

## **BILL ANALYSIS**

C.S.H.B. 2102  
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Insurance  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Citing reports that one in eight women are diagnosed with breast cancer, interested parties contend that additional screening to detect tumors, such as those hidden by dense breast tissue, would help to ensure a woman's rights as a patient and increase the possibility for a longer, healthier life. While mammograms continue to work for many women, for those women for whom mammograms are unhelpful coverage of such supplemental screening can be essential. Early detection is an important element for survival of cancer, but without financial assistance for those who cannot afford testing, the chances of beating this terrible disease are diminished. C.S.H.B. 2102 seeks to address this issue by requiring certain health benefit plans to provide coverage for supplemental breast cancer screening under certain circumstances.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 2102 amends the Insurance Code to require certain health benefit plans to provide coverage for supplemental breast cancer screening and provides a short title, Henda's Law, for purposes of citing its provisions. The bill defines "supplemental breast cancer screening" as a method of screening, including ultrasound imaging, designed to supplement mammography by detecting breast cancers that may not be visible using only mammography.

C.S.H.B. 2102 makes its provisions applicable to a health benefit plan offered by specified types of insurance providers. The bill exempts from its provisions specified types of health benefit plans and related insurance policies and coverage. The bill requires a health benefit plan that provides coverage for mammography, including coverage for low-dose mammography, to also provide coverage for supplemental breast cancer screening if a physician treating the enrollee or screening the enrollee for breast cancer finds that the enrollee has dense breast tissue, as defined by the Breast Imaging Reporting and Database System (Fourth Edition) established by the American College of Radiology, and additional risk factors for breast cancer that warrant supplemental breast cancer screening beyond mammography.

C.S.H.B. 2102 defines "health benefit exchange," provides for the meaning of "qualified health plan" by reference to federal law, and makes its provisions applicable to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2012. The bill makes conforming changes.

### **EFFECTIVE DATE**

September 1, 2011.

## **COMPARISON OF ORIGINAL AND SUBSTITUTE**

C.S.H.B. 2102 contains provisions not included in the original defining "health benefit exchange" and providing for the meaning of "qualified health plan." The substitute differs from the original by specifying that the term "supplemental breast cancer screening" includes ultrasound imaging, whereas the original includes in the meaning of the term a breast MRI examination or any other screening method recommended by a professional association or agency with expertise in mammography, including the National Cancer Institute and the National Comprehensive Cancer Network, based on a patient's specific risk factors.

C.S.H.B. 2102 omits provisions included in the original making the bill's provisions apply to a health benefit plan offered by a multiple employer welfare arrangement that holds a certificate of authority under applicable statutory provisions and to certain types of health benefit plans and group health coverage offered to certain public employees. The substitute omits a provision included in the original requiring the state Medicaid program and a managed care organization that contracts with the Health and Human Services Commission to provide health care services to Medicaid recipients through a managed care plan to provide supplemental breast cancer screening benefits to a Medicaid recipient, to the extent allowed by federal law.

C.S.H.B. 2102 contains provisions not included in the original exempting from the bill's provisions a plan that provides coverage only for benefits for a specified disease or for another limited benefit, a plan that provides coverage only for accidental death or dismemberment, and a qualified health plan offered through a health benefit exchange.

C.S.H.B. 2102 differs from the original, in the provision requiring a health benefit plan to provide coverage for supplemental breast cancer screening if a physician treating or screening the enrollee makes certain findings, by including a finding that the enrollee has additional risk factors for breast cancer that warrant the supplemental screening, whereas the original includes a finding that the enrollee has additional risk factors for breast cancer that the physician believes warrant the supplemental screening.