1-1 By: Thompson, et al. (Senate Sponsor - Ellis) H.B. No. 1485
1-2 (In the Senate - Received from the House May 16, 2005;
1-3 May 17, 2005, read first time and referred to Committee on State
1-4 Affairs; May 20, 2005, reported favorably by the following vote:
1-5 Yeas 7, Nays 1; May 20, 2005, sent to printer.)

1-6 A BILL TO BE ENTITLED
1-7 AN ACT

1-8 relating to health benefit plan coverage for screening tests for
1-9 human papillomavirus and cervical cancer.
1-10 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
1-11 SECTION 1. Subtitle E, Title 8, Insurance Code, as
1-12 effective April 1, 2005, is amended by adding Chapter 1370 to read
1-13 as follows:
1-14 CHAPTER 1370. CERTAIN TESTS FOR DETECTION OF HUMAN PAPILLOMAVIRUS
1-15 AND CERVICAL CANCER
1-16 Sec. 1370.001. APPLICABILITY OF CHAPTER. (a) This chapter
1-17 applies only to a health benefit plan that provides benefits for
1-18 medical or surgical expenses incurred as a result of a health
1-19 condition, accident, or sickness, including an individual, group,
1-20 blanket, or franchise insurance policy or insurance agreement, a
1-21 group hospital service contract, an individual or group evidence of
1-22 coverage, or a similar coverage document, that is offered by:
1-23 (1) an insurance company;
1-24 (2) a group hospital service corporation operating
1-25 under Chapter 842;
1-26 (3) a fraternal benefit society operating under
1-27 Chapter 885;
1-28 (4) a stipulated premium company operating under
1-29 Chapter 884;
1-30 (5) a health maintenance organization operating under
1-31 Chapter 843;
1-32 (6) a reciprocal exchange operating under Chapter 942;
1-33 (7) a Lloyd's plan operating under Chapter 941;
1-34 (8) an approved nonprofit health corporation that
1-35 holds a certificate of authority under Chapter 844; or
1-36 (9) a multiple employer welfare arrangement that holds
1-37 a certificate of authority under Chapter 846.
1-38 (b) This chapter applies to a small employer health benefit
1-39 plan written under Chapter 1501.
1-40 Sec. 1370.002. EXCEPTION. This chapter does not apply to:
1-41 (1) a plan that provides coverage:
1-42 (A) only for benefits for a specified disease or
1-43 for another limited benefit, other than a plan that provides
1-44 benefits for cancer treatment or similar services;
1-45 (B) only for accidental death or dismemberment;
1-46 (C) for wages or payments in lieu of wages for a
1-47 period during which an employee is absent from work because of
1-48 sickness or injury;
1-49 (D) as a supplement to a liability insurance
1-50 policy;
1-51 (E) only for dental or vision care; or
1-52 (F) only for indemnity for hospital confinement;
1-53 (2) a Medicare supplemental policy as defined by
1-54 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);
1-55 (3) a workers' compensation insurance policy;
1-56 (4) medical payment insurance coverage provided under
1-57 an automobile insurance policy;
1-58 (5) a credit insurance policy;
1-59 (6) a limited benefit policy that does not provide
1-60 coverage for physical examinations or wellness exams; or
1-61 (7) a long-term care insurance policy, including a
1-62 nursing home fixed indemnity policy, unless the commissioner
1-63 determines that the policy provides benefit coverage so
1-64 comprehensive that the policy is a health benefit plan as described

2-1 by Section 1370.001.
2-2 Sec. 1370.003. COVERAGE REQUIRED. (a) A health benefit
2-3 plan that provides coverage for diagnostic medical procedures must
2-4 provide to each woman 18 years of age or older enrolled in the plan
2-5 coverage for expenses for an annual medically recognized diagnostic
2-6 examination for the early detection of cervical cancer.
2-7 (b) Coverage required under this section includes at a
2-8 minimum a conventional Pap smear screening or a screening using
2-9 liquid-based cytology methods, as approved by the United States
2-10 Food and Drug Administration, alone or in combination with a test
2-11 approved by the United States Food and Drug Administration for the
2-12 detection of the human papillomavirus.
2-13 (c) A screening test required under this section must be
2-14 performed in accordance with the guidelines adopted by:
2-15 (1) the American College of Obstetricians and
2-16 Gynecologists; or
2-17 (2) another similar national organization of medical
2-18 professionals recognized by the commissioner.
2-19 Sec. 1370.004. NOTICE OF COVERAGE. (a) A health benefit
2-20 plan issuer shall provide to each woman 18 years of age or older
2-21 enrolled in the plan written notice of the coverage required under
2-22 this chapter.
2-23 (b) The notice must be provided in accordance with rules
2-24 adopted by the commissioner.
2-25 SECTION 2. Section 3(b), Article 3.80, Insurance Code, is
2-26 amended to read as follows:
2-27 (b) For purposes of this article, "state-mandated health
2-28 benefits" does not include benefits that are mandated by federal
2-29 law or standard provisions or rights required under this code or
2-30 other laws of this state to be provided in an individual, blanket,
2-31 or group policy for accident and health insurance that are
2-32 unrelated to specific health illnesses, injuries, or conditions of
2-33 an insured, including provisions related to:
2-34 (1) continuation of coverage under:
2-35 (A) Subchapters F and G, Chapter 1251, [~~Section~~
2-36 ~~1(d)(3) and Section 3B, Article 3.51-6~~] of this code;
2-37 (B) Section 1201.059 of this code [~~2(C), Chapter~~
2-38 ~~397, Acts of the 54th Legislature, Regular Session, 1955 (Article~~
2-39 ~~3.70-2, Vernon's Texas Insurance Code)~~]; and
2-40 (C) Subchapter B, Chapter 1253, [~~Article 3.51-8~~]
2-41 of this code[~~; and~~
2-42 [~~(D) Section 3C, Article 3.51-6 of this code, as~~
2-43 ~~added by Section 10, Chapter 1041, Acts of the 71st Legislature,~~
2-44 ~~Regular Session, 1989~~];
2-45 (2) termination of coverage under Sections 1202.051
2-46 and 1501.108 [~~Articles 3.70-1A, 26.23, and 26.86~~] of this code;
2-47 (3) preexisting conditions under Subchapter D,
2-48 Chapter 1201, and Sections 1501.102-1501.105 [~~Section 1(H),~~
2-49 ~~Chapter 397, Acts of the 54th Legislature, Regular Session, 1955~~
2-50 ~~(Article 3.70-1, Vernon's Texas Insurance Code), and Articles 26.49~~
2-51 ~~and 26.90~~] of this code;
2-52 (4) coverage of children, including newborn or adopted
2-53 children, under:
2-54 (A) Subchapter D, Chapter 1251, [~~Sections 1, 3D,~~
2-55 ~~and 3E, Article 3.51-6~~] of this code;
2-56 (B) Sections 1201.053, 1201.061,
2-57 1201.063-1201.065, and Subchapter A, Chapter 1367, of this code
2-58 [~~2(A), (E), (K), and (M), Chapter 397, Acts of the 54th Legislature,~~
2-59 ~~Regular Session, 1955 (Article 3.70-2, Vernon's Texas Insurance~~
2-60 ~~Code)~~];
2-61 (C) Chapter 1504 [~~Subchapter J, Chapter 3~~] of
2-62 this code;
2-63 (D) Chapter 1503 [~~Article 21.24-2~~] of this code;
2-64 (E) Section 1501.157 [~~Article 26.21(n)~~] of this
2-65 code;
2-66 (F) Section 1501.158 [~~Article 26.21A~~] of this
2-67 code; and
2-68 (G) Sections 1501.607-1501.609 [~~Article 26.84~~]
2-69 of this code;

3-1 (5) services of practitioners under:
3-2 (A) Subchapters A, B, and C, Chapter 1451,
3-3 [~~Article 21.52~~] of this code; or
3-4 (B) Section 1301.052 [~~Article 3.70-3C~~] of this
3-5 code[~~, as added by Chapter 1260, Acts of the 75th Legislature,~~
3-6 ~~Regular Session, 1997; or~~
3-7 [~~(C) Section 2(B), Chapter 397, Acts of the 54th~~
3-8 ~~Legislature, Regular Session, 1955 (Article 3.70-2, Vernon's Texas~~
3-9 ~~Insurance Code)~~];
3-10 (6) supplies and services associated with the
3-11 treatment of diabetes under Subchapter B, Chapter 1358, [~~Article~~
3-12 ~~21.53G~~] of this code;
3-13 (7) coverage for serious mental illness under
3-14 Subchapter A, Chapter 1355, [~~Article 3.51-14 of this code if the~~
3-15 ~~standard health benefit plan is issued to a large employer as~~
3-16 ~~defined by Article 26.02~~] of this code;
3-17 (8) coverage for childhood immunizations and hearing
3-18 screening as required by:
3-19 (A) Subchapters B and C, Chapter 1367, [~~Article~~
3-20 ~~21.53F~~] of this code, other than Section 1367.053(c); and
3-21 (B) Chapter 1353 [~~as added by Chapter 683, Acts~~
3-22 ~~of the 75th Legislature, Regular Session, 1997, and Article 21.53K~~]
3-23 of this code;
3-24 (9) coverage for reconstructive surgery for certain
3-25 craniofacial abnormalities of children as required by Subchapter D,
3-26 Chapter 1367, [~~Article 21.53W~~] of this code;
3-27 (10) coverage for the dietary treatment of
3-28 phenylketonuria as required by Chapter 1359 [~~Article 3.79~~] of this
3-29 code;
3-30 (11) coverage for referral to a non-network physician
3-31 or provider when medically necessary covered services are not
3-32 available through network physicians or providers, as required by
3-33 Section 1271.055 [~~Article 20A.09(a)(3)(C)~~] of this code; and
3-34 (12) coverage for cancer screenings under the
3-35 following chapters [~~articles~~] of this code:
3-36 (A) Chapter 1356 [~~Article 3.70-2(H), as added by~~
3-37 ~~Chapter 1091, Acts of the 70th Legislature, Regular Session, 1987~~];
3-38 (B) Chapter 1362 [~~Article 21.53F, as added by~~
3-39 ~~Chapter 1287, Acts of the 75th Legislature, Regular Session, 1997~~];
3-40 [~~and~~]
3-41 (C) Chapter 1363; and
3-42 (D) Chapter 1370 [~~Article 21.53S~~].
3-43 SECTION 3. Subsection (d), Article 20A.09N, Insurance Code,
3-44 is amended to read as follows:
3-45 (d) For purposes of this section, "state-mandated health
3-46 benefits" does not include coverage that is mandated by federal law
3-47 or standard provisions or rights required under the Insurance Code
3-48 or other law of this state to be provided in an evidence of coverage
3-49 that are unrelated to specific health illnesses, injuries, or
3-50 conditions of an insured, including provisions related to:
3-51 (1) continuation of coverage under Subchapter G,
3-52 Chapter 1251 [~~Section 3B, Article 3.51-6~~], Insurance Code;
3-53 (2) termination of coverage under Sections 1202.051
3-54 and 1501.108 [~~Articles 3.70-1A, 26.23, and 26.86~~], Insurance Code;
3-55 (3) preexisting conditions under Subchapter D,
3-56 Chapter 1201, Insurance Code, and Sections 1501.102-1501.105
3-57 [~~Section 1(H), Chapter 397, Acts of the 54th Legislature, Regular~~
3-58 ~~Session, 1955 (Article 3.70-1, Vernon's Texas Insurance Code), and~~
3-59 ~~Articles 26.49 and 26.90~~], Insurance Code;
3-60 (4) coverage of children, including newborn or adopted
3-61 children, under:
3-62 (A) Chapter 1504 [~~Subchapter J, Chapter 3~~],
3-63 Insurance Code;
3-64 (B) Chapter 1503 [~~Article 21.24-2~~], Insurance
3-65 Code;
3-66 (C) Section 1501.157 [~~Article 26.21(n)~~],
3-67 Insurance Code;
3-68 (D) Section 1501.158 [~~Article 26.21A~~], Insurance
3-69 Code; and

(E) Sections 1501.607-1501.609 [~~Article 26.84~~], Insurance Code;

(5) services of providers under Section 843.304, Insurance Code [~~of this code~~];

(6) coverage for serious mental health illness under Subchapter A, Chapter 1355 [~~Article 3.51-14~~], Insurance Code [~~, if the standard health benefit plan is issued to a large employer as defined in Article 26.02, Insurance Code~~]; and

(7) coverage for cancer screenings under the following chapters [~~articles~~] of the Insurance Code [~~this code~~]:

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

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

(C) Chapter 1363, Insurance Code; and

(D) Chapter 1370, Insurance Code [~~Article 21.53S~~].

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

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

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

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