special needs patients) who simply cannot be treated safely in the office. For example, a child or adult with autism, one with cerebral palsy, or one with hemophilia. There are numerous other conditions that fit these categories. These patients sometimes cannot be treated any other way than in the operating room. Their dental care in the operating room is sometimes being allowed by the insurance companies, other times not.

Kansas is one of the states in which many of the medical insurance companies do not allow dental work to be done in the operating room. Artificial barriers are imposed or outright denial is made of claims for the hospital bill, which usually consists of the cost of the operating room and the supplies, the cost of the recovery room, and the cost of the anesthesiologist. Now, the problem is, these same companies allow children to have medical procedures done, e.g. ear tubes placed, but not dental

procedures done, **yet the same indications exist** for treatment under general anesthesia.

A note of interest - our state Medicaid program recognizes this treatment problem and provides for dental care in the operating room utilizing general anesthesia for children and special needs patients.

Insurance companies should not be allowed to arbitrarily exclude those children and special needs patients who really require this care. I ask that the medical insurance companies be mandated to cover required dental care that is best performed in the operating room on young children or special needs patients. I also ask you to use the standards developed by the American Academy of Pediatric Dentistry as to when a child or a special need patient should legitimately be covered for such care. Thank you.

PAUL E. KITTLE, D.D.S., P.A.

Specializing in Dentistry for Infants, Children, Teens and Special Needs Patients

309 South Second Street
Leavenworth, Kansas 66048
(913) 651-9800

Enclosure 1 - testimony of Dr. Kittle

AN ACT to enact HB---- relative to health and accident insurance: to require health and accident insurers to provide coverage for certain anesthesia and hospital charges for dental procedures.

Be enacted by the Legislature of ------:

Section 1

XXXX Coverage for dental procedures: anesthesia and hospitalization

A. Every hospital, health or medical expense insurance policy, hospital or medical service contract employee welfare benefit plan, health and accident insurance policy, or any policy of group, family group, blanket or franchise health and accident insurance, a self-insurance plan, health maintenance organization, and preferred provider organization, which is delivered or issued for delivery in this state shall provide benefits for anesthesia when rendered in a hospital setting and for associated hospital changes when the mental or physical condition of the insured requires dental treatment to be rendered in a hospital setting.

B. An insurer may require prior authorization for hospitalization for dental care procedures in the same manner that prior authorization is required for hospitalization for other covered medical conditions. For a patient to satisfy the criteria of Subsection A, a dentist shall consider the Indications for General Anesthesia as published in the reference manual of the American Academy of Pediatric Dentistry, as utilization standards for determining whether performing dental procedures necessary to treat the particular condition or conditions of the patient under general anesthesia constitutes appropriate treatment.

C. An insurer under this section may restrict coverage to include only procedures performed by:

1. a fully accredited specialist in pediatric dentistry, oral surgery, or other dentists fully accredited in a recognized specialty for which hospital privileges are granted.
2. a dentist who is certified by completion of an accredited program of post-graduate hospital training to be granted hospital privileges.
3. a dentist who has not yet satisfied the certification requirement, but has been granted hospital privileges as of January 1, 1999.

Enclosure 2 - Louisiana legislation

VI. General Anesthesia

Introduction

The use of general anesthesia sometimes is necessary to provide quality dental care for the child. Depending on the patient, this can be done in an ambulatory care setting, a same day surgery center, an out-patient surgery area of a hospital or an in-patient hospital setting with the use of pre- and/or postoperative patient admission to the hospital.

General anesthesia is a controlled state of unconsciousness accompanied by a loss of protective reflexes, including the ability to maintain an airway independently and respond purposefully to physical stimulation or verbal command.

The need to diagnose and treat as well as the safety of the patient, practitioner, and staff should be considered for the use of general anesthesia. The decision to use general anesthesia should take into consideration:

1. Alternative behavior management modalities
2. Patient's dental needs
3. Quality of dental care
4. Patient's emotional development
5. Patient's physical considerations
6. Patient's requiring dental care for whom the use of general anesthesia may protect the developing psyche.

Parental or guardian informed consent must be obtained and should be documented prior to the use of general anesthesia.

The patient's record should include: a. Informed consent , b. Indication for the use of general anesthesia.

Objectives: To provide safe, efficient and effective dental care

Indications:

1. Patients with certain physical, mental, or medically compromising conditions
2. Patients with dental needs for whom local anesthesia is ineffective because of acute infection, anatomic variations, or allergy
3. The extremely uncooperative, fearful, anxious, or uncommunicative child or adolescent with dental needs deemed sufficiently important that dental care cannot be deferred
4. Patients who have sustained extensive orofacial and dental trauma
5. Patients with dental needs who otherwise would not obtain necessary dental care
6. Patients requiring dental care for whom the use of general anesthesia may protect the developing psyche.

Contraindications:

1. A healthy, cooperative patient with minimal dental needs
2. Medical contraindication to general anesthesia.

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Enclosure 3

American Academy of Pediatric Dentistry

Fact Sheet on Issues Relating to Access to Hospital Care

- Denial of medical benefits otherwise payable just because dental procedures are performed is inherently unfair when the justification for general anesthesia is the same regardless of the procedure.

- Denial of medical benefits effectively eliminates the option of general anesthesia for most families. Children and persons with disabilities suffer most. There are no comparable alternatives to general anesthesia for this group. Comparable results and outcomes are not obtained when general anesthesia is denied.

- General anesthesia is the accepted standard of care for this population group. General anesthesia for dental treatment is available under Federal medicaid guidelines, but effectively unavailable for private patients. Care under general anesthesia is supported by the American Dental Association, the American Academy of Pediatric Dentistry, the American Medical Association, the U.S. Department of Health and Human Services and most other professional dental and medical organizations.

- Legislation mandating such benefits under medical insurance policies was enacted in Minnesota in 1995.

- There is little consistency in the insurance industry concerning such benefits. Benefits are often extended to one insured and denied to others insured by the same company and even under the same policy. Policy holders are unlikely to be aware of these exclusions at the time of policy purchase. Aggressive and determined parents are sometimes able to force the payment of benefits that the majority of less well-connected, well-educated or financially well off parents are denied.

- Pediatric Dentists estimate overwhelmingly that parental acceptance of general anesthesia would increase if artificial financial barriers were removed. When over 1500 members of the American Academy of Pediatric Dentistry responded to a 1995 survey, they reported that when general anesthesia was indicated and denied, comparable treatment results could be achieved in less than half their cases. In fully 60% of these cases, patients either received compromised outcomes or were denied treatment altogether.

- This is a problem the insurance community chooses to ignore. They offer no alternatives and no solutions. They find the current situation acceptable and tolerable; we do not. We need legislative remedy.