

**SUBJECT:** Periodic health evaluations required for health maintenance organizations

**COMMITTEE:** Insurance — favorable, without amendment

**VOTE:** 8 ayes — Smithee, Averitt, Burnam, G. Lewis, J. Moreno, Olivo, Seaman, Thompson  
0 nays  
1 absent — Eiland

**SENATE VOTE:** On final passage, April 5 — 30-0, on Local and Uncontested Calendar

**WITNESSES:** None

**BACKGROUND:** The 75th Legislature in 1997 enacted SB 54 by Shapiro, requiring a health-benefit plan to allow a woman access to services from her designated obstetrician or gynecologist, including one “well woman” examination per year. Texas Department of Insurance rules under the Texas Administrative Code require health maintenance organizations (HMOs) to provide periodic health evaluations for adults, including health risk assessments at least once every three years for adults and annual well-woman examinations.

**DIGEST:** SB 544 would require basic health-care services under an HMO’s coverage to include a health risk assessment at least once every three years and, for a female enrollee, an annual well-woman examination provided in accordance with Insurance Code, art. 21.53D. This requirement would not apply to an evidence of coverage for a limited health-care service plan or a single health-care service plan.

The bill would take effect September 1, 2001, and would apply only to an evidence of coverage delivered, issued for delivery, or renewed on or after January 1, 2002.