1-1 By: S.B. No. 1065 Alvarado, et al. 1-2 1-3 (In the Senate - Filed March 5, 2021; March 18, 2021, read first time and referred to Committee on Business & Commerce; April 26, 2021, reported adversely, with favorable Committee 1-4 1-5 Substitute by the following vote: Yeas 9, Nays 0; April 26, 2021, 1-6 sent to printer.)

COMMITTEE VOTE 1-7

1-8		Yea	Nay	Absent	PNV
1-9	Hancock	X			
1-10	Nichols	Х			
1-11	Campbell	Х			
1-12	Creighton	X			
1-13	Johnson	X			
1-14	Menéndez	X			
1-15	Paxton	Х			
1-16	Schwertner	X			
1-17	Whitmire	Х			

COMMITTEE SUBSTITUTE FOR S.B. No. 1065 1-18

1-19 A BILL TO BE ENTITLED 1-20 AN ACT

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1-21 relating to coverage for diagnostic imaging for breast cancer under 1-22

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:

By:

Hancock

CHAPTER 1356. MAMMOGRAPHY AND OTHER BREAST IMAGING

1356.001(1-a), SECTION 2. Section Insurance Code, is amended to read as follows:

"Diagnostic (1-a) imaging [mammogram]" imaging examination <u>using mammography</u>, <u>ultrasound i</u> magnetic resonance imaging that is designed to evaluate: imaging,

(A) a subjective or objective abnormality detected by a physician or patient in a breast;

(B) an abnormality seen by a physician on a screening mammogram;

(C) an abnormality previously identified by a physician as probably benign in a breast for which follow-up imaging is recommended by a physician; or

(D) an individual with a personal history of

breast cancer or dense breast tissue.

SECTION 3. Section 1356.005(a-1), Insurance Code, amended to read as follows:

(a-1) A health benefit plan that provides coverage for a screening mammogram must provide coverage for $[\frac{1}{4}]$ diagnostic <u>imaging</u> [mammogram] that is no less favorable than the coverage for a screening mammogram.

SECTION 4. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

SECTION 5. The change in law made by this Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2022. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2022, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 6. This Act takes effect September 1, 2021.

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