

By: Gervin-Hawkins

H.B. No. 1052

A BILL TO BE ENTITLED

AN ACT

relating to health benefit plan coverage for hair prostheses for breast cancer patients.

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

SECTION 1. The heading to Chapter 1371, Insurance Code, is amended to read as follows:

CHAPTER 1371. COVERAGE FOR CERTAIN PROSTHETIC DEVICES AND OTHER PROSTHESES, ORTHOTIC DEVICES, AND RELATED SERVICES

SECTION 2. Chapter 1371, Insurance Code, is amended by designating Sections 1371.001 and 1371.002 as Subchapter A and adding a subchapter heading to read as follows:

SUBCHAPTER A. GENERAL PROVISIONS

SECTION 3. Chapter 1371, Insurance Code, is amended by designating Sections 1371.003 through 1371.005 as Subchapter B and adding a subchapter heading to read as follows:

SUBCHAPTER B. PROSTHETIC DEVICES, ORTHOTIC DEVICES, AND RELATED SERVICES

SECTION 4. Sections 1371.003(b), (c), and (e), Insurance Code, are amended to read as follows:

(b) Covered benefits under this subchapter [~~chapter~~] are limited to the most appropriate model of prosthetic device or orthotic device that adequately meets the medical needs of the enrollee as determined by the enrollee's treating physician or podiatrist and prosthetist or orthotist, as applicable.

1 (c) Subject to applicable copayments and deductibles, the
2 repair and replacement of a prosthetic device or orthotic device is
3 a covered benefit under this subchapter [~~chapter~~] unless the repair
4 or replacement is necessitated by misuse or loss by the enrollee.

5 (e) Covered benefits under this subchapter [~~chapter~~] may be
6 provided by a pharmacy that has employees who are qualified under
7 the Medicare system and applicable Medicaid regulations to service
8 and bill for orthotic services. This subchapter [~~chapter~~] does not
9 preclude a pharmacy from being reimbursed by a health benefit plan
10 for the provision of orthotic services.

11 SECTION 5. Section [1371.005](#), Insurance Code, is amended to
12 read as follows:

13 Sec. 1371.005. MANAGED CARE PLAN. A health benefit plan
14 provider may require that, if coverage is provided through a
15 managed care plan, the benefits mandated under this subchapter
16 [~~chapter~~] are covered benefits only if the prosthetic devices or
17 orthotic devices are provided by a vendor or a provider, and related
18 services are rendered by a provider, that contracts with or is
19 designated by the health benefit plan provider. If the health
20 benefit plan provider provides in-network and out-of-network
21 services, the coverage for prosthetic devices or orthotic devices
22 provided through out-of-network services must be comparable to that
23 provided through in-network services.

24 SECTION 6. Chapter [1371](#), Insurance Code, is amended by
25 adding Subchapter C to read as follows:

26 SUBCHAPTER C. HAIR PROSTHESES FOR BREAST CANCER PATIENTS

27 Sec. 1371.051. APPLICABILITY OF SUBCHAPTER. (a) In

1 addition to a health benefit plan subject to this chapter under
2 Section 1371.002, this subchapter applies to a health benefit plan
3 that provides benefits for medical or surgical expenses incurred as
4 a result of a health condition, accident, or sickness, including an
5 individual or group evidence of coverage or similar coverage
6 document that is issued by an approved nonprofit health corporation
7 that holds a certificate of authority under Chapter 844.

8 (b) Notwithstanding any other law, this subchapter applies
9 to:

10 (1) a standard health benefit plan issued under
11 Chapter 1507;

12 (2) health benefits provided by or through a church
13 benefits board under Subchapter I, Chapter 22, Business
14 Organizations Code;

15 (3) group health coverage made available by a school
16 district in accordance with Section 22.004, Education Code;

17 (4) the state Medicaid program, including the Medicaid
18 managed care program operated under Chapter 533, Government Code;

19 (5) the child health plan program under Chapter 62,
20 Health and Safety Code;

21 (6) a regional or local health care program operated
22 under Section 75.104, Health and Safety Code; and

23 (7) a self-funded health benefit plan sponsored by a
24 professional employer organization under Chapter 91, Labor Code.

25 (c) This subchapter applies to coverage under a group health
26 benefit plan provided to a resident of this state regardless of
27 whether the group policy, agreement, or contract is delivered,

1 issued for delivery, or renewed in this state.

2 Sec. 1371.052. CONDITIONAL EXCEPTION. This subchapter does
3 not apply to a qualified health plan if a determination is made
4 under 45 C.F.R. Section 155.170 that:

5 (1) this subchapter requires the plan to offer
6 benefits in addition to the essential health benefits required
7 under 42 U.S.C. Section 18022(b); and

8 (2) this state is required to defray the cost of the
9 benefits mandated under this subchapter.

10 Sec. 1371.053. REQUIRED COVERAGE FOR HAIR PROSTHESES FOR
11 CERTAIN CANCER PATIENTS. (a) A health benefit plan must provide
12 coverage for:

13 (1) a hair prosthesis:

14 (A) for an enrollee who is undergoing or has
15 undergone medical treatment for breast cancer; and

16 (B) determined by the enrollee's treating
17 physician to be appropriate for the enrollee in connection with the
18 side effects of the treatment described by Paragraph (A); and

19 (2) repair or replacement of a hair prosthesis
20 described by Subdivision (1) unless the repair or replacement is
21 necessitated by misuse or loss by the enrollee.

22 (b) The benefit amount for the coverage required under
23 Subsection (a) must be not less than \$100 for a hair prosthesis or
24 the repair or replacement of a hair prosthesis.

25 (c) An additional premium may not be charged for the
26 coverage required by Subsection (a).

27 (d) Coverage required under Subsection (a) may be subject to

1 the annual deductibles, copayments, and coinsurance that are
2 consistent with annual deductibles, copayments, and coinsurance
3 for other coverage under the health benefit plan.

4 SECTION 7. If before implementing any provision of this Act
5 a state agency determines that a waiver or authorization from a
6 federal agency is necessary for implementation of that provision,
7 the agency affected by the provision shall request the waiver or
8 authorization and may delay implementing that provision until the
9 waiver or authorization is granted.

10 SECTION 8. Subchapter C, Chapter [1371](#), Insurance Code, as
11 added by this Act, applies only to a health benefit plan that is
12 delivered, issued for delivery, or renewed on or after January 1,
13 2022. A health benefit plan delivered, issued for delivery, or
14 renewed before January 1, 2022, is governed by the law as it existed
15 immediately before the effective date of this Act, and that law is
16 continued in effect for that purpose.

17 SECTION 9. This Act takes effect September 1, 2021.