By: Alonzo

H.B. No. 449

	A BILL TO BE ENTITLED
1	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 <u>:</u>
11	(1) "Enrollee" means an individual enrolled in a
12	health benefit plan.
13	<pre>(2) "Low-dose mammography" [, "low-dose mammography"]</pre>
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.

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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 chapter.

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

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SUBCHAPTER B. COVERAGE OF CERTAIN PROCEDURES REQUIRED

Sec. <u>1356.051.</u> [1356.005.] COVERAGE REQUIRED. (a) A health benefit plan that provides coverage to a female who is 35 years of age or older must include coverage for an annual screening by low-dose mammography for the presence of occult breast cancer.

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(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.

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SUBCHAPTER C. CHOICE OF PROVIDER

22 <u>Sec. 1356.101. APPLICABILITY OF SUBCHAPTER. In addition to</u> 23 <u>a health benefit plan subject to this chapter under Sections</u> 24 <u>1356.002 and 1356.003, this subchapter also applies to a health</u> 25 <u>benefit plan that is delivered, issued for delivery, or renewed in</u> 26 <u>this state and that is an individual or group evidence of coverage</u> 27 <u>issued by a health maintenance organization operating under Chapter</u>

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Sec. 1356.102. CHOICE OF PROVIDER; PRIOR APPROVAL. (a) A
health benefit plan that provides coverage for low-dose mammography
may 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.

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 (c) 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 or primary care
17 provider.

SECTION 2. The change in law made by this Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2016. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2016, is covered by the law as it existed at the time the health benefit plan was delivered, issued for delivery, or renewed, and that law is continued in effect for that purpose.

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SECTION 3. This Act takes effect September 1, 2015.

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