

By: Hernandez

H.B. No. 1466

A BILL TO BE ENTITLED

AN ACT

relating to coverage for mammography and 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 B, 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. Chapter 1356, Insurance Code, is amended by designating Sections 1356.001 through 1356.004 as Subchapter A and

1 adding a subchapter heading to read as follows:

2 SUBCHAPTER A. GENERAL PROVISIONS

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

5 Sec. 1356.001. DEFINITIONS. [~~DEFINITION.~~] In this
6 chapter:

7 (1) "Enrollee" means an individual enrolled in a
8 health benefit plan.

9 (2) "Low-dose mammography" [~~,"low-dose mammography"]~~
10 means the x-ray examination of the breast using equipment dedicated
11 specifically for mammography, including an x-ray tube, filter,
12 compression device, screens, films, and cassettes, with an average
13 radiation exposure delivery of less than one rad mid-breast, with
14 two views for each breast.

15 SECTION 5. Section 1356.002, Insurance Code, is amended to
16 read as follows:

17 Sec. 1356.002. APPLICABILITY OF CHAPTER. This chapter
18 applies only to a healthbenefit plan that is delivered, issued for
19 delivery, or renewed in this state and that is an individual or
20 group accident and health insurance policy, including a policy
21 issued by a group hospital service corporation operating under
22 Chapter 842, or that is an individual or group evidence of coverage
23 issued by a health maintenance organization operating under Chapter
24 843.

25 SECTION 6. Chapter 1356, Insurance Code, is amended by
26 designating Section 1356.005 as Subchapter B and adding a
27 subchapter heading to read as follows:

1 SUBCHAPTER B. LOW-DOSE MAMMOGRAPHY

2 SECTION 7. Subchapter B, Chapter 1356, Insurance Code, as
3 added by this Act, is amended by adding Section 1356.006 to read as
4 follows:

5 Sec. 1356.006. CHOICE OF PROVIDER; PRIOR APPROVAL. (a) A
6 health benefit plan that provides coverage for low-dose mammography
7 must allow an enrollee to have a covered mammogram performed by a
8 physician or provider selected by the enrollee other than the
9 enrollee's primary care physician or primary care provider.

10 (b) A health benefit plan may not require an enrollee to
11 receive prior approval before having a covered mammogram performed
12 by a physician or provider other than the enrollee's primary care
13 physician or primary care provider.

14 (c) This section does not affect the authority of a health
15 benefit plan issuer to establish selection criteria for physicians
16 and providers who provide services under the plan.

17 (d) A physician or provider that performs a mammogram
18 described by Subsection (a) must provide a copy of the mammogram
19 report to the enrollee's primary care physician or primary care
20 provider.

21 SECTION 8. Chapter 1356, Insurance Code, is amended by
22 adding Subchapters C and D to read as follows:

23 SUBCHAPTER C. SUPPLEMENTAL BREAST CANCER SCREENING

24 Sec. 1356.051. DEFINITION. In this subchapter,
25 "supplemental breast cancer screening" means a method of screening,
26 including ultrasound imaging, that is designed to supplement
27 mammography by detecting breast cancers that may not be visible

1 using only mammography.

2 Sec. 1356.052. OFFER OF OPTIONAL COVERAGE REQUIRED. (a) An
3 issuer of a health benefit plan that provides coverage for
4 mammography, including coverage for low-dose mammography required
5 by Subchapter B, must also offer to provide coverage for
6 supplemental breast cancer screening as part of an annual
7 well-woman examination covered under the plan if a licensed health
8 care professional treating the enrollee or screening the enrollee
9 for breast cancer finds that the enrollee has:

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

13 (2) additional risk factors determined under
14 Subsection (c) for breast cancer that warrant supplemental breast
15 cancer screening beyond mammography.

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

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

21 SUBCHAPTER D. DIAGNOSTIC MAMMOGRAPHY

22 Sec. 1356.101. DEFINITION. In this subchapter, "diagnostic
23 mammography" means a method of screening that is designed to
24 evaluate an abnormality in a breast, including an abnormality seen
25 or suspected on a screening mammogram or a subjective or objective
26 abnormality otherwise detected in the breast.

27 Sec. 1356.102. COVERAGE FOR DIAGNOSTIC MAMMOGRAM. (a) An

1 issuer of a health benefit plan that provides coverage for a
2 screening mammogram must provide coverage for a diagnostic
3 mammogram that is no less favorable than coverage for a screening
4 mammogram.

5 (b) The coverage for a diagnostic mammogram described by
6 Subsection (a) must be subject to the same dollar limits,
7 deductibles, and coinsurance factors as coverage for a screening
8 mammogram.

9 SECTION 9. If before implementing any provision of this Act
10 a state agency determines that a waiver or authorization from a
11 federal agency is necessary for implementation of that provision,
12 the agency affected by the provision shall request the waiver or
13 authorization and may delay implementing that provision until the
14 waiver or authorization is granted.

15 SECTION 10. This Act applies only to a health benefit plan
16 that is delivered, issued for delivery, or renewed on or after
17 January 1, 2018. A health benefit plan that is delivered, issued
18 for delivery, or renewed before January 1, 2018, is governed by the
19 law as it existed immediately before the effective date of this Act,
20 and that law is continued in effect for that purpose.

21 SECTION 11. This Act takes effect September 1, 2017.