

By: Davis of Dallas

H.B. No. 1380

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage of HIV and AIDS tests.

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

SECTION 1. Section 32.024, Human Resources Code, is amended by adding Subsection (ee) to read as follows:

(ee) The executive commissioner of the Health and Human Services Commission shall adopt rules to require the department to provide an HIV test in accordance with Chapter 85, Health and Safety Code, to a person who receives medical assistance.

SECTION 2. Chapter 1364, Insurance Code, is amended by adding Subchapter D to read as follows:

SUBCHAPTER D. COVERAGE OF CERTAIN TESTING REQUIRED

Sec. 1364.151. DEFINITIONS. In this subchapter, "AIDS" and "HIV" have the meanings assigned by Section 81.101, Health and Safety Code.

Sec. 1364.152. APPLICABILITY OF SUBCHAPTER. (a) This subchapter applies only to a health benefit plan, including a large or small employer health benefit plan written under Chapter 1501, 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, or an individual or group evidence of coverage or similar coverage document that is offered by:

- 1           (1) an insurance company;
- 2           (2) a group hospital service corporation operating  
3 under Chapter 842;
- 4           (3) a fraternal benefit society operating under  
5 Chapter 885;
- 6           (4) a stipulated premium company operating under  
7 Chapter 884;
- 8           (5) a reciprocal exchange operating under Chapter 942;
- 9           (6) a Lloyd's plan operating under Chapter 941;
- 10          (7) a health maintenance organization operating under  
11 Chapter 843;
- 12          (8) a multiple employer welfare arrangement that holds  
13 a certificate of authority under Chapter 846; or
- 14          (9) an approved nonprofit health corporation that  
15 holds a certificate of authority under Chapter 844.

16          (b) Notwithstanding any provision in Chapter 1551, 1575,  
17 1579, or 1601 or any other law, this chapter applies to:

- 18           (1) a basic coverage plan under Chapter 1551;
- 19           (2) a basic plan under Chapter 1575;
- 20           (3) a primary care coverage plan under Chapter 1579;
- 21 and
- 22           (4) basic coverage under Chapter 1601.

23          Sec. 1364.153. COVERAGE OF CERTAIN TESTING REQUIRED. A  
24 health benefit plan issuer may not exclude or deny coverage for the  
25 performance of medical tests or procedures to determine HIV  
26 infection, antibodies to HIV, or infection with any other probable  
27 causative agent of AIDS, regardless of whether the test or medical

1 procedure is related to the primary diagnosis of the health  
2 condition, accident, or sickness for which the enrollee seeks  
3 medical or surgical treatment.

4 Sec. 1364.154. RULES. The commissioner may adopt rules  
5 necessary to implement this subchapter.

6 SECTION 3. The heading to Section 1507.004, Insurance Code,  
7 is amended to read as follows:

8 Sec. 1507.004. STANDARD HEALTH BENEFIT PLANS AUTHORIZED;  
9 MINIMUM REQUIREMENTS [~~REQUIREMENT~~].

10 SECTION 4. Section 1507.004, Insurance Code, is amended by  
11 adding Subsection (c) to read as follows:

12 (c) Any standard health benefit plan must include coverage  
13 for tests or procedures to determine HIV infection, antibodies to  
14 HIV, or infection with any other probable causative agent of AIDS  
15 under Subchapter D, Chapter 1364.

16 SECTION 5. Section 1507.054, Insurance Code, is amended to  
17 read as follows:

18 Sec. 1507.054. STANDARD HEALTH BENEFIT PLANS AUTHORIZED;  
19 MINIMUM REQUIREMENTS. (a) A health maintenance organization  
20 authorized to issue an evidence of coverage in this state may offer  
21 one or more standard health benefit plans.

22 (b) Any standard health benefit plan must include coverage  
23 for tests or procedures to determine HIV infection, antibodies to  
24 HIV, or infection with any other probable causative agent of AIDS  
25 under Subchapter D, Chapter 1364.

26 SECTION 6. If before implementing the change in law made by  
27 Section 32.024(ee), Human Resources Code, as added by this Act, a

1 state agency determines that a waiver or authorization from a  
2 federal agency is necessary for implementation of that change in  
3 law, the agency affected by the change in law shall request the  
4 waiver or authorization and may delay implementing that change in  
5 law until the waiver or authorization is granted.

6 SECTION 7. Subchapter D, Chapter 1364, Insurance Code, as  
7 added by this Act, and Sections 1507.004 and 1507.054, Insurance  
8 Code, as amended by this Act, apply only to a health benefit plan  
9 that is delivered, issued for delivery, or renewed on or after  
10 January 1, 2010. A health benefit plan that is delivered, issued  
11 for delivery, or renewed before January 1, 2010, is covered by the  
12 law in effect at the time the health benefit plan was delivered,  
13 issued for delivery, or renewed, and that law is continued in effect  
14 for that purpose.

15 SECTION 8. The executive commissioner of the Health and  
16 Human Services Commission shall adopt the rules required by Section  
17 32.024(ee), Human Resources Code, as added by this Act, not later  
18 than January 1, 2010.

19 SECTION 9. This Act takes effect September 1, 2009.