

BILL ANALYSIS

Senate Research Center
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H.B. 1036
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Business & Commerce
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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

H.B. 1036 amends the Insurance Code to include digital mammography and breast tomosynthesis as forms of low-dose mammography for which a health benefit plan that provides coverage to a female who is 35 years of age or older must provide coverage in an annual screening for the presence of occult breast cancer. The bill defines "breast tomosynthesis" as 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. The bill revises, and provides certain exceptions to, the applicability of statutory provisions relating to mammography benefits as amended by the bill. H.B. 1036's provisions apply only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2018.

H.B. 1036 amends current law relating to coverage for certain breast cancer screening procedures under certain health benefit plans.

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

CHAPTER 1356. MAMMOGRAPHY

SECTION 2. Amends Sections 1356.001 and 1356.002, Insurance Code, as follows:

Sec. 1356.001. New heading: DEFINITIONS. Defines "breast tomosynthesis" and redefines "low-dose mammography."

Sec. 1356.002. APPLICABILITY OF CHAPTER. (a) Creates this subsection from existing text. Provides that this chapter applies to a health benefit plan (HBP), including a small employer HBP written under Chapter 1501 (Health Insurance Portability and Availability Act) or coverage that is provided by a health group cooperative under Subchapter B (Coalitions and Cooperatives) of that chapter, that provides benefits for certain medical or surgical expenses, including certain individual or group insurance policies, agreements, or contracts. Deletes existing text providing that this chapter applies only to an HBP that is delivered, issued for delivery, or renewed in this state and that is a certain type of policy or coverage.

(b) Provides that this chapter applies to coverage under a group HBP described by Subsection (a) provided to a resident of this state, regardless of whether the group policy or contract is delivered, issued for delivery, or renewed within or outside this state.

(c) Provides that this chapter applies to group health coverage made available by a school district in accordance with Section 22.004 (Group Health Benefits for School Employees), Education Code.

(d) Provides that this chapter applies to a self-funded HBP sponsored by a professional employer organization under Chapter 91 (Professional Employer Organizations), Labor Code.

(e) Provides that, notwithstanding Section 22.409 (Insurance Code Not Applicable), Business Organizations Code, or any other law, this chapter applies to a church benefits board established under Chapter 22 (Nonprofit Corporations), Business Organizations Code.

(f) Provides that, notwithstanding Section 75.104 (Health Care Services), Health and Safety Code, or any other law, this chapter applies to a regional or local health care program established under Chapter 75 (Regional or Local Health Care Programs for Employees of Small Employers), Health and Safety Code.

(g) Provides that, notwithstanding any provision in Chapter 1551 (Texas Employees Group Benefits Act) or any other law, this chapter applies to a basic coverage plan under Chapter 1551.

(h) Requires that a standard HBP provided under Chapter 1507 (Consumer Choice of Benefits Plans), notwithstanding any other law, provide the coverage required by this chapter.

SECTION 3. Amends Chapter 1356, Insurance Code, by adding Section 1356.0021, Insurance Code, as follows:

Sec. 1356.0021. EXCEPTIONS. Provides that this chapter does not apply to the child health plan program operated under Chapter 62 (Child Health Plan for Certain Low-Income Children), Health and Safety Code, the HBP for children operated under Chapter 63 (Health Benefits Plan for Certain Children), Health and Safety Code, the state Medicaid program operated under Chapter 32 (Medical Assistance Program), Human Resources Code, and the Medicaid managed care program operated under Chapter 533 (Medicaid Managed Care Program), Government Code.

SECTION 4. Amends Section 1356.005(a), Insurance Code, to require that certain HBPs include coverage for an annual screening by all forms of low-dose mammography, rather than an annual screening by low-dose mammography, for the presence of occult breast cancer.

SECTION 5. Makes application of this Act prospective to January 1, 2018.

SECTION 6. Effective date: September 1, 2017.