

By: Thompson, McCall, Hamric

H.B. No. 1485

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for screening tests for human papillomavirus and cervical cancer.

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

SECTION 1. Subtitle E, Title 8, Insurance Code, as effective April 1, 2005, is amended by adding Chapter 1370 to read as follows:

CHAPTER 1370. CERTAIN TESTS FOR DETECTION OF HUMAN PAPILLOMAVIRUS
AND CERVICAL CANCER

Sec. 1370.001. APPLICABILITY OF CHAPTER. (a) This chapter 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, an individual or group evidence of coverage, or a similar coverage document, that is offered by:

(1) an insurance company;

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

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

(4) a stipulated premium company operating under Chapter 884;

(5) a health maintenance organization operating under

1 Chapter 843;

2 (6) a reciprocal exchange operating under Chapter 942;

3 (7) a Lloyd's plan operating under Chapter 941;

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

6 (9) a multiple employer welfare arrangement that holds
7 a certificate of authority under Chapter 846.

8 (b) This chapter applies to a small employer health benefit
9 plan written under Chapter 1501.

10 Sec. 1370.002. EXCEPTION. This chapter does not apply to:

11 (1) a plan that provides coverage:

12 (A) only for benefits for a specified disease or
13 for another limited benefit, other than a plan that provides
14 benefits for cancer treatment or similar services;

15 (B) only for accidental death or dismemberment;

16 (C) 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 (D) as a supplement to a liability insurance
20 policy;

21 (E) only for dental or vision care; or

22 (F) only for indemnity for hospital confinement;

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

25 (3) a workers' compensation insurance policy;

26 (4) medical payment insurance coverage provided under
27 an automobile insurance policy;

1 (5) a credit insurance policy; or

2 (6) a long-term care insurance policy, including a
3 nursing home fixed indemnity policy, unless the commissioner
4 determines that the policy provides benefit coverage so
5 comprehensive that the policy is a health benefit plan as described
6 by Section 1370.001.

7 Sec. 1370.003. COVERAGE REQUIRED. (a) A health benefit
8 plan that provides coverage for diagnostic medical procedures must
9 provide to each woman 18 years of age or older enrolled in the plan
10 coverage for expenses for an annual medically recognized diagnostic
11 examination for the early detection of cervical cancer.

12 (b) Coverage required under this section includes at a
13 minimum a conventional Pap smear screening or a screening using
14 liquid-based cytology methods, as approved by the United States
15 Food and Drug Administration, alone or in combination with a test
16 approved by the United States Food and Drug Administration for the
17 detection of the human papillomavirus.

18 (c) A screening test required under this section must be
19 performed in accordance with the guidelines adopted by:

20 (1) the American College of Obstetricians and
21 Gynecologists; or

22 (2) another similar national organization of medical
23 professionals recognized by the commissioner.

24 Sec. 1370.004. NOTICE OF COVERAGE. (a) A health benefit
25 plan issuer shall provide to each woman 18 years of age or older
26 enrolled in the plan written notice of the coverage required under
27 this chapter.

1 (b) The notice must be provided in accordance with rules
2 adopted by the commissioner.

3 SECTION 2. Section 3(b), Article 3.80, Insurance Code, is
4 amended to read as follows:

5 (b) For purposes of this article, "state-mandated health
6 benefits" does not include benefits that are mandated by federal
7 law or standard provisions or rights required under this code or
8 other laws of this state to be provided in an individual, blanket,
9 or group policy for accident and health insurance that are
10 unrelated to specific health illnesses, injuries, or conditions of
11 an insured, including provisions related to:

12 (1) continuation of coverage under:

13 (A) Subchapters F and G, Chapter 1251, [~~Section~~
14 ~~1(d)(3) and Section 3B, Article 3.51-6~~] of this code;

15 (B) Section 1201.059 of this code [~~2(C), Chapter~~
16 ~~397, Acts of the 54th Legislature, Regular Session, 1955 (Article~~
17 ~~3.70-2, Vernon's Texas Insurance Code)~~]; and

18 (C) Subchapter B, Chapter 1253, [~~Article 3.51-8~~]
19 of this code [~~, and~~

20 [~~(D) Section 3C, Article 3.51-6 of this code, as~~
21 ~~added by Section 10, Chapter 1041, Acts of the 71st Legislature,~~
22 ~~Regular Session, 1989~~];

23 (2) termination of coverage under Sections 1202.051
24 and 1501.108 [~~Articles 3.70-1A, 26.23, and 26.86~~] of this code;

25 (3) preexisting conditions under Subchapter D,
26 Chapter 1201, and Sections 1501.102-1501.105 [~~Section 1(H),~~
27 ~~Chapter 397, Acts of the 54th Legislature, Regular Session, 1955~~

1 ~~(Article 3.70-1, Vernon's Texas Insurance Code), and Articles 26.49~~
2 ~~and 26.90]~~ of this code;

3 (4) coverage of children, including newborn or adopted
4 children, under:

5 (A) Subchapter D, Chapter 1251, ~~[Sections 1, 3D,~~
6 ~~and 3E, Article 3.51-6]~~ of this code;

7 (B) Sections 1201.053, 1201.061,
8 1201.063-1201.065, and Subchapter A, Chapter 1367, of this code
9 ~~[2(A), (E), (K), and (M), Chapter 397, Acts of the 54th Legislature,~~
10 ~~Regular Session, 1955 (Article 3.70-2, Vernon's Texas Insurance~~
11 ~~Code)];~~

12 (C) Chapter 1504 ~~[Subchapter J, Chapter 3]~~ of
13 this code;

14 (D) Chapter 1503 ~~[Article 21.24-2]~~ of this code;

15 (E) Section 1501.157 ~~[Article 26.21(n)]~~ of this
16 code;

17 (F) Section 1501.158 ~~[Article 26.21A]~~ of this
18 code; and

19 (G) Sections 1501.607-1501.609 ~~[Article 26.84]~~
20 of this code;

21 (5) services of practitioners under:

22 (A) Subchapters A, B, and C, Chapter 1451,
23 ~~[Article 21.52]~~ of this code; or

24 (B) Section 1301.052 ~~[Article 3.70-3C]~~ of this
25 code~~[, as added by Chapter 1260, Acts of the 75th Legislature,~~
26 ~~Regular Session, 1997, or~~

27 ~~[(C) Section 2(B), Chapter 397, Acts of the 54th~~

1 ~~Legislature, Regular Session, 1955 (Article 3.70-2, Vernon's Texas~~
2 ~~Insurance Code)]~~;

3 (6) supplies and services associated with the
4 treatment of diabetes under Subchapter B, Chapter 1358, [~~Article~~
5 ~~21.53G~~] of this code;

6 (7) coverage for serious mental illness under
7 Subchapter A, Chapter 1355, [~~Article 3.51-14 of this code if the~~
8 ~~standard health benefit plan is issued to a large employer as~~
9 ~~defined by Article 26.02~~] of this code;

10 (8) coverage for childhood immunizations and hearing
11 screening as required by:

12 (A) Subchapters B and C, Chapter 1367, [~~Article~~
13 ~~21.53F~~] of this code, other than Section 1367.053(c); and

14 (B) Chapter 1353 [~~as added by Chapter 683, Acts~~
15 ~~of the 75th Legislature, Regular Session, 1997, and Article 21.53K~~]
16 of this code;

17 (9) coverage for reconstructive surgery for certain
18 craniofacial abnormalities of children as required by Subchapter D,
19 Chapter 1367, [~~Article 21.53W~~] of this code;

20 (10) coverage for the dietary treatment of
21 phenylketonuria as required by Chapter 1359 [~~Article 3.79~~] of this
22 code;

23 (11) coverage for referral to a non-network physician
24 or provider when medically necessary covered services are not
25 available through network physicians or providers, as required by
26 Section 1271.055 [~~Article 20A.09(a)(3)(C)~~] of this code; and

27 (12) coverage for cancer screenings under the

1 following chapters [~~articles~~] of this code:

2 (A) Chapter 1356 [~~Article 3.70-2(H), as added by~~
3 ~~Chapter 1091, Acts of the 70th Legislature, Regular Session, 1987~~];

4 (B) Chapter 1362 [~~Article 21.53F, as added by~~
5 ~~Chapter 1287, Acts of the 75th Legislature, Regular Session, 1997~~];
6 [~~and~~]

7 (C) Chapter 1363; and

8 (D) Chapter 1370 [~~Article 21.53S~~].

9 SECTION 3. Subsection (d), Article 20A.09N, Insurance Code,
10 is amended to read as follows:

11 (d) For purposes of this section, "state-mandated health
12 benefits" does not include coverage that is mandated by federal law
13 or standard provisions or rights required under the Insurance Code
14 or other law of this state to be provided in an evidence of coverage
15 that are unrelated to specific health illnesses, injuries, or
16 conditions of an insured, including provisions related to:

17 (1) continuation of coverage under Subchapter G,
18 Chapter 1251 [~~Section 3B, Article 3.51-6~~], Insurance Code;

19 (2) termination of coverage under Sections 1202.051
20 and 1501.108 [~~Articles 3.70-1A, 26.23, and 26.86~~], Insurance Code;

21 (3) preexisting conditions under Subchapter D,
22 Chapter 1201, Insurance Code, and Sections 1501.102-1501.105
23 [~~Section 1(H), Chapter 397, Acts of the 54th Legislature, Regular~~
24 ~~Session, 1955 (Article 3.70-1, Vernon's Texas Insurance Code), and~~
25 ~~Articles 26.49 and 26.90~~], Insurance Code;

26 (4) coverage of children, including newborn or adopted
27 children, under:

- 1 (A) Chapter 1504 [~~Subchapter J, Chapter 3~~],
2 Insurance Code;
- 3 (B) Chapter 1503 [~~Article 21.24-2~~], Insurance
4 Code;
- 5 (C) Section 1501.157 [~~Article 26.21(n)~~],
6 Insurance Code;
- 7 (D) Section 1501.158 [~~Article 26.21A~~], Insurance
8 Code; and
- 9 (E) Sections 1501.607-1501.609 [~~Article 26.84~~],
10 Insurance Code;
- 11 (5) services of providers under Section 843.304,
12 Insurance Code [~~of this code~~];
- 13 (6) coverage for serious mental health illness under
14 Subchapter A, Chapter 1355 [~~Article 3.51-14~~], Insurance Code [~~, if~~
15 ~~the standard health benefit plan is issued to a large employer as~~
16 ~~defined in Article 26.02, Insurance Code~~]; and
- 17 (7) coverage for cancer screenings under the following
18 chapters [~~articles~~] of the Insurance Code [~~this code~~]:
- 19 (A) Chapter 1356, Insurance Code [~~Article~~
20 ~~3.70-2(H), as added by Chapter 1091, Acts of the 70th Legislature,~~
21 ~~Regular Session, 1987~~];
- 22 (B) Chapter 1362, Insurance Code [~~Article~~
23 ~~21.53F, as added by Chapter 1287, Acts of the 75th Legislature,~~
24 ~~Regular Session, 1997~~]; [~~and~~]
- 25 (C) Chapter 1363, Insurance Code; and
- 26 (D) Chapter 1370, Insurance Code [~~Article~~
27 ~~21.53S~~].

1 SECTION 4. The change in law made by this Act applies only
2 to a health benefit plan delivered, issued for delivery, or renewed
3 on or after January 1, 2006. A health benefit plan delivered,
4 issued for delivery, or renewed before January 1, 2006, is governed
5 by the law as it existed immediately before the effective date of
6 this Act, and that law is continued in effect for that purpose.

7 SECTION 5. To the extent of any conflict, this Act prevails
8 over another Act of the 79th Legislature, Regular Session, 2005,
9 relating to nonsubstantive additions to and corrections in enacted
10 codes (the General Code Update bill).

11 SECTION 6. This Act takes effect September 1, 2005.

1 COMMITTEE AMENDMENT NO. 1

2 Amend House Bill 1485 as follows:

3 (1) on page 3, line 1, between "i," and "or", insert the
4 following:

5 "(6) a limited benefit policy that does not provide
6 coverage for physical examinations or wellness exams;"; and,

7 (2) on page 3, line 2, strike "(6)" and substitute "(7)".

8 Thompson