

By: Lucio III

H.B. No. 4442

A BILL TO BE ENTITLED

AN ACT

relating to health benefit coverage for general anesthesia in connection with certain pediatric dental services.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Chapter 1367, Insurance Code, is amended by adding Subchapter G to read as follows:

SUBCHAPTER G. PEDIATRIC DENTISTRY

Sec. 1367.3001. APPLICABILITY OF SUBCHAPTER. (a) This subchapter applies only to a health benefit plan that provides benefits for medical, surgical, or dental expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage or similar coverage document that is issued by:

(1) an insurance company;

(2) a group hospital service corporation operating under Chapter 842;

(3) a health maintenance organization operating under Chapter 843;

(4) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844;

(5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;

1           (6) a stipulated premium company operating under  
2 Chapter 884;

3           (7) a fraternal benefit society operating under  
4 Chapter 885;

5           (8) a Lloyd's plan operating under Chapter 941; or

6           (9) an exchange operating under Chapter 942.

7           (b) Notwithstanding any other law, this subchapter applies  
8 to:

9           (1) a small employer health benefit plan subject to  
10 Chapter 1501, including coverage provided through a health group  
11 cooperative under Subchapter B of that chapter;

12           (2) a standard health benefit plan issued under  
13 Chapter 1507;

14           (3) a basic coverage plan under Chapter 1551;

15           (4) a basic plan under Chapter 1575;

16           (5) a primary care coverage plan under Chapter 1579;

17           (6) a plan providing basic coverage under Chapter  
18 1601;

19           (7) health benefits provided by or through a church  
20 benefits board under Subchapter I, Chapter 22, Business  
21 Organizations Code;

22           (8) group health coverage made available by a school  
23 district in accordance with Section 22.004, Education Code;

24           (9) the state Medicaid program, including the Medicaid  
25 managed care program operated under Chapter 533, Government Code;

26           (10) the child health plan program under Chapter 62,  
27 Health and Safety Code;

1           (11) a regional or local health care program operated  
2 under Section 75.104, Health and Safety Code;

3           (12) a self-funded health benefit plan sponsored by a  
4 professional employer organization under Chapter 91, Labor Code;

5           (13) county employee group health benefits provided  
6 under Chapter 157, Local Government Code; and

7           (14) health and accident coverage provided by a risk  
8 pool created under Chapter 172, Local Government Code.

9           (c) This subchapter applies to coverage under a group health  
10 benefit plan provided to a resident of this state regardless of  
11 whether the group policy, agreement, or contract is delivered,  
12 issued for delivery, or renewed in this state.

13           Sec. 1367.3002. EXCEPTIONS. (a) This subchapter does not  
14 apply to:

15           (1) a plan that provides coverage:

16                   (A) for wages or payments in lieu of wages for a  
17 period during which an employee is absent from work because of  
18 sickness or injury;

19                   (B) as a supplement to a liability insurance  
20 policy;

21                   (C) for credit insurance;

22                   (D) only for vision care;

23                   (E) only for hospital expenses; or

24                   (F) only for indemnity for hospital confinement;

25           (2) a Medicare supplemental policy as defined by  
26 Section 1882(g)(1), Social Security Act (42 U.S.C. Section  
27 1395ss(g)(1));

1           (3) a workers' compensation insurance policy;

2           (4) medical payment insurance coverage provided under  
3 a motor vehicle insurance policy; or

4           (5) a long-term care policy, including a nursing home  
5 fixed indemnity policy, unless the commissioner determines that the  
6 policy provides benefit coverage so comprehensive that the policy  
7 is a health benefit plan as described by Section 1367.3001.

8           (b) This subchapter does not apply to an individual health  
9 benefit plan issued on or before March 23, 2010, that has not had  
10 any significant changes since that date that reduce benefits or  
11 increase costs to the individual.

12           Sec. 1367.3003. COVERAGE FOR GENERAL ANESTHESIA. A health  
13 benefit plan that provides coverage for dental services may not  
14 exclude from coverage general anesthesia services in connection  
15 with dental services provided to a covered individual who is:

16           (1) younger than 18 years of age; and

17           (2) unable to undergo the dental service in an office  
18 setting or under local anesthesia due to a documented physical,  
19 mental, or medical reason determined by the individual's physician  
20 or by the dentist providing the dental care.

21           Sec. 1367.3004. CONDITIONAL EXCEPTION. This subchapter  
22 does not apply to a qualified health plan if a determination is made  
23 under 45 C.F.R. Section 155.170 that:

24           (1) this subchapter requires the plan to offer  
25 benefits in addition to the essential health benefits required  
26 under 42 U.S.C. Section 18022(b); and

27           (2) this state is required to defray the cost of the

1 benefits mandated under this subchapter.

2           SECTION 2. If before implementing any provision of this Act  
3 a state agency determines that a waiver or authorization from a  
4 federal agency is necessary for implementation of that provision,  
5 the agency affected by the provision shall request the waiver or  
6 authorization and may delay implementing that provision until the  
7 waiver or authorization is granted.

8           SECTION 3. Subchapter G, Chapter 1367, Insurance Code, as  
9 added by this Act, applies only to a health benefit plan that is  
10 delivered, issued for delivery, or renewed on or after January 1,  
11 2020.

12           SECTION 4. This Act takes effect September 1, 2019.