

By: Bucy

H.B. No. 3767

A BILL TO BE ENTITLED

AN ACT

relating to health benefit coverage for diagnostic examinations for lung cancer.

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

SECTION 1. Subtitle E, Title 8, Insurance Code, is amended by adding Chapter 1372 to read as follows:

CHAPTER 1372. CERTAIN TESTS FOR DETECTION OF LUNG CANCER

Sec. 1372.001. APPLICABILITY OF CHAPTER. (a) This chapter applies only to a health benefit plan that provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, an individual or group evidence of coverage, or a similar coverage document, that is offered by:

(1) an insurance company;

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

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

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

(5) a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846;

(6) a stipulated premium company operating under

1 Chapter 884;

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

4 (8) a Lloyd's plan operating under Chapter 941; or

5 (9) a reciprocal exchange operating under Chapter 942.

6 (b) This chapter applies to a small employer health benefit
7 plan written under Chapter 1501.

8 Sec. 1372.002. EXCEPTIONS. This chapter does not apply to:

9 (1) a plan that provides coverage:

10 (A) only for benefits for a specified disease or
11 for another limited benefit, other than a plan that provides
12 benefits for cancer treatment or similar services;

13 (B) only for accidental death or dismemberment;

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

17 (D) as a supplement to a liability insurance
18 policy;

19 (E) only for dental or vision care; or

20 (F) only for indemnity for hospital confinement;

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

23 (3) the state Medicaid program, including the Medicaid
24 managed care program operated under Chapter 533, Government Code;

25 (4) the child health plan program under Chapter 62,
26 Health and Safety Code;

27 (5) a workers' compensation insurance policy;

1 (6) medical payment insurance coverage provided under
2 an automobile insurance policy;

3 (7) a credit insurance policy;

4 (8) a limited benefit policy that does not provide
5 coverage for physical examinations or wellness exams; or

6 (9) a long-term care insurance policy, including a
7 nursing home fixed indemnity policy, unless the commissioner
8 determines that the policy provides benefit coverage so
9 comprehensive that the policy is a health benefit plan as described
10 by Section 1370.001.

11 Sec. 1372.003. COVERAGE REQUIRED. (a) A health benefit
12 plan that provides coverage for diagnostic medical procedures must
13 provide coverage for an annual medically recognized examination for
14 the early detection of lung cancer to each person enrolled in the
15 plan who is at least 50 years of age and:

16 (1) is a current or former smoker; or

17 (2) has:

18 (A) a personal or family history of lung cancer;

19 (B) a genetic risk factor associated with lung
20 cancer;

21 (C) been exposed to environmental or
22 occupational carcinogens; or

23 (D) been exposed to therapeutic radiation.

24 (b) A diagnostic examination required under this section
25 must be performed in accordance with the guidelines adopted by:

26 (1) the American Lung Association; or

27 (2) another similar national organization of medical

1 professionals recognized by the commissioner.

2 Sec. 1372.004. NOTICE OF COVERAGE. (a) A health benefit
3 plan issuer shall provide to each person enrolled in the plan
4 written notice of the coverage required under this chapter.

5 (b) The notice must be provided in accordance with rules
6 adopted by the commissioner.

7 SECTION 2. The change in law made by this Act applies only
8 to a health benefit plan that is delivered, issued for delivery, or
9 renewed on or after January 1, 2024.

10 SECTION 3. This Act takes effect September 1, 2023.