

BILL ANALYSIS

H.B. 170
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Insurance
Committee Report (Unamended)

BACKGROUND AND PURPOSE

According to research, mammograms are an important tool for the early detection of breast cancer and the prevention of breast cancer deaths. Currently, many insured patients who wish or need to have a mammogram performed by someone other than the patient's primary care physician must first wait for an appointment with the primary care physician to obtain a referral and then wait for another appointment with the chosen mammographer. Interested parties contend that such a practice wastes crucial time and that insured patients should be able to bypass the need for a primary care physician referral and go directly to the mammographer of their choice while still having the costs of the mammogram covered by the insurance provider. H.B. 170 seeks to provide this option to enrollees in certain health benefit plans.

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

H.B. 170 amends the Insurance Code to require a health benefit plan that provides coverage for low-dose mammography to allow an enrollee to have a covered mammogram performed by a physician or provider selected by the enrollee other than the enrollee's primary care physician or primary care provider. The bill authorizes a health benefit plan to require an enrollee to receive prior approval before having a covered mammogram performed by a physician or provider other than the enrollee's primary care physician or primary care provider and specifies that its provisions do not affect the authority of a health benefit plan issuer to establish selection criteria for physicians and providers who provide services under the plan.

H.B. 170 specifies that its provisions also apply to a health benefit plan delivered, issued for delivery, or renewed in Texas as an individual or group evidence of coverage issued by a health maintenance organization, in addition to health benefit plans subject to low-dose mammography coverage requirements. The bill's provisions apply only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2014.

EFFECTIVE DATE

September 1, 2013.