

BILL ANALYSIS

Senate Research Center

H.B. 349
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Economic Development
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Engrossed

DIGEST

Currently, health benefit plans are not required to provide coverage for inpatient hospital stay following a mastectomy. Women undergoing the physically and emotionally traumatic course of mastectomy may not receive adequate care and medical oversight due to pressures from some health benefit plans to reduce hospital stays. This bill would require health benefit plans that provide benefits for the treatment of breast cancer to include coverage for a minimum of 48 hours following a mastectomy and 24 hours following a lymph node dissection.

PURPOSE

As proposed, H.B. 349 requires health benefit plans that provide benefits for the treatment of breast cancer to include coverage for a minimum of 48 hours following a mastectomy and 24 hours following a lymph node dissection.

RULEMAKING AUTHORITY

Rulemaking authority is granted to the commissioner of insurance in SECTION 1 (Sections 5 and 6, Article 21.52G, Insurance Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 21E, Insurance Code, by adding Article 21.52G, as follows:

Art. 21.52G. COVERAGE FOR HOSPITAL STAYS FOLLOWING PERFORMANCE OF A MASTECTOMY AND CERTAIN RELATED PROCEDURES

Sec. 1. DEFINITIONS. Defines "enrollee" and "health benefit plan."

Sec. 2. SCOPE OF ARTICLE. Provides that this article applies only to certain health benefit plans. Provides that this article applies to a health benefit plan that provides coverage only for a specific disease or condition or for hospitalization. Provides that this article does not apply to certain health benefit plans.

Sec. 3. REQUIRED COVERAGE FOR MINIMUM INPATIENT STAY FOLLOWING MASTECTOMY OR RELATED PROCEDURE; EXCEPTION. Requires a health benefit plan that provides benefits for the treatment of breast cancer to include coverage for inpatient care for an enrollee for a minimum of 48 hours following a mastectomy; and 24 hours following a lymph node dissection for the treatment of breast cancer. Provides that a health benefit plan is not required to provide the minimum hours of coverage of inpatient care required under Subsection (a) of this section if the enrollee and the enrollee's attending physician determine that a shorter period of inpatient care is appropriate.

Sec. 4. PROHIBITIONS. Prohibits the issuer of a health benefit plan from performing certain actions.

Sec. 5. NOTICE. Requires each health benefit plan to provide written notice to each enrollee under the plan regarding the coverage required by this article. Requires the notice to be provided in accordance with rules adopted by the commissioner of insurance

(commissioner).

Sec. 6. RULES. Requires the commissioner to adopt rules as necessary to administer this article.

SECTION 2. Effective date: September 1, 1997.

Makes application of this Act prospective to January 1, 1998.

SECTION 3. Emergency clause.