

BILL ANALYSIS

C.S.H.B. 2755
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Insurance
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Currently, health benefit plans are only mandated to cover general anesthesia for dental procedures which affect the temporomandibular joint. Interested parties contend that pediatric patients are experiencing delays in dental care because health benefit plans will not cover general anesthesia for other dental procedures unless the condition becomes acute. C.S.H.B. 2755 seeks to prohibit a health benefit plan that provides coverage for general anesthesia from excluding coverage for general anesthesia in connection with dental procedures for certain pediatric patients.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 2755 amends the Insurance Code to prohibit a health benefit plan that provides coverage for general anesthesia from excluding general anesthesia services in connection with dental services provided to a covered individual from coverage if the following conditions are satisfied:

- the individual is younger than 13 years of age and unable to undergo the dental service without general anesthesia due to a documented physical, mental, or medical reason determined by the individual's physician or by the dentist providing the dental care; and
- the anesthesia is performed and billed separately by a state-licensed physician anesthesiologist or a state-licensed dentist anesthesiologist who holds the permit to administer general anesthesia.

The provisions of the bill expressly do not require the health benefit plan to provide coverage for the dental care or procedures.

C.S.H.B. 2755 establishes the applicability of its provisions and applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2022. The bill's provisions do not apply to a qualified health plan if a determination is made that the provisions require the plan to offer benefits in addition to the federally mandated essential health benefits and the state is required to defray the cost of the additional benefits. If such a determination is made, the bill's provisions also do not apply to a non-qualified health plan offered in the same market.

EFFECTIVE DATE

September 1, 2021.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2755 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The original and the substitute both establish certain conditions under which a health benefit plan that provides coverage for general anesthesia may not exclude coverage for general anesthesia services in connection with dental services provided to a covered individual. The substitute revises the conditions as set out in the original in the following ways:

- lowers the age of covered individuals from younger than 18 years of age to younger than 13 years of age for whom the health benefit plan may not exclude from coverage for general anesthesia for dental services; and
- requires the anesthesia to be performed and billed separately by an appropriately licensed physician anesthesiologist or dental anesthesiologist; and
- whereas the original required the individual to be unable to undergo dental services in an office setting without general anesthesia because of a documented physical, mental, or medical reason, the substitute does not include specification with regard to where the services occur and specifies that the individual must be unable to undergo the dental services without general anesthesia due to a documented physical, mental, or medical reason.

The substitute includes an exception to the applicability of the bill's provisions that was not in the original that applies if a determination is made that the bill's provisions require a qualified health plan to offer benefits in addition to the federally mandated essential health benefits and the state is required to defray the cost of the additional benefits.