By: Alonzo, Marquez, Alvarado, S. Davis of Harris, Dukes H.B. No. 170

A BILL TO BE ENTITLED

l AN ACT

- 2 relating to the coverage by certain health benefit plans of
- 3 mammograms performed by certain health care providers.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
- 5 SECTION 1. Chapter 1356, Insurance Code, is amended to read
- 6 as follows:
- 7 CHAPTER 1356. LOW-DOSE MAMMOGRAPHY
- 8 SUBCHAPTER A. GENERAL PROVISIONS
- 9 Sec. 1356.001. <u>DEFINITIONS.</u> [DEFINITION.] In this
- 10 chapter:
- 11 (1) "Enrollee" means an individual enrolled in a
- 12 health benefit plan.
- 13 (2) "Low-dose mammography" [, "low-dose mammography"]
- 14 means the x-ray examination of the breast using equipment dedicated
- 15 specifically for mammography, including an x-ray tube, filter,
- 16 compression device, screens, films, and cassettes, with an average
- 17 radiation exposure delivery of less than one rad mid-breast, with
- 18 two views for each breast.
- 19 Sec. 1356.002. APPLICABILITY OF CHAPTER. This chapter
- 20 applies only to a health benefit plan that is delivered, issued for
- 21 delivery, or renewed in this state and that is an individual or
- 22 group accident and health insurance policy, including a policy
- 23 issued by a group hospital service corporation operating under
- 24 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.

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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.

SUBCHAPTER C. CHOICE OF PROVIDER

- Sec. 1356.101. APPLICABILITY OF SUBCHAPTER. In addition to
- 23 <u>a health benefit plan subject to this chapter under Sections</u>
- 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.
- Sec. 1356.102. CHOICE OF PROVIDER; PRIOR APPROVAL. (a) A
- 3 health benefit plan that provides coverage for low-dose mammography
- 4 may 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 <u>(c)</u> This section does not affect the authority of a health
- 12 benefit plan issuer to establish selection criteria for physicians
- 13 and providers who provide services under the plan.
- 14 (d) A physician or provider that performs a mammogram
- 15 described by Subsection (a) must provide a copy of the mammogram
- 16 report to the enrollee's primary care physician.
- 17 SECTION 2. The change in law made by this Act applies only
- 18 to a health benefit plan that is delivered, issued for delivery, or
- 19 renewed on or after January 1, 2014. A health benefit plan that is
- 20 delivered, issued for delivery, or renewed before January 1, 2014,
- 21 is covered by the law in effect at the time the health benefit plan
- 22 was delivered, issued for delivery, or renewed, and that law is
- 23 continued in effect for that purpose.
- SECTION 3. This Act takes effect September 1, 2013.