

By: Hernandez Luna

H.B. No. 495

A BILL TO BE ENTITLED

AN ACT

relating to the requirement that certain health benefit plans provide coverage for supplemental breast cancer screening.

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

SECTION 1. 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.

SECTION 2. The heading to Chapter 1356, Insurance Code, is amended to read as follows:

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

SECTION 3. Sections 1356.001 through 1356.005, Insurance Code, are designated as Subchapter A, Chapter 1356, Insurance Code,

1 and a heading is added to Subchapter A to read as follows:

2 SUBCHAPTER A. LOW-DOSE MAMMOGRAPHY

3 SECTION 4. Section 1356.001, Insurance Code, is amended to
4 read as follows:

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

11 SECTION 5. Section 1356.002, Insurance Code, is amended to
12 read as follows:

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

19 SECTION 6. Section 1356.003, Insurance Code, is amended to
20 read as follows:

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

27 SECTION 7. Section 1356.004, Insurance Code, is amended to

1 read as follows:

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

5 SECTION 8. Chapter 1356, Insurance Code, is amended by
6 adding Subchapter B to read as follows:

7 SUBCHAPTER B. SUPPLEMENTAL BREAST CANCER SCREENING

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

- 12 (1) a breast MRI examination; or
13 (2) any other screening method recommended by a
14 professional association or agency with expertise in mammography,
15 including the National Cancer Institute and the National
16 Comprehensive Cancer Network, based on a patient's specific risk
17 factors.

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

- 26 (1) an insurance company;
27 (2) a group hospital service corporation operating

1 under Chapter 842;

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

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

6 (5) an exchange operating under Chapter 942;

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

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

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

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

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

20 (d) Notwithstanding any provision in Chapter 1551, 1575,
21 1579, or 1601 or any other law, this subchapter applies to:

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

23 (2) a basic plan under Chapter 1575;

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

25 and

26 (4) basic coverage under Chapter 1601.

27 (e) Notwithstanding Section 1501.251 or any other law, this

1 subchapter applies to coverage under a small employer health
2 benefit plan subject to Chapter 1501.

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

10 Sec. 1356.054. EXCEPTION. This subchapter does not apply
11 to:

12 (1) a plan that provides coverage:

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

16 (B) as a supplement to a liability insurance
17 policy;

18 (C) for credit insurance;

19 (D) only for dental or vision care;

20 (E) only for hospital expenses; or

21 (F) only for indemnity for hospital confinement;

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

25 (3) a workers' compensation insurance policy;

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

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

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

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

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

17 SECTION 9. This Act applies only to a health benefit plan
18 that is delivered, issued for delivery, or renewed on or after
19 January 1, 2014. A health benefit plan that is delivered, issued
20 for delivery, or renewed before January 1, 2014, is governed by the
21 law as it existed immediately before the effective date of this Act,
22 and that law is continued in effect for that purpose.

23 SECTION 10. This Act takes effect September 1, 2013.