By: Bernal H.B. No. 195

## A BILL TO BE ENTITLED

- 1 AN ACT
- 2 relating to coverage for diagnostic mammography under certain
- 3 health benefit plans.
- 4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
- 5 SECTION 1. The heading to Chapter 1356, Insurance Code, is
- 6 amended to read as follows:
- 7 CHAPTER 1356. [LOW-DOSE] MAMMOGRAPHY
- 8 SECTION 2. Sections 1356.001 through 1356.005, Insurance
- 9 Code, are designated as Subchapter A, Chapter 1356, Insurance Code,
- 10 and a heading is added to Subchapter A to read as follows:
- 11 SUBCHAPTER A. LOW-DOSE MAMMOGRAPHY
- 12 SECTION 3. Section 1356.001, Insurance Code, is amended to
- 13 read as follows:
- Sec. 1356.001. DEFINITION. In this subchapter [chapter],
- 15 "low-dose mammography" means the x-ray examination of the breast
- 16 using equipment dedicated specifically for mammography, including
- 17 an x-ray tube, filter, compression device, screens, films, and
- 18 cassettes, with an average radiation exposure delivery of less than
- 19 one rad mid-breast, with two views for each breast.
- SECTION 4. Section 1356.002, Insurance Code, is amended to
- 21 read as follows:
- Sec. 1356.002. APPLICABILITY OF SUBCHAPTER [CHAPTER]. This
- 23 subchapter [chapter] applies only to a health benefit plan that is
- 24 delivered, issued for delivery, or renewed in this state and that is

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- 1 an individual or group accident and health insurance policy,
- 2 including a policy issued by a group hospital service corporation
- 3 operating under Chapter 842.
- 4 SECTION 5. Section 1356.003, Insurance Code, is amended to
- 5 read as follows:
- 6 Sec. 1356.003. APPLICABILITY OF GENERAL PROVISIONS OF OTHER
- 7 LAW. The provisions of Chapter 1201, including provisions relating
- 8 to the applicability, purpose, and enforcement of that chapter,
- 9 construction of policies under that chapter, rulemaking under that
- 10 chapter, and definitions of terms applicable in that chapter, apply
- 11 to this subchapter [chapter].
- 12 SECTION 6. Section 1356.004, Insurance Code, is amended to
- 13 read as follows:
- 14 Sec. 1356.004. EXCEPTION. This subchapter [chapter] does
- 15 not apply to a plan that provides coverage only for a specified
- 16 disease or for another limited benefit.
- 17 SECTION 7. Chapter 1356, Insurance Code, is amended by
- 18 adding Subchapter B to read as follows:
- 19 SUBCHAPTER B. DIAGNOSTIC MAMMOGRAPHY
- Sec. 1356.051. DEFINITION. In this subchapter, "diagnostic
- 21 mammography" means a method of screening that is designed to
- 22 <u>evaluate an abnormality in a breast, including an abnormality seen</u>
- 23 or suspected on a screening mammogram or a subjective or objective
- 24 abnormality otherwise detected in the breast.
- Sec. 1356.052. APPLICABILITY OF SUBCHAPTER. (a) This
- 26 subchapter applies only to a health benefit plan, including a small
- 27 employer health benefit plan written under Chapter 1501 or coverage

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- 1 provided by a health group cooperative under Subchapter B of that
- 2 chapter, that provides benefits for medical or surgical expenses
- 3 incurred as a result of a health condition, accident, or sickness,
- 4 and including an individual, group, blanket, or franchise insurance
- 5 policy or insurance agreement, a group hospital service contract,
- 6 or an individual or group evidence of coverage or similar coverage
- 7 <u>document that is offered by:</u>
- 8 (1) an insurance company;
- 9 (2) a group hospital service corporation operating
- 10 under Chapter 842;
- 11 (3) a fraternal benefit society operating under
- 12 Chapter 885;
- 13 (4) a Lloyd's plan operating under Chapter 941;
- 14 (5) a stipulated premium insurance company operating
- 15 <u>under Chapter 884;</u>
- 16 (6) a reciprocal exchange operating under Chapter 942;
- 17 (7) a health maintenance organization operating under
- 18 Chapter 843;
- 19 (8) a multiple employer welfare arrangement that holds
- 20 a certificate of authority under Chapter 846; or
- 21 (9) an approved nonprofit health corporation that
- 22 holds a certificate of authority under Chapter 844.
- 23 (b) This subchapter applies to coverage under a group health
- 24 benefit plan described by Subsection (a) provided to a resident of
- 25 this state, regardless of whether the group policy or contract is
- 26 delivered, issued for delivery, or renewed within or outside this
- 27 state.

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(c) This subchapter applies to group health coverage made
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   available by a school district in accordance with Section 22.004,
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   Education Code.
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          (d) This subchapter applies to a self-funded health benefit
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   plan sponsored by a professional employer organization under
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   Chapter 91, Labor Code.
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          (e) Notwithstanding Section 22.409, Business Organizations
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   Code, or any other law, this subchapter applies to a church benefits
   board established under Chapter 22, Business Organizations Code.
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          (f) Notwithstanding Section 157.008, Local Government Code,
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   or any other law, this subchapter applies to a county employee
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   health benefit plan established under Chapter 157, Local Government
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   Code.
          (g) Notwithstanding Section 75.104, Health and Safety Code,
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   or any other law, this subchapter applies to a regional or local
   health care program established under Chapter 75, Health and Safety
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   Code.
         (h) Notwithstanding any provision in Chapter 1551, 1575,
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   1579, or 1601 or any other law, this subchapter applies to:
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               (1) a basic coverage plan under Chapter 1551;
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               (2) a basic plan under Chapter 1575;
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               (3) a primary care coverage plan under Chapter 1579;
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   and
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               (4) basic coverage under Chapter 1601.
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          (i) Notwithstanding any other law, a standard health
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benefit plan provided under Chapter 1507 must provide the coverage

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required by this subchapter.

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(j) To the extent allowed by federal law, this subchapter
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   applies to:
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               (1) the child health plan program operated under
   Chapter 62, Health and Safety Code;
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               (2) the health benefits plan for children operated
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   under Chapter 63, Health and Safety Code;
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               (3) the state Medicaid program operated under Chapter
8
   32, Human Resources Code; and
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               (4) a Medicaid managed care program operated under
   Chapter 533, Government Code.
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         Sec. 1356.053. EXCEPTIONS. This subchapter does not apply
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   to:
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               (1) a plan that provides coverage:
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                    (A) for wages or payments in lieu of wages for a
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   period during which an employee is absent from work because of
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   sickness or injury;
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                    (B) as a supplement to a liability insurance
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   policy;
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                    (C) for credit insurance;
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                    (D) only for dental or vision care;
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                    (E) only for hospital expenses;
                    (F) only for indemnity for hospital confinement;
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23
   or
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                    (G) only for a specified disease or for another
25
   limited benefit;
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               (2) a Medicare supplemental policy as defined by
   Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);
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- 1 (3) a workers' compensation insurance policy;
- 2 (4) medical payment insurance coverage provided under
- 3 <u>a motor vehicle insurance policy; or</u>
- 4 (5) a long-term care policy, including a nursing home
- 5 fixed indemnity policy, unless the commissioner determines that the
- 6 policy provides benefit coverage so comprehensive that the policy
- 7 is a health benefit plan as described by Section 1356.052.
- 8 Sec. 1356.054. COVERAGE FOR DIAGNOSTIC MAMMOGRAM. (a) An
- 9 issuer of a health benefit plan that provides coverage for a
- 10 screening mammogram must provide coverage for a diagnostic
- 11 mammogram that is no less favorable than coverage for a screening
- 12 mammogram.
- 13 (b) The coverage for a diagnostic mammogram described by
- 14 Subsection (a) must be subject to the same dollar limits,
- 15 deductibles, and coinsurance factors as coverage for a screening
- 16 mammogram.
- 17 SECTION 8. If before implementing any provision of this Act
- 18 a state agency determines that a waiver or authorization from a
- 19 federal agency is necessary for implementation of that provision,
- 20 the agency affected by the provision shall request the waiver or
- 21 authorization and may delay implementing that provision until the
- 22 waiver or authorization is granted.
- SECTION 9. This Act applies only to a health benefit plan
- 24 that is delivered, issued for delivery, or renewed on or after
- 25 January 1, 2018. A health benefit plan that is delivered, issued
- 26 for delivery, or renewed before January 1, 2018, is governed by the
- 27 law as it existed immediately before the effective date of this Act,

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- 1 and that law is continued in effect for that purpose.
- 2 SECTION 10. This Act takes effect September 1, 2017.