

1-1 By: Thompson of Harris, et al. H.B. No. 1036
 1-2 (Senate Sponsor - Whitmire)
 1-3 (In the Senate - Received from the House May 8, 2017;
 1-4 May 9, 2017, read first time and referred to Committee on Business
 1-5 & Commerce; May 22, 2017, reported adversely, with favorable
 1-6 Committee Substitute by the following vote: Yeas 8, Nays 0;
 1-7 May 22, 2017, sent to printer.)

1-8 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-9				
1-10	X			
1-11	X			
1-12	X			
1-13	X			
1-14			X	
1-15	X			
1-16	X			
1-17	X			
1-18	X			

1-19 COMMITTEE SUBSTITUTE FOR H.B. No. 1036 By: Whitmire

1-20 A BILL TO BE ENTITLED
 1-21 AN ACT

1-22 relating to coverage for certain breast cancer screening procedures
 1-23 under certain health benefit plans.

1-24 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-25 SECTION 1. The heading to Chapter 1356, Insurance Code, is
 1-26 amended to read as follows:

1-27 CHAPTER 1356. ~~LOW-DOSE~~ MAMMOGRAPHY

1-28 SECTION 2. Sections 1356.001 and 1356.002, Insurance Code,
 1-29 are amended to read as follows:

1-30 Sec. 1356.001. DEFINITIONS ~~[DEFINITION]~~. In this chapter:

1-31 (1) "Breast tomosynthesis" means a radiologic
 1-32 mammography procedure that involves the acquisition of projection
 1-33 images over a stationary breast to produce cross-sectional digital
 1-34 three-dimensional images of the breast from which applicable breast
 1-35 cancer screening diagnoses may be determined.

1-36 (2) "Low-dose~~[, "low-dose]~~ mammography" means:

1-37 (A) the x-ray examination of the breast using
 1-38 equipment dedicated specifically for mammography, including an
 1-39 x-ray tube, filter, compression device, and screens, ~~[films, and~~
 1-40 ~~cassettes,~~ with an average radiation exposure delivery of less
 1-41 than one rad mid-breast and~~[,]~~ with two views for each breast; or

1-42 (B) digital mammography other than breast
 1-43 tomosynthesis.

1-44 Sec. 1356.002. APPLICABILITY OF CHAPTER. (a) This chapter
 1-45 applies ~~[only]~~ to a health benefit plan, including a small employer
 1-46 health benefit plan written under Chapter 1501 or coverage that is
 1-47 provided by a health group cooperative under Subchapter B of that
 1-48 chapter, that provides benefits for medical or surgical expenses
 1-49 incurred as a result of a health condition, accident, or sickness,
 1-50 including ~~[is delivered, issued for delivery, or renewed in this~~
 1-51 ~~state and that is]~~ an individual, ~~[or]~~ group, blanket, or franchise
 1-52 ~~[accident and health]~~ insurance policy or insurance agreement, a
 1-53 group hospital service contract, or an individual or group evidence
 1-54 of coverage or similar coverage document offered by:

1-55 (1) an insurance company;

1-56 (2) a group hospital service corporation operating
 1-57 under Chapter 842;

1-58 (3) a health maintenance organization operating under
 1-59 Chapter 843;

1-60 (4) an approved nonprofit health corporation that

2-1 holds a certificate of authority under Chapter 844;
 2-2 (5) a multiple employer welfare arrangement that holds
 2-3 a certificate of authority under Chapter 846;
 2-4 (6) a stipulated premium company operating under
 2-5 Chapter 884;
 2-6 (7) a fraternal benefit society operating under
 2-7 Chapter 885;
 2-8 (8) a Lloyd's plan operating under Chapter 941; or
 2-9 (9) an exchange operating under Chapter 942 [
 2-10 including a policy issued by a group hospital service corporation
 2-11 operating under Chapter 842].

2-12 (b) This chapter applies to coverage under a group health
 2-13 benefit plan described by Subsection (a) provided to a resident of
 2-14 this state, regardless of whether the group policy or contract is
 2-15 delivered, issued for delivery, or renewed within or outside this
 2-16 state.

2-17 (c) This chapter applies to group health coverage made
 2-18 available by a school district in accordance with Section
 2-19 22.004(b), Education Code.

2-20 (d) This chapter applies to a self-funded health benefit
 2-21 plan sponsored by a professional employer organization under
 2-22 Chapter 91, Labor Code.

2-23 (e) Notwithstanding Section 22.409, Business Organizations
 2-24 Code, or any other law, this chapter applies to a church benefits
 2-25 board established under Chapter 22, Business Organizations Code.

2-26 (f) Notwithstanding Section 75.104, Health and Safety Code,
 2-27 or any other law, this chapter applies to a regional or local health
 2-28 care program established under Chapter 75, Health and Safety Code.

2-29 (g) Notwithstanding any provision in Chapter 1551 or any
 2-30 other law, this chapter applies to a basic coverage plan under
 2-31 Chapter 1551.

2-32 (h) Notwithstanding any other law, a standard health
 2-33 benefit plan provided under Chapter 1507 must provide the coverage
 2-34 required by this chapter.

2-35 SECTION 3. Chapter 1356, Insurance Code, is amended by
 2-36 adding Sections 1356.0021 and 1356.006 to read as follows:

2-37 Sec. 1356.0021. EXCEPTIONS. This chapter does not apply
 2-38 to:

2-39 (1) the child health plan program operated under
 2-40 Chapter 62, Health and Safety Code;

2-41 (2) the health benefits plan for children operated
 2-42 under Chapter 63, Health and Safety Code;

2-43 (3) the state Medicaid program operated under Chapter
 2-44 32, Human Resources Code; and

2-45 (4) the Medicaid managed care program operated under
 2-46 Chapter 533, Government Code.

2-47 Sec. 1356.006. OPTIONAL OFFER OF COVERAGE. A health
 2-48 benefit plan issuer may offer a health benefit plan that provides
 2-49 coverage for breast tomosynthesis.

2-50 SECTION 4. The changes in law made by this Act apply only to
 2-51 a health benefit plan that is delivered, issued for delivery, or
 2-52 renewed on or after January 1, 2018. A plan delivered, issued for
 2-53 delivery, or renewed before January 1, 2018, is governed by the law
 2-54 as it existed immediately before the effective date of this Act, and
 2-55 that law is continued in effect for that purpose.

2-56 SECTION 5. This Act takes effect September 1, 2017.

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