By: Gervin-Hawkins H.B. No. 1153

A BILL TO BE ENTITLED

AN ACT

relating to coverage for screening mammograms, diagnostic imaging, and supplemental breast examinations under certain health benefit plans.

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

SECTION 1. Section 1356.001, Insurance Code, is amended by amending Subdivision (1-a) and adding Subdivisions (1-b) and (3) to read as follows:

(1-a) "Cost-sharing requirement" means a deductible, coinsurance, or copayment or a maximum limitation on the application of a deductible, coinsurance, or copayment or similar out-of-pocket expense.

(1-b) "Diagnostic imaging" means a medically necessary and appropriate [~~an imaging~~] examination of the breast, as determined by National Comprehensive Cancer Network guidelines, including an examination using contrast-enhanced mammography, diagnostic mammography, breast ultrasound imaging, breast [~~or~~] magnetic resonance imaging, or molecular breast imaging, that is designed to evaluate:

(A) a subjective or objective abnormality detected by a physician or patient in a breast;

(B) an abnormality seen by a physician on a screening mammogram;

(C) an abnormality previously identified by a

physician as probably benign in a breast for which follow-up imaging is recommended by a physician; or

(D) an individual with a personal history of breast cancer or dense breast tissue.

(3) "Supplemental breast examination" means a medically necessary and appropriate examination of the breast, as determined by National Comprehensive Cancer Network guidelines, including an examination using contrast-enhanced mammography, breast ultrasound imaging, breast magnetic resonance imaging, or molecular breast imaging, that is:

(A) used to screen for breast cancer when an abnormality has not been seen or suspected by a physician; and

(B) based on a patient's personal or family medical history or other factors that increase the patient's risk of breast cancer, including heterogeneously or extremely dense breasts.

SECTION 2. Section 1356.005(b), Insurance Code, is amended to read as follows:

(b) A health benefit plan may not impose a cost-sharing requirement on coverage for a screening mammogram, diagnostic imaging, or supplemental breast examination [~~Coverage required by this section:~~

[~~(1) may not be less favorable than coverage for other radiological examinations under the plan; and~~

[~~(2) must be subject to the same dollar limits, deductibles, and coinsurance factors as coverage for other radiological examinations under the plan~~].

SECTION 3. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 4. This Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2028. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2028, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 5. This Act takes effect September 1, 2027.