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H.B. No. 2813

A BILL TO BE ENTITLED

1 AN ACT  
2 relating to health benefit plan coverage for ovarian cancer  
3 screening.

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

5 SECTION 1. The heading to Chapter 1370, Insurance Code, is  
6 amended to read as follows:

7 CHAPTER 1370. CERTAIN TESTS FOR DETECTION OF HUMAN PAPIILLOMAVIRUS,  
8 OVARIAN CANCER, AND CERVICAL CANCER

9 SECTION 2. Section 1370.002, Insurance Code, is amended to  
10 read as follows:

11 Sec. 1370.002. EXCEPTIONS [~~EXCEPTION~~]. (a) This chapter  
12 does not apply to:

13 (1) a plan that provides coverage:

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

17 (B) only for accidental death or dismemberment;

18 (C) for wages or payments in lieu of wages for a  
19 period during which an employee is absent from work because of  
20 sickness or injury;

21 (D) as a supplement to a liability insurance  
22 policy;

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

24 (F) only for indemnity for hospital confinement;

25 (2) a Medicare supplemental policy as defined by

1 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);

2 (3) a workers' compensation insurance policy;

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

5 (5) a credit insurance policy;

6 (6) a limited benefit policy that does not provide  
7 coverage for physical examinations or wellness exams; or

8 (7) a long-term care insurance policy, including a  
9 nursing home fixed indemnity policy, unless the commissioner  
10 determines that the policy provides benefit coverage so  
11 comprehensive that the policy is a health benefit plan as described  
12 by Section 1370.001.

13 (b) This chapter does not apply to a qualified health plan  
14 if a determination is made under 45 C.F.R. Section 155.170 that:

15 (1) this chapter requires the plan to offer benefits  
16 in addition to the essential health benefits required under 42  
17 U.S.C. Section 18022(b); and

18 (2) this state is required to defray the cost of the  
19 benefits mandated under this chapter.

20 SECTION 3. Sections 1370.003(a) and (b), Insurance Code,  
21 are amended to read as follows:

22 (a) A health benefit plan that provides coverage for  
23 diagnostic medical procedures must provide to each woman 18 years  
24 of age or older enrolled in the plan coverage for expenses for an  
25 annual medically recognized diagnostic examination for the early  
26 detection of ovarian cancer and cervical cancer.

27 (b) Coverage required under this section includes at a

1 minimum:

2 (1) a CA 125 blood test; and

3 (2) a conventional Pap smear screening or a screening  
4 using liquid-based cytology methods, as approved by the United  
5 States Food and Drug Administration, alone or in combination with a  
6 test approved by the United States Food and Drug Administration for  
7 the detection of the human papillomavirus.

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

15 SECTION 5. This Act takes effect September 1, 2015.