

House Bill 2813
Senate Amendments
Section-by-Section Analysis

HOUSE VERSION

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

CHAPTER 1370. CERTAIN TESTS FOR DETECTION OF HUMAN PAPILLOMAVIRUS, 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;
- (2) a Medicare supplemental policy as defined by Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);
- (3) a workers' compensation insurance policy;
- (4) medical payment insurance coverage provided under an automobile insurance policy;
- (5) a credit insurance policy;
- (6) a limited benefit policy that does not provide coverage for physical examinations or wellness exams; or
- (7) a long-term care insurance policy, including a nursing home fixed indemnity policy, unless the commissioner

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SECTION 1. Same as House version.

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;
- (2) a Medicare supplemental policy as defined by Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);
- (3) a workers' compensation insurance policy;
- (4) medical payment insurance coverage provided under an automobile insurance policy;
- (5) a credit insurance policy;
- (6) a limited benefit policy that does not provide coverage for physical examinations or wellness exams; or
- (7) a long-term care insurance policy, including a nursing home fixed indemnity policy, unless the commissioner

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determines that the policy provides benefit coverage so comprehensive that the policy is a health benefit plan as described by Section 1370.001.

(b) This chapter does not apply to a qualified health plan 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 U.S.C. Section 18022(b); and
(2) this state is required to defray the cost of the benefits mandated under this chapter.

No equivalent provision.

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 ovarian cancer and cervical cancer.
- (b) Coverage required under this section includes at a minimum:
- (1) a CA 125 blood test; and

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determines that the policy provides benefit coverage so comprehensive that the policy is a health benefit plan as described by Section 1370.001.

No equivalent provision.

(b) To the extent that providing coverage for ovarian cancer screening under this chapter would otherwise require this state to make a payment under 42 U.S.C. Section 18031(d)(3)(B)(ii), a qualified health plan, as defined by 45 C.F.R. Section 155.20, is not required to provide a benefit for the ovarian cancer screening under this chapter that exceeds the specified essential health benefits required under 42 U.S.C. Section 18022(b). [FA1]

SECTION 3. Same as House version.

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(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.

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.

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SECTION 4. Same as House version.

SECTION 5. Same as House version.

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