

AN ACT

relating to health benefit plan coverage for ovarian cancer screening.

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

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

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

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

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

(1) a plan that provides coverage:

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

(B) only for accidental death or dismemberment;

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

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

(E) only for dental or vision care; or

(F) only for indemnity for hospital confinement;

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

3 (3) a workers' compensation insurance policy;

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

6 (5) a credit insurance policy;

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

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

14 (b) To the extent that providing coverage for ovarian cancer
15 screening under this chapter would otherwise require this state to
16 make a payment under 42 U.S.C. Section 18031(d)(3)(B)(ii), a
17 qualified health plan, as defined by 45 C.F.R. Section 155.20, is
18 not required to provide a benefit for the ovarian cancer screening
19 under this chapter that exceeds the specified essential health
20 benefits required under 42 U.S.C. Section 18022(b).

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

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

1 (b) Coverage required under this section includes at a
2 minimum:

3 (1) a CA 125 blood test; and

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

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

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

President of the Senate

Speaker of the House

I certify that H.B. No. 2813 was passed by the House on April 22, 2015, by the following vote: Yeas 129, Nays 8, 2 present, not voting; and that the House concurred in Senate amendments to H.B. No. 2813 on May 18, 2015, by the following vote: Yeas 123, Nays 6, 1 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 2813 was passed by the Senate, with amendments, on May 13, 2015, by the following vote: Yeas 22, Nays 9.

Secretary of the Senate

APPROVED: _____

Date

Governor