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H.B. No. 170

A BILL TO BE ENTITLED

AN ACT

relating to coverage for mammography under certain health benefit plans.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

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

(1-a) "Diagnostic mammography" means a method of screening that is designed to evaluate an abnormality in a breast, including an abnormality seen or suspected on a screening mammogram or a subjective or objective abnormality otherwise detected in the breast.

SECTION 2. Section 1356.002, Insurance Code, is amended by amending Subsection (g) and adding Subsection (i) to read as follows:

(g) Notwithstanding any provision in Chapter 1551, 1575, 1579, or 1601 or any other law, this chapter applies to:

(1) a basic coverage plan under Chapter 1551;

(2) a basic plan under Chapter 1575;

(3) a primary care coverage plan under Chapter 1579;

and

(4) basic coverage under Chapter 1601.

(i) To the extent allowed by federal law, this chapter applies to:

(1) the state Medicaid program operated under Chapter

1 32, Human Resources Code; and

2 (2) a Medicaid managed care program operated under
3 Chapter 533, Government Code.

4 SECTION 3. Section 1356.005, Insurance Code, is amended by
5 adding Subsection (a-1) to read as follows:

6 (a-1) A health benefit plan that provides coverage for a
7 screening mammogram must provide coverage for a diagnostic
8 mammogram that is no less favorable than the coverage for a
9 screening mammogram.

10 SECTION 4. Section 1356.0021, Insurance Code, is repealed.

11 SECTION 5. If before implementing any provision of this Act
12 a state agency determines that a waiver or authorization from a
13 federal agency is necessary for implementation of that provision,
14 the agency affected by the provision shall request the waiver or
15 authorization and may delay implementing that provision until the
16 waiver or authorization is granted.

17 SECTION 6. This Act applies only to a health benefit plan
18 that is delivered, issued for delivery, or renewed on or after
19 January 1, 2020. A health benefit plan that is delivered, issued
20 for delivery, or renewed before January 1, 2020, is governed by the
21 law as it existed immediately before the effective date of this Act,
22 and that law is continued in effect for that purpose.

23 SECTION 7. This Act takes effect September 1, 2019.