

By: Collier

H.B. No. 583

A BILL TO BE ENTITLED

AN ACT

relating to coverage for supplemental breast cancer screening under certain health benefit plans.

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,

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

SUBCHAPTER A. LOW-DOSE MAMMOGRAPHY

SECTION 4. 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 5. 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 6. 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~~].

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. DEFINITIONS. In this subchapter:

9 (1) "Health benefit exchange" means an American Health  
10 Benefit Exchange administered by the federal government or created  
11 under Section 1311(b), Patient Protection and Affordable Care Act  
12 (42 U.S.C. Section 18031).

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

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

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

1           (1) an insurance company;

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

4           (3) a health maintenance organization operating under  
5 Chapter 843;

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

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

10          (6) a fraternal benefit society operating under  
11 Chapter 885; or

12          (7) an exchange operating under Chapter 942.

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

16          Sec. 1356.053. EXCEPTION: QUALIFIED HEALTH PLAN. This  
17 subchapter does not apply to a qualified health plan offered  
18 through a health benefit exchange.

19          Sec. 1356.054. OFFER OF OPTIONAL COVERAGE REQUIRED. (a) An  
20 issuer of a health benefit plan that provides coverage for  
21 mammography, including coverage for low-dose mammography required  
22 by Subchapter A, must also offer to provide coverage for  
23 supplemental breast cancer screening as part of an annual  
24 well-woman examination covered under the plan if a licensed health  
25 care professional treating the enrollee or screening the enrollee  
26 for breast cancer finds that the enrollee has:

27          (1) dense breast tissue, as defined by the Breast

1 Imaging Reporting and Database System (Fifth Edition) established  
2 by the American College of Radiology; and

3 (2) additional risk factors determined under  
4 Subsection (c) for breast cancer that warrant supplemental breast  
5 cancer screening beyond mammography.

6 (b) An additional premium may be charged for the coverage  
7 described by Subsection (a).

8 (c) The commissioner by rule shall determine risk factors  
9 described by Subsection (a)(2) based on scientific research and  
10 models for breast cancer.

11 SECTION 9. This Act applies only to a health benefit plan  
12 that is delivered, issued for delivery, or renewed on or after  
13 January 1, 2018. A health benefit plan that is delivered, issued  
14 for delivery, or renewed before January 1, 2018, is governed by the  
15 law as it existed immediately before the effective date of this Act,  
16 and that law is continued in effect for that purpose.

17 SECTION 10. This Act takes effect September 1, 2017.