

BILL ANALYSIS

Senate Research Center
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H.B. 2102
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State Affairs
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Citing reports that one in eight women are diagnosed with breast cancer, interested parties contend that additional screening to detect tumors, such as those hidden by dense breast tissue, would help to ensure a woman's rights as a patient and increase the possibility for a longer, healthier life. While mammograms continue to work for many women, coverage of such supplemental screening can be essential for those women for whom mammograms are unhelpful. Early detection is an important element for survival of cancer, but without financial assistance for those who cannot afford testing, the chances of beating this terrible disease are diminished.

H.B. 2102 amends current law relating to the requirement that certain health benefit plans provide coverage for supplemental breast cancer screening.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Provides that this Act shall be known as Henda's Law.

SECTION 2. Amends Section 1201.005, Insurance Code, to provide that, in this chapter, a reference to this chapter includes a reference to certain statutory provisions including Subchapter A, Chapter 1356.

SECTION 3. Amends the heading to Chapter 1356, Insurance Code, to read as follows:

CHAPTER 1356. MAMMOGRAPHY AND OTHER BREAST CANCER SCREENING

SECTION 4. Designates Sections 1356.001 through 1356.005, Insurance Code, as Subchapter A, Chapter 1356, Insurance Code, and adds a heading to Subchapter A, to read as follows:

SUBCHAPTER A. LOW-DOSE MAMMOGRAPHY

SECTION 5. Amends Section 1356.001, Insurance Code, to define, in this subchapter, rather than in this chapter, "low-dose mammography."

SECTION 6. Amends Section 1356.002, Insurance Code, as follows:

Sec. 1356.002. New heading: APPLICABILITY OF SUBCHAPTER. Provides that this subchapter, rather than 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 (Group Hospital Service Corporations).

SECTION 7. Amends Section 1356.003, Insurance Code, to provide that the provisions of Chapter 1201 (Accident and Health Insurance), 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, rather than apply to this chapter.

SECTION 8. Amends Section 1356.004, Insurance Code, to provide that this subchapter, rather than chapter, does not apply to a plan that provides coverage only for a specified disease or for another limited benefit.

SECTION 9. Amends Chapter 1356, Insurance Code, by adding Subchapter B, as follows:

SUBCHAPTER B. SUPPLEMENTAL BREAST CANCER SCREENING

Sec. 1356.051. DEFINITIONS. Defines, in this subchapter, "health benefit exchange," "qualified health plan," and "supplemental breast cancer screening."

Sec. 1356.052. APPLICABILITY OF SUBCHAPTER. (a) Provides that 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 offered by:

- (1) an insurance company;
- (2) a group hospital service corporation operating under Chapter 842 (Group Hospital Service Corporations);
- (3) a fraternal benefit society operating under Chapter 885 (Fraternal Benefit Societies);
- (4) a stipulated premium company operating under Chapter 884 (Stipulated Premium Insurance Companies);
- (5) an exchange operating under Chapter 942 (Reciprocal and Interinsurance Exchanges);
- (6) a health maintenance organization operating under Chapter 843 (Health Maintenance Organizations); or
- (7) an approved nonprofit health corporation that holds a certificate of authority under Chapter 844 (Certification of Certain Nonprofit Health Corporations).

(b) Provides that, notwithstanding Section 1501.251 (Exception from Certain Mandated Benefit Requirements) or any other law, this subchapter applies to coverage under a small employer health benefit plan subject to Chapter 1501 (Health Insurance Portability and Availability Act).

Sec. 1356.053. EXCEPTION. Provides that this subchapter does not apply to:

- (1) a plan that provides coverage:
 - (A) only for benefits for a specified disease or for another limited benefit;
 - (B) only for accidental death or dismemberment;
 - (C) for wages or payments in lieu of wages for a period during which an employee is absent from work because of sickness or injury;
 - (D) as a supplement to a liability insurance policy;

- (E) for credit insurance;
- (F) only for dental or vision care;
- (G) only for hospital expenses; or
- (H) only for indemnity for hospital confinement;

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

(3) a workers' compensation insurance policy;

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

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

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

Sec. 1356.054. **COVERAGE REQUIRED.** Requires that a health benefit plan that provides coverage for mammography, including coverage for low-dose mammography required by Subchapter A, also provide coverage for supplemental breast cancer screening if a physician treating the enrollee or screening the enrollee for breast cancer finds that the enrollee has:

- (1) dense breast tissue, as defined by the Breast Imaging Reporting and Database System (Fourth Edition) established by the American College of Radiology; and
- (2) additional risk factors for breast cancer that warrant supplemental breast cancer screening beyond mammography.

SECTION 10. Makes application of this Act prospective to January 1, 2012.

SECTION 11. Effective date: September 1, 2011.