

House Bill 2102
Senate Amendments
Section-by-Section Analysis

HOUSE VERSION

SENATE VERSION (CS)

CONFERENCE

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

SECTION 1. Same as House version.

SECTION 2. Section 1201.005, Insurance Code, is amended to read as follows:

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

- (1) Section 1202.052;
- (2) Section 1271.005(a), to the extent that the subsection relates to the applicability of Section 1201.105, and Sections 1271.005(d) and (e);
- (3) Chapter 1351;
- (4) Subchapters C and E, Chapter 1355;
- (5) Subchapter A, Chapter 1356;
- (6) Chapter 1365;
- (7) Subchapter A, Chapter 1367; and
- (8) Subchapters A, B, and G, Chapter 1451.

No equivalent provision.

SECTION 3. The heading to Chapter 1356, Insurance Code, is amended to read as follows:

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

No equivalent provision.

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

SUBCHAPTER A. LOW-DOSE MAMMOGRAPHY

No equivalent provision.

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SECTION 5. Section 1356.001, Insurance Code, is amended to read as follows:

Sec. 1356.001. DEFINITION. In this subchapter [~~chapter~~], "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.

SECTION 6. Section 1356.002, Insurance Code, is amended to read as follows:

Sec. 1356.002. APPLICABILITY OF SUBCHAPTER [~~CHAPTER~~]. This subchapter [~~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.

SECTION 7. Section 1356.003, Insurance Code, is amended to read as follows:

Sec. 1356.003. APPLICABILITY OF GENERAL PROVISIONS OF OTHER LAW. The provisions of Chapter 1201, including provisions relating to the applicability, purpose, and enforcement of that chapter, construction of policies under that chapter, rulemaking under that chapter, and definitions of terms applicable in that chapter, apply to this subchapter [~~chapter~~].

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No equivalent provision.

No equivalent provision.

No equivalent provision.

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SECTION 8. Section 1356.004, Insurance Code, is amended to read as follows:

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

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

SUBCHAPTER B. SUPPLEMENTAL BREAST CANCER SCREENING

Sec. 1356.051. DEFINITIONS. In this subchapter:

(1) "Health benefit exchange" means an American Health Benefit Exchange administered by the federal government or created pursuant to Section 1311(b), Patient Protection and Affordable Care Act (42 U.S.C. Section 18031).

(2) "Qualified health plan" has the meaning assigned by Section 1301(a), Patient Protection and Affordable Care Act (42 U.S.C. Section 18021).

(3) "Supplemental breast cancer screening" means a method of screening, including ultrasound imaging, that is designed to supplement mammography by detecting breast cancers that may not be visible using only mammography.

Sec. 1356.052. APPLICABILITY OF SUBCHAPTER. (a) This subchapter 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, or an individual or group evidence of coverage or similar coverage document that is offered by:

(1) an insurance company;

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No equivalent provision.

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

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

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

(5) an exchange operating under Chapter 942;

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

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

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

Sec. 1356.053. EXCEPTION. This subchapter does not apply to:

(1) a plan that provides coverage:

(A) only for benefits for a specified disease or for another limited benefit;

(B) only for accidental death or dismemberment;

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

(D) as a supplement to a liability insurance policy;

(E) for credit insurance;

(F) only for dental or vision care;

(G) only for hospital expenses; or

(H) only for indemnity for hospital confinement;

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

(3) a workers' compensation insurance policy;

(4) medical payment insurance coverage provided under a motor vehicle insurance policy;

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

(6) a qualified health plan offered through a health benefit exchange.

Sec. 1356.054. COVERAGE REQUIRED. A health benefit plan that provides coverage for mammography, including coverage for low-dose mammography required by Subchapter A, must 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:

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

(2) additional risk factors for breast cancer that warrant supplemental breast cancer screening beyond mammography.

SECTION 10. This Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2012. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2012, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

No equivalent provision.

No equivalent provision.

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

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Sec. 86.013. INFORMATION ON SUPPLEMENTAL BREAST CANCER SCREENING. (a) On completion of a mammogram, a mammography facility certified by the United States Food and Drug Administration or by a certification agency approved by the United States Food and Drug Administration shall provide to the patient the following notice:

"If your mammogram demonstrates that you have dense breast tissue, which could hide abnormalities, and you have other risk factors for breast cancer that have been identified, you might benefit from supplemental screening tests that may be suggested by your ordering physician.

"Dense breast tissue, in and of itself, is a relatively common condition. Therefore, this information is not provided to cause undue concern, but rather to raise your awareness and to promote discussion with your physician regarding the presence of other risk factors, in addition to dense breast tissue.

"A report of your mammography results will be sent to you and your physician. You should contact your physician if you have any questions or concerns regarding this report."

(b) Notwithstanding any other law, this section does not create a cause of action or create a standard of care, obligation, or duty that provides a basis for a cause of action.

(c) The information required by this section or evidence that a person violated this section is not admissible in a civil, judicial, or administrative proceeding.

No equivalent provision.

SECTION 3. A mammography facility is not required to comply with the requirements of Section 86.013, Health and Safety Code, as added by this Act, until January 1, 2012.

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SECTION 11. This Act takes effect September 1, 2011.

SECTION 4. Same as House version.