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S.B. No. 1028

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for colorectal cancer  
early detection.

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

SECTION 1. Section 1363.001, Insurance Code, is amended to  
read as follows:

Sec. 1363.001. APPLICABILITY OF CHAPTER. This chapter  
applies only to a health benefit plan, including a small employer  
health benefit plan written under Chapter 1501 or coverage that is  
provided by a health group cooperative under Subchapter B of that  
chapter, that:

(1) provides benefits for medical or surgical expenses  
incurred as a result of a health condition, accident, or sickness,  
including:

(A) an individual, group, blanket, or franchise  
insurance policy or insurance agreement, a group hospital service  
contract, or an individual or group evidence of coverage that is  
offered by:

(i) an insurance company;

(ii) a group hospital service corporation  
operating under Chapter 842;

(iii) a fraternal benefit society operating  
under Chapter 885;

(iv) a Lloyd's plan operating under Chapter

1 941;

2 (v) a stipulated premium company operating  
3 under Chapter 884; ~~[or]~~

4 (vi) a health maintenance organization  
5 operating under Chapter 843; or

6 (vii) a reciprocal or interinsurance  
7 exchange operating under Chapter 942; and

8 (B) to the extent permitted by the Employee  
9 Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et  
10 seq.), a health benefit plan that is offered by:

11 (i) a multiple employer welfare arrangement  
12 as defined by Section 3 of that Act; or

13 (ii) another analogous benefit  
14 arrangement;

15 (2) is offered by an approved nonprofit health  
16 corporation operating under Chapter 844; or

17 (3) provides health and accident coverage through a  
18 risk pool created under Chapter 172, Local Government Code,  
19 notwithstanding Section 172.014, Local Government Code, or any  
20 other law.

21 SECTION 2. Section 1363.002, Insurance Code, is amended to  
22 read as follows:

23 Sec. 1363.002. EXCEPTION. This chapter does not apply to:

24 (1) a plan that provides coverage:

25 (A) only for a specified disease or other limited  
26 benefit;

27 (B) only for accidental death or dismemberment;

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

4 (D) as a supplement to a liability insurance  
5 policy; ~~or~~

6 (E) only for indemnity for hospital confinement;  
7 or

8 (F) only for dental or vision care;

9 (2) ~~[a small employer health benefit plan written~~  
10 ~~under Chapter 1501;~~

11 ~~(3)~~ a Medicare supplemental policy as defined by  
12 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss),  
13 as amended;

14 (3) a credit-only insurance policy;

15 (4) a workers' compensation insurance policy;

16 (5) medical payment insurance coverage provided under  
17 a motor vehicle insurance policy; ~~or~~

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

20 (7) a multiple employer welfare arrangement that holds  
21 a certificate of authority under Chapter 846; or

22 (8) ~~(6)~~ a long-term care policy, including a nursing  
23 home fixed indemnity policy, unless the commissioner determines  
24 that the policy provides benefit coverage so comprehensive that the  
25 policy is a health benefit plan as described by Section 1363.001.

26 SECTION 3. Section 1363.003, Insurance Code, is amended to  
27 read as follows:

1           Sec. 1363.003. MINIMUM COVERAGE REQUIRED. (a) A health  
2 benefit plan that provides coverage for screening medical  
3 procedures must provide to each individual enrolled in the plan who  
4 is 45 [~~50~~] years of age or older and at normal risk for developing  
5 colon cancer coverage for expenses incurred in conducting a  
6 medically recognized screening examination for the detection of  
7 colorectal cancer.

8           (b) The minimum coverage required under this section must  
9 include:

10           (1) all colorectal cancer examinations and laboratory  
11 tests specified in the American Cancer Society guidelines for  
12 colorectal cancer screening for average-risk individuals as those  
13 guidelines existed on January 1, 2021, or a subsequent version of  
14 those guidelines adopted by the commissioner by rule, performed at  
15 the frequency recommended by those guidelines [~~a fecal occult~~  
16 ~~blood test performed annually and a flexible sigmoidoscopy~~  
17 ~~performed every five years]; and [~~or~~]~~

18           (2) an initial colonoscopy or other medical test or  
19 procedure for colorectal cancer screening and a follow-up  
20 colonoscopy if the results of the initial colonoscopy, test, or  
21 procedure are abnormal [~~a colonoscopy performed every 10 years~~].

22           (c) For an enrollee in a managed care plan as defined by  
23 Section 1451.151, the plan may impose a cost-sharing requirement  
24 for coverage described by this section only if the enrollee obtains  
25 the covered benefit or service outside the plan's network.

26           SECTION 4. The change in law made by this Act applies only  
27 to a health benefit plan that is delivered, issued for delivery, or

1 renewed on or after January 1, 2022. A health benefit plan that is  
2 delivered, issued for delivery, or renewed before January 1, 2022,  
3 is governed by the law as it existed immediately before the  
4 effective date of this Act, and that law is continued in effect for  
5 that purpose.

6 SECTION 5. This Act takes effect September 1, 2021.