

BILL ANALYSIS

Senate Research Center

H.B. 1485
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State Affairs
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Engrossed

AUTHOR'S/SPONSOR'S STATEMENT OF INTENT

Human papillomavirus (HPV) is one of the world's leading sexually transmitted diseases. HPV consist of as many as 100 different strains that cause a number of conditions. Thirteen of those strains are considered to be "high risk" and are associated with the development of precancerous abnormal cells. These precancerous cells may progress in females to become cervical cancer if left undetected and untreated.

Cervical cancer occurs in the lower, more narrow area of a woman's uterus. The presence of precancerous abnormal cells may be detected by a Pap smear test or pelvic exam. According to a study done by the Women in Government: HPV & Cervical Cancer Policy Resource Center, Texas's mortality rate due to cervical cancer is 30 percent higher than the national rate.

H.B. 1485 provides those who are insured the health benefit plan coverage for screening tests for human papillomavirus (HPV) and cervical cancer.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Subtitle E, Title 8, Insurance Code, as effective April 1, 2005, by adding Chapter 1370, as follows:

CHAPTER 1370. CERTAIN TESTS FOR DETECTION OF HUMAN PAPILLOMAVIRUS AND CERVICAL CANCER

Sec. 1370.001. **APPLICABILITY OF CHAPTER.** (a) Provides that this chapter applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, an individual or group evidence of coverage, or a similar coverage document, that is offered by certain entities.

(b) Provides that this chapter applies to a small employer health benefit plan written under Chapter 1501 (Health Insurance Portability and Availability Act).

Sec. 1370.002. **EXCEPTION.** Sets forth the plans and policies for which this chapter does not apply.

Sec. 1370.003. **COVERAGE REQUIRED.** (a) Requires a health benefit plan that provides coverage for diagnostic medical procedures to provide coverage for expenses for an annual medically recognized diagnostic examination for the early detection of cervical cancer to each woman 18 years of age or older enrolled in the plan.

(b) Provides that coverage required under this section includes at a minimum 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.

(c) Requires a screening test required under this section to be performed in accordance with specific guidelines.

Sec. 1370.004. NOTICE OF COVERAGE. Requires a health benefit plan issuer to provide to each woman 18 years of age or older enrolled in the plan written notice of the coverage required under this chapter. Requires the notice to be provided in accordance with rules adopted by the commissioner of insurance.

SECTION 2. Amends Section 3(b), Article 3.80, Insurance Code, to provide that "state-mandated health benefits" does not include specific benefits.

SECTION 3. Amends Subsection (d), Article 20A.09N, Insurance Code, to provide that "state-mandated health benefits" does not include specific coverage.

SECTION 4. Makes application of this Act prospective to January 1, 2006.

SECTION 5. Provides that to the extent of any conflict, this Act prevails over another Act of the 79th Legislature, Regular Session, 2005, relating to nonsubstantive additions to and corrections in enacted codes.

SECTION 6. Effective date: September 1, 2005.