

Amend HB 1951 (house committee printing) by adding the following appropriately numbered ARTICLE to the bill and renumbering subsequent ARTICLES and SECTIONS of the bill accordingly:

ARTICLE _____. HEALTH BENEFIT PLAN COVERAGE OF HIV AND AIDS TEST

SECTION _____.001. 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) 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 reciprocal exchange operating under Chapter 942;
- (6) a Lloyd's plan operating under Chapter 941;
- (7) a health maintenance organization operating under Chapter 843;
- (8) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846; or
- (9) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844.

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

- (1) a basic coverage plan under Chapter 1551;
- (2) a basic plan under Chapter 1575;
- (3) a primary care coverage plan under Chapter 1579;

and

- (4) basic coverage under Chapter 1601.

Sec. 1364.153. COVERAGE OF CERTAIN TESTING REQUIRED. A health benefit plan issuer may not exclude or deny coverage for the performance of medical tests or procedures to determine HIV infection, antibodies to HIV, or infection with any other probable causative agent of AIDS, regardless of whether the test or medical procedure is related to the primary diagnosis of the health condition, accident, or sickness for which the enrollee seeks medical or surgical treatment.

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

SECTION ____ .002. The heading to Section 1507.004, Insurance Code, is amended to read as follows:

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

SECTION ____ .003. Section 1507.004, Insurance Code, is amended by adding Subsection (c) to read as follows:

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

SECTION ____ .004. Section 1507.054, Insurance Code, is amended to read as follows:

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

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

SECTION ____ .005. Subchapter D, Chapter 1364, Insurance Code, as added by this article, and Sections 1507.004 and 1507.054,

Insurance Code, as amended by this article, apply only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2012. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2012, is covered by the law in effect at the time the health benefit plan was delivered, issued for delivery, or renewed, and that law is continued in effect for that purpose.