

By: Alonzo

H.B. No. 210

A BILL TO BE ENTITLED

AN ACT

relating to the coverage by certain health benefit plans of
mammograms performed by certain health care providers.

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

SECTION 1. Chapter 1356, Insurance Code, is amended to read
as follows:

CHAPTER 1356. LOW-DOSE MAMMOGRAPHY

SUBCHAPTER A. GENERAL PROVISIONS

Sec. 1356.001. DEFINITIONS. [~~DEFINITION.~~] In this
chapter:

(1) "Enrollee" means an individual enrolled in a
health benefit plan.

(2) "Low-dose mammography" [~~,"low-dose mammography"~~]
means the x-ray examination of the breast using equipment dedicated
specifically for mammography, including an x-ray tube, filter,
compression device, screens, films, and cassettes, with an average
radiation exposure delivery of less than one rad mid-breast, with
two views for each breast.

Sec. 1356.002. APPLICABILITY OF CHAPTER. This chapter
applies only to a health benefit plan that is delivered, issued for
delivery, or renewed in this state and that is an individual or
group accident and health insurance policy, including a policy
issued by a group hospital service corporation operating under
Chapter 842.

1 Sec. 1356.003. APPLICABILITY OF GENERAL PROVISIONS OF OTHER
2 LAW. The provisions of Chapter 1201, including provisions
3 relating to the applicability, purpose, and enforcement of that
4 chapter, construction of policies under that chapter, rulemaking
5 under that chapter, and definitions of terms applicable in that
6 chapter, apply to this chapter.

7 Sec. 1356.004. EXCEPTION. This chapter does not apply to a
8 plan that provides coverage only for a specified disease or for
9 another limited benefit.

10 SUBCHAPTER B. COVERAGE OF CERTAIN PROCEDURES REQUIRED

11 Sec. 1356.051. [~~1356.005.~~] COVERAGE REQUIRED. (a) A health
12 benefit plan that provides coverage to a female who is 35 years of
13 age or older must include coverage for an annual screening by
14 low-dose mammography for the presence of occult breast cancer.

15 (b) Coverage required by this section:

16 (1) may not be less favorable than coverage for other
17 radiological examinations under the plan; and

18 (2) must be subject to the same dollar limits,
19 deductibles, and coinsurance factors as coverage for other
20 radiological examinations under the plan.

21 SUBCHAPTER C. CHOICE OF PROVIDER

22 Sec. 1356.101. APPLICABILITY OF SUBCHAPTER. In addition to
23 a health benefit plan subject to this chapter under Sections
24 1356.002 and 1356.003, this subchapter also applies to a health
25 benefit plan that is delivered, issued for delivery, or renewed in
26 this state and that is an individual or group evidence of coverage
27 issued by a health maintenance organization operating under Chapter

1 843.

2 Sec. 1356.102. CHOICE OF PROVIDER; PRIOR APPROVAL. (a) A
3 health benefit plan that provides coverage for low-dose mammography
4 must allow an enrollee to have a covered mammogram performed by a
5 physician or provider selected by the enrollee other than the
6 enrollee's primary care physician or primary care provider.

7 (b) A health benefit plan may require an enrollee to receive
8 prior approval before having a covered mammogram performed by a
9 physician or provider other than the enrollee's primary care
10 physician or primary care provider.

11 (c) This section does not affect the authority of a health
12 benefit issuer to establish selection criteria for physicians and
13 providers who provide services under the plan.

14 SECTION 2. The change in law made by this Act applies only
15 to a health benefit plan that is delivered, issued for delivery, or
16 renewed on or after January 1, 2012. A health benefit plan that is
17 delivered, issued for delivery, or renewed before January 1, 2012,
18 is covered by the law in effect at the time the health benefit plan
19 was delivered, issued for delivery, or renewed, and that law is
20 continued in effect for that purpose.

21 SECTION 3. This Act takes effect September 1, 2011.