

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

1-7	Yea	Nay	Absent	PNV
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

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

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

(1) the individual is:

(A) younger than 13 years of age; and

(B) unable to undergo the dental service without general anesthesia due to a documented physical, mental, or medical reason; and

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

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

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

SECTION 3. This Act takes effect September 1, 2025.

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