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H.B. No. 1036

A BILL TO BE ENTITLED

AN ACT

relating to coverage for certain breast cancer screening procedures
under certain health benefit plans.

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

SECTION 1. The heading to Chapter 1356, Insurance Code, is
amended to read as follows:

CHAPTER 1356. [~~LOW-DOSE~~] MAMMOGRAPHY

SECTION 2. Sections 1356.001 and 1356.002, Insurance Code,
are amended to read as follows:

Sec. 1356.001. DEFINITIONS [~~DEFINITION~~]. In this chapter:

(1) "Breast tomosynthesis" means a radiologic
mammography procedure that involves the acquisition of projection
images over a stationary breast to produce cross-sectional digital
three-dimensional images of the breast from which applicable breast
cancer screening diagnoses may be determined.

(2) "Low-dose [~~low-dose~~] mammography" means:

(A) the x-ray examination of the breast using
equipment dedicated specifically for mammography, including an
x-ray tube, filter, compression device, and screens, [~~films, and
cassettes,~~] with an average radiation exposure delivery of less
than one rad mid-breast and [~~]~~ with two views for each breast;

(B) digital mammography; or

(C) breast tomosynthesis.

Sec. 1356.002. APPLICABILITY OF CHAPTER. (a) This chapter

1 applies ~~[only]~~ to a health benefit plan, including a small employer
2 health benefit plan written under Chapter 1501 or coverage that is
3 provided by a health group cooperative under Subchapter B of that
4 chapter, that provides benefits for medical or surgical expenses
5 incurred as a result of a health condition, accident, or sickness,
6 including ~~[is delivered, issued for delivery, or renewed in this~~
7 ~~state and that is]~~ an individual, ~~[or]~~ group, blanket, or franchise
8 ~~[accident and health]~~ insurance policy or insurance agreement, a
9 group hospital service contract, or an individual or group evidence
10 of coverage or similar coverage document offered by:

11 (1) an insurance company;

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

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

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

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

20 (6) a stipulated premium company operating under
21 Chapter 884;

22 (7) a fraternal benefit society operating under
23 Chapter 885;

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

25 (9) an exchange operating under Chapter 942 ~~[~~

26 ~~including a policy issued by a group hospital service corporation~~
27 ~~operating under Chapter 842].~~

1 (b) This chapter applies to coverage under a group health
2 benefit plan described by Subsection (a) provided to a resident of
3 this state, regardless of whether the group policy or contract is
4 delivered, issued for delivery, or renewed within or outside this
5 state.

6 (c) This chapter applies to group health coverage made
7 available by a school district in accordance with Section 22.004,
8 Education Code.

9 (d) This chapter applies to a self-funded health benefit
10 plan sponsored by a professional employer organization under
11 Chapter 91, Labor Code.

12 (e) Notwithstanding Section 22.409, Business Organizations
13 Code, or any other law, this chapter applies to a church benefits
14 board established under Chapter 22, Business Organizations Code.

15 (f) Notwithstanding Section 75.104, Health and Safety Code,
16 or any other law, this chapter applies to a regional or local health
17 care program established under Chapter 75, Health and Safety Code.

18 (g) Notwithstanding any provision in Chapter 1551 or any
19 other law, this chapter applies to a basic coverage plan under
20 Chapter 1551.

21 (h) Notwithstanding any other law, a standard health
22 benefit plan provided under Chapter 1507 must provide the coverage
23 required by this chapter.

24 SECTION 3. Chapter 1356, Insurance Code, is amended by
25 adding Section 1356.0021 to read as follows:

26 Sec. 1356.0021. EXCEPTIONS. This chapter does not apply
27 to:

- 1 (1) the child health plan program operated under
2 Chapter 62, Health and Safety Code;
3 (2) the health benefits plan for children operated
4 under Chapter 63, Health and Safety Code;
5 (3) the state Medicaid program operated under Chapter
6 32, Human Resources Code; and
7 (4) the Medicaid managed care program operated under
8 Chapter 533, Government Code.

9 SECTION 4. Section 1356.005(a), Insurance Code, is amended
10 to read as follows:

11 (a) A health benefit plan that provides coverage to a female
12 who is 35 years of age or older must include coverage for an annual
13 screening by all forms of low-dose mammography for the presence of
14 occult breast cancer.

15 SECTION 5. The changes in law made by this Act apply only to
16 a health benefit plan that is delivered, issued for delivery, or
17 renewed on or after January 1, 2018. A plan delivered, issued for
18 delivery, or renewed before January 1, 2018, is governed by the law
19 as it existed immediately before the effective date of this Act, and
20 that law is continued in effect for that purpose.

21 SECTION 6. This Act takes effect September 1, 2017.