

By: Hernandez Luna

H.B. No. 834

A BILL TO BE ENTITLED

AN ACT

relating to supplemental breast cancer screening.

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

SECTION 1. This Act shall be known as Henda's Law.

SECTION 2. Subchapter B, Chapter 86, Health and Safety Code, is amended by adding Section 86.013 to read as follows:

Sec. 86.013. INFORMATION ON SUPPLEMENTAL BREAST CANCER SCREENING. (a) A physician consulting with a patient regarding the results of a mammography exam shall provide the patient with a copy of the patient's mammography report.

(b) A mammography report provided to a patient under Subsection (a) must include information regarding breast density, based on the Breast Imaging Reporting and Database System established by the American College of Radiology. The report must include the following notice:

"If your mammogram demonstrates that you have dense breast tissue, which could hide abnormalities, you might benefit from supplemental screening tests, which can include a breast MRI examination, a breast ultrasound screening, or other available screening methods, depending on your individual risk factors.

"Dense breast tissue, in and of itself, is a relatively common condition. Therefore, this statement is not provided to cause undue concern, but rather to raise your awareness of the limitations of mammography testing and to promote discussion with

1 your physician regarding the presence of other risk factors, in  
2 addition to dense breast tissue, that may warrant supplemental  
3 screening.

4 "A report of your mammography results, which contains  
5 information about your breast density, has been sent to your  
6 physician's office, and you should contact your physician if you  
7 have any questions or concerns regarding this report."

8 (c) This section does not create a cause of action under  
9 Chapter 74, Civil Practice and Remedies Code.

10 SECTION 3. Section 1201.005, Insurance Code, is amended to  
11 read as follows:

12 Sec. 1201.005. REFERENCES TO CHAPTER. In this chapter, a  
13 reference to this chapter includes a reference to:

14 (1) Section 1202.052;

15 (2) Section 1271.005(a), to the extent that the  
16 subsection relates to the applicability of Section 1201.105, and  
17 Sections 1271.005(d) and (e);

18 (3) Chapter 1351;

19 (4) Subchapters C and E, Chapter 1355;

20 (5) Subchapter A, Chapter 1356;

21 (6) Chapter 1365;

22 (7) Subchapter A, Chapter 1367; and

23 (8) Subchapters A, B, and G, Chapter 1451.

24 SECTION 4. The heading to Chapter 1356, Insurance Code, is  
25 amended to read as follows:

1 CHAPTER 1356. [~~LOW-DOSE~~] MAMMOGRAPHY AND OTHER BREAST CANCER

2 SCREENING

3 SECTION 5. Sections 1356.001 through 1356.005, Insurance  
4 Code, are designated as Subchapter A, Chapter 1356, Insurance Code,  
5 and a heading is added to Subchapter A to read as follows:

6 SUBCHAPTER A. LOW-DOSE MAMMOGRAPHY

7 SECTION 6. Section 1356.001, Insurance Code, is amended to  
8 read as follows:

9 Sec. 1356.001. DEFINITION. In this subchapter [~~chapter~~],  
10 "low-dose mammography" means the x-ray examination of the breast  
11 using equipment dedicated specifically for mammography, including  
12 an x-ray tube, filter, compression device, screens, films, and  
13 cassettes, with an average radiation exposure delivery of less than  
14 one rad mid-breast, with two views for each breast.

15 SECTION 7. Section 1356.002, Insurance Code, is amended to  
16 read as follows:

17 Sec. 1356.002. APPLICABILITY OF SUBCHAPTER [~~CHAPTER~~]. This  
18 subchapter [~~chapter~~] applies only to a health benefit plan that is  
19 delivered, issued for delivery, or renewed in this state and that is  
20 an individual or group accident and health insurance policy,  
21 including a policy issued by a group hospital service corporation  
22 operating under Chapter 842.

23 SECTION 8. Section 1356.003, Insurance Code, is amended to  
24 read as follows:

25 Sec. 1356.003. APPLICABILITY OF GENERAL PROVISIONS OF OTHER  
26 LAW. The provisions of Chapter 1201, including provisions relating  
27 to the applicability, purpose, and enforcement of that chapter,

1 construction of policies under that chapter, rulemaking under that  
2 chapter, and definitions of terms applicable in that chapter, apply  
3 to this subchapter [~~chapter~~].

4 SECTION 9. Section 1356.004, Insurance Code, is amended to  
5 read as follows:

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

9 SECTION 10. Chapter 1356, Insurance Code, is amended by  
10 adding Subchapter B to read as follows:

11 SUBCHAPTER B. SUPPLEMENTAL BREAST CANCER SCREENING

12 Sec. 1356.051. DEFINITION. In this subchapter,  
13 "supplemental breast cancer screening" means a method of screening  
14 designed to supplement mammography by detecting breast cancers that  
15 may not be visible using only mammography. The term may include:

- 16 (1) a breast MRI examination;  
17 (2) a breast ultrasound screening; or  
18 (3) any other method determined by a physician, based  
19 on a patient's specific risk factors.

20 Sec. 1356.052. APPLICABILITY OF SUBCHAPTER. (a) This  
21 subchapter applies only to a health benefit plan that provides  
22 benefits for medical or surgical expenses incurred as a result of a  
23 health condition, accident, or sickness, including an individual,  
24 group, blanket, or franchise insurance policy or insurance  
25 agreement, a group hospital service contract, or an individual or  
26 group evidence of coverage or similar coverage document that is  
27 offered by:

1           (1) an insurance company;

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

4           (3) a fraternal benefit society operating under  
5 Chapter 885;

6           (4) a stipulated premium company operating under  
7 Chapter 884;

8           (5) an exchange operating under Chapter 942;

9           (6) a health maintenance organization operating under  
10 Chapter 843;

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

13           (8) an approved nonprofit health corporation that  
14 holds a certificate of authority under Chapter 844.

15           (b) This subchapter applies to group health coverage made  
16 available by a school district in accordance with Section 22.004,  
17 Education Code.

18           (c) Notwithstanding Section 172.014, Local Government Code,  
19 or any other law, this subchapter applies to health and accident  
20 coverage provided by a risk pool created under Chapter 172, Local  
21 Government Code.

22           (d) Notwithstanding any provision in Chapter 1551, 1575,  
23 1579, or 1601 or any other law, this subchapter applies to:

24           (1) a basic coverage plan under Chapter 1551;

25           (2) a basic plan under Chapter 1575;

26           (3) a primary care coverage plan under Chapter 1579;

27 and

1           (4) basic coverage under Chapter 1601.

2           (e) Notwithstanding Section 1501.251 or any other law, this  
3 subchapter applies to coverage under a small employer health  
4 benefit plan subject to Chapter 1501.

5           Sec. 1356.053. APPLICABILITY TO CERTAIN GOVERNMENT  
6 PROGRAMS. To the extent allowed by federal law, the state Medicaid  
7 program and a managed care organization that contracts with the  
8 Health and Human Services Commission to provide health care  
9 services to Medicaid recipients through a managed care plan shall  
10 provide the benefits required under this subchapter to a Medicaid  
11 recipient.

12           Sec. 1356.054. EXCEPTION. This subchapter does not apply  
13 to:

14           (1) a plan that provides coverage:

15                   (A) for wages or payments in lieu of wages for a  
16 period during which an employee is absent from work because of  
17 sickness or injury;

18                   (B) as a supplement to a liability insurance  
19 policy;

20                   (C) for credit insurance;

21                   (D) only for dental or vision care;

22                   (E) only for hospital expenses; or

23                   (F) only for indemnity for hospital confinement;

24           (2) a Medicare supplemental policy as defined by  
25 Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);

26           (3) a workers' compensation insurance policy;

27           (4) medical payment insurance coverage provided under

1 a motor vehicle insurance policy; or

2 (5) a long-term care policy, including a nursing home  
3 fixed indemnity policy, unless the commissioner determines that the  
4 policy provides benefit coverage so comprehensive that the policy  
5 is a health benefit plan as described by Section 1356.052.

6 Sec. 1356.055. COVERAGE REQUIRED. A health benefit plan  
7 that provides coverage for mammography, including coverage for  
8 low-dose mammography required by Subchapter A, must also provide  
9 coverage for supplemental breast cancer screening if a physician  
10 treating the enrollee or screening the enrollee for breast cancer  
11 finds that the enrollee has:

12 (1) dense breast tissue, as defined by the Breast  
13 Imaging Reporting and Database System (Fourth Edition) established  
14 by the American College of Radiology; and

15 (2) additional risk factors for breast cancer that the  
16 physician believes warrant supplemental breast cancer screening  
17 beyond mammography.

18 SECTION 11. This Act applies only to a health benefit plan  
19 that is delivered, issued for delivery, or renewed on or after  
20 January 1, 2012. A health benefit plan that is delivered, issued  
21 for delivery, or renewed before January 1, 2012, is governed by the  
22 law as it existed immediately before the effective date of this Act,  
23 and that law is continued in effect for that purpose.

24 SECTION 12. This Act takes effect September 1, 2011.