

By: Hernandez, Sheets, Guerra

H.B. No. 694

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. This Act shall be known as Henda's Law.

SECTION 2. 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 3. The heading to Chapter 1356, Insurance Code, is amended to read as follows:

CHAPTER 1356. [~~LOW-DOSE~~] MAMMOGRAPHY AND OTHER BREAST CANCER SCREENING

SECTION 4. 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 5. 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 6. 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 7. 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 8. Section 1356.004, Insurance Code, is amended to read as follows:

Sec. 1356.004. EXCEPTION. This subchapter [~~chapter~~] does not apply to a plan that provides coverage only for a specified disease or for another limited benefit.

SECTION 9. Chapter 1356, Insurance Code, is amended by adding Subchapter B to read as follows:

SUBCHAPTER B. SUPPLEMENTAL BREAST CANCER SCREENING

Sec. 1356.051. DEFINITIONS. In this subchapter:

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

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

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

Sec. 1356.052. APPLICABILITY OF SUBCHAPTER. (a) This subchapter 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, or an individual or group evidence of coverage or similar coverage document that is

1 offered by:

2 (1) an insurance company;

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

5 (3) a fraternal benefit society operating under
6 Chapter 885;

7 (4) a stipulated premium company operating under
8 Chapter 884;

9 (5) an exchange operating under Chapter 942;

10 (6) a health maintenance organization operating under
11 Chapter 843; or

12 (7) an approved nonprofit health corporation that
13 holds a certificate of authority under Chapter 844.

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

17 Sec. 1356.053. EXCEPTION. This subchapter does not apply
18 to:

19 (1) a plan that provides coverage:

20 (A) only for benefits for a specified disease or
21 for another limited benefit;

22 (B) only for accidental death or dismemberment;

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

26 (D) as a supplement to a liability insurance
27 policy;

1 (E) for credit insurance;

2 (F) only for dental or vision care;

3 (G) only for hospital expenses; or

4 (H) only for indemnity for hospital confinement;

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

7 (3) a workers' compensation insurance policy;

8 (4) medical payment insurance coverage provided under
9 a motor vehicle insurance policy;

10 (5) a long-term care policy, including a nursing home
11 fixed indemnity policy, unless the commissioner determines that the
12 policy provides benefit coverage so comprehensive that the policy
13 is a health benefit plan as described by Section 1356.052; or

14 (6) a qualified health plan offered through a health
15 benefit exchange.

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

24 (1) dense breast tissue, as defined by the Breast
25 Imaging Reporting and Database System (Fourth Edition) established
26 by the American College of Radiology; and

27 (2) additional risk factors determined under

1 Subsection (c) for breast cancer that warrant supplemental breast
2 cancer screening beyond mammography.

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

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

8 SECTION 10. This Act applies only to a health benefit plan
9 that is delivered, issued for delivery, or renewed on or after
10 January 1, 2016. A health benefit plan that is delivered, issued
11 for delivery, or renewed before January 1, 2016, is governed by the
12 law as it existed immediately before the effective date of this Act,
13 and that law is continued in effect for that purpose.

14 SECTION 11. This Act takes effect September 1, 2015.