

BILL ANALYSIS

Senate Research Center
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S.B. 527
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AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Recently, pediatric patients are experiencing delays in dental care because medical insurance will not cover general anesthesia for dental procedures. Dentist argue that insurers often require the pediatric patient to be swollen with an infection to the face and head and be acutely ill before the anesthesia coverage is permitted for the dental procedure to take place. Over 30 states have a form of required general anesthesia coverage for pediatric dental patients. The lack of general anesthesia coverage for dental procedures is prohibiting care for our youngest Texans. S.B. 527 would close this gap in coverage, requiring that if a health insurance plan covers general anesthesia for other medically necessary procedures it cannot discriminate against general anesthesia for dental procedures.

As proposed, S.B. 527 amends current law relating to health benefit coverage for general anesthesia in connection with certain pediatric dental services.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 1367, Insurance Code, by adding Subchapter G, as follows:

SUBCHAPTER G. PEDIATRIC DENTISTRY

Sec. 1367.301. **APPLICABILITY OF SUBCHAPTER.** (a) Provides that this subchapter applies only to a health benefit plan that provides benefits for medical or surgical 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 offered by certain entities.

(b) Provides that, notwithstanding any other law, this subchapter applies to:

- (1) a small employer health benefit plan subject to Chapter 1501 (Health Insurance Portability and Availability Act), including coverage provided through a health group cooperative under Subchapter B (Coalitions and Cooperatives) of that chapter;
- (2) a standard health benefit plan issued under Chapter 1507 (Consumer Choice of Benefits Plans);
- (3) a basic coverage plan under Chapter 1551 (Texas Employees Group Benefits Act);
- (4) a basic plan under Chapter 1575 (Texas Public School Employees Group Benefits Program);

(5) a primary care coverage plan under Chapter 1579 (Texas School Employees Uniform Group Health Coverage);

(6) a plan providing basic coverage under Chapter 1601 (Uniform Insurance Benefits Act for Employees of The University of Texas System and The Texas A&M University System);

(7) a regional or local health care program operated under Section 75.104 (Health Care Services), Health and Safety Code; and

(8) a self-funded health benefit plan sponsored by a professional employer organization under Chapter 91 (Professional Employer Organizations), Labor Code.

Sec. 1367.302. **COVERAGE FOR GENERAL ANESTHESIA.** Provides that, subject to Section 1360.005 (Dental Services Coverage Not Required), a health benefit plan that provides coverage for general anesthesia is prohibited from excluding from coverage medically necessary general anesthesia services in connection with dental services provided to a covered individual if the individual meets certain criteria and the anesthesia is performed by a qualified provider of anesthesia services.

Sec. 1367.303. **COVERAGE NOT REQUIRED.** Provides that this subchapter does not require a health benefit plan to provide coverage for dental care or procedures.

SECTION 2. Makes application of Subchapter G, Chapter 1367, Insurance Code, as added by this Act, prospective to January 1, 2026.

SECTION 3. Effective date: September 1, 2025.