```
King of Hemphill, et al.
                                                                        H.B. No. 2813
 1-1
       By:
       (Senate Sponsor - Eltife)
(In the Senate - Received from the House April 23, 2015;
April 27, 2015, read first time and referred to Committee on
 1-2
1-3
 1-4
       Business and Commerce; May 11, 2015, reported favorably by the following vote: Yeas 6, Nays 2; May 11, 2015, sent to printer.)
 1-5
 1-6
 1-7
                                       COMMITTEE VOTE
 1-8
                                                            Absent
                                                                         PNV
                                           Yea
                                                   Nav
 1-9
               Eltife
                                            Χ
1-10
               Creighton
Ellis
1-12
              Huffines
                                                     Χ
1-13
                                                     Χ
               Schwertner
               Seliger
1-14
1-15
1-16
               Taylor
                           Galveston
               Watson
1-17
               Whitmire
                                            Χ
1-18
                                   A BILL TO BE ENTITLED
1-19
                                            AN ACT
1-20
       relating to health benefit plan coverage for ovarian cancer
1-21
       screening.
1-22
               BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
SECTION 1. The heading to Chapter 1370, Insurance Code, is
1-24
       amended to read as follows:
1-25
        CHAPTER 1370. CERTAIN TESTS FOR DETECTION OF HUMAN PAPILLOMAVIRUS,
               OVARIAN CANCER, AND CERVICAL CANCER
SECTION 2. Section 1370.002, Insurance Code, is amended to
1-26
1 - 27
1-28
       read as follows:
1-29
                                                                  (<u>a</u>)
               Sec. 1370.002.
                                 EXCEPTIONS [EXCEPTION].
                                                                         This chapter
1-30
       does not apply to:
1-31
                     (1)
                           a plan that provides coverage:
                       (A) only for benefits for a specified disease or limited benefit, other than a plan that provides
1-32
1-33
       for another
1-34
       benefits for cancer treatment or similar services;
1-35
                            (B)
                                  only for accidental death or dismemberment;
1-36
                            (C)
                                  for wages or payments in lieu of wages for a
1-37
       period during which an employee is absent from work because of
1-38
       sickness or injury;
1-39
                            (D)
                                  as a supplement to a liability insurance
1-40
       policy;
1 - 41
                                  only for dental or vision care; or
                            (E)
1-42
                                  only for indemnity for hospital confinement;
                            (F)
1-43
       (2) a Medicare supplemental policy as defined by Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);
1-44
                           a workers' compensation insurance policy;
1-45
                     (3)
1-46
                     (4)
                           medical payment insurance coverage provided under
       1 - 47
1-48
1-49
                     (6)
                          a limited benefit policy that does not provide
1-50
       coverage for physical examinations or wellness exams; or
                     (7) a long-term care insurance policy, including a
1-51
       nursing home fixed indemnity policy, unless the commissioner determines that the policy provides benefit coverage so
1-52
1-53
1-54
       comprehensive that the policy is a health benefit plan as described
1-55
       by Section 1370.001.
1-56
                    This chapter does not apply to a qualified health plan
               (b)
       if a determination is made under 45 C.F.R. Section 155.170 that:

(1) this chapter requires the plan to offer benefits in addition to the essential health benefits required under 42
1-57
1-58
1-59
```

this state is required to defray the cost of the

U.S.C. Section 18022(b); and

 $(2)^{-}$

1-60 1-61 2-1 benefits mandated under this chapter.

2**-**2 2**-**3

2**-**4 2**-**5

2**-**6 2**-**7

2-8

2-9

2**-**10 2**-**11

2-12

2**-**13 2**-**14

2-15 2-16 2-17 2-18 2-19 2-20 2-21

2-22

2-23

2-24

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

- (a) A health benefit plan that provides coverage for diagnostic medical procedures must provide to each woman 18 years of age or older enrolled in the plan coverage for expenses for an annual medically recognized diagnostic examination for the early detection of <u>ovarian cancer and</u> cervical cancer.
- (b) Coverage required under this section includes at a minimum:

(1) a CA 125 blood test; and

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

test approved by the United States Food and Drug Administration for the detection of the human papillomavirus.

SECTION 4. The change in law made by this Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after the effective date of this Act. A plan that is delivered, issued for delivery, or renewed before the effective date of this Act 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. This Act takes effect September 1, 2015.

2-25 * * * * *