

1-1 By: Schwertner, Menéndez S.B. No. 527
 1-2 (In the Senate - Filed December 5, 2024; February 3, 2025,
 1-3 read first time and referred to Committee on Health & Human
 1-4 Services; April 16, 2025, reported favorably by the following
 1-5 vote: Yeas 9, Nays 0; April 16, 2025, sent to printer.)

1-6 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-7				
1-8	X			
1-9	X			
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14	X			
1-15	X			
1-16	X			

1-17 A BILL TO BE ENTITLED
 1-18 AN ACT

1-19 relating to health benefit coverage for general anesthesia in
 1-20 connection with certain pediatric dental services.

1-21 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-22 SECTION 1. Chapter 1367, Insurance Code, is amended by
 1-23 adding Subchapter G to read as follows:

1-24 SUBCHAPTER G. PEDIATRIC DENTISTRY

1-25 Sec. 1367.301. APPLICABILITY OF SUBCHAPTER. (a) This
 1-26 subchapter applies only to a health benefit plan that provides
 1-27 benefits for medical or surgical expenses incurred as a result of a
 1-28 health condition, accident, or sickness, including an individual,
 1-29 group, blanket, or franchise insurance policy or insurance
 1-30 agreement, a group hospital service contract, or an individual or
 1-31 group evidence of coverage or similar coverage document that is
 1-32 offered by:

- 1-33 (1) an insurance company;
- 1-34 (2) a group hospital service corporation operating
 1-35 under Chapter 842;
- 1-36 (3) a health maintenance organization operating under
 1-37 Chapter 843;
- 1-38 (4) an approved nonprofit health corporation that
 1-39 holds a certificate of authority under Chapter 844;
- 1-40 (5) a multiple employer welfare arrangement that holds
 1-41 a certificate of authority under Chapter 846;
- 1-42 (6) a stipulated premium insurance company operating
 1-43 under Chapter 884;
- 1-44 (7) a fraternal benefit society operating under
 1-45 Chapter 885;
- 1-46 (8) a Lloyd's plan operating under Chapter 941; or
- 1-47 (9) an exchange operating under Chapter 942.

1-48 (b) Notwithstanding any other law, this subchapter applies
 1-49 to:

- 1-50 (1) a small employer health benefit plan subject to
 1-51 Chapter 1501, including coverage provided through a health group
 1-52 cooperative under Subchapter B of that chapter;
- 1-53 (2) a standard health benefit plan issued under
 1-54 Chapter 1507;
- 1-55 (3) a basic coverage plan under Chapter 1551;
- 1-56 (4) a basic plan under Chapter 1575;
- 1-57 (5) a primary care coverage plan under Chapter 1579;
- 1-58 (6) a plan providing basic coverage under Chapter
 1-59 1601;
- 1-60 (7) a regional or local health care program operated
 1-61 under Section 75.104, Health and Safety Code; and

2-1 (8) a self-funded health benefit plan sponsored by a
2-2 professional employer organization under Chapter 91, Labor Code.

2-3 Sec. 1367.302. COVERAGE FOR GENERAL ANESTHESIA. Subject to
2-4 Section 1360.005, a health benefit plan that provides coverage for
2-5 general anesthesia may not exclude from coverage medically
2-6 necessary general anesthesia services in connection with dental
2-7 services provided to a covered individual if:

2-8 (1) the individual is:
2-9 (A) younger than 13 years of age; and
2-10 (B) unable to undergo the dental service without
2-11 general anesthesia due to a documented physical, mental, or medical
2-12 reason; and

2-13 (2) the anesthesia is performed by a qualified
2-14 provider of anesthesia services.

2-15 Sec. 1367.303. COVERAGE NOT REQUIRED. This subchapter does
2-16 not require a health benefit plan to provide coverage for dental
2-17 care or procedures.

2-18 SECTION 2. Subchapter G, Chapter 1367, Insurance Code, as
2-19 added by this Act, applies only to a health benefit plan that is
2-20 delivered, issued for delivery, or renewed on or after January 1,
2-21 2026.

2-22 SECTION 3. This Act takes effect September 1, 2025.

2-23 * * * * *