

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 mammogram" means an imaging examination designed to evaluate:

(A) a subjective or objective abnormality detected by a physician 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.

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;

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

2 and

3 (4) basic coverage under Chapter 1601.

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

6 (1) the state Medicaid program operated under Chapter
7 32, Human Resources Code; and

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

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

12 (a-1) A health benefit plan that provides coverage for a
13 screening mammogram must provide coverage for a diagnostic
14 mammogram that is no less favorable than the coverage for a
15 screening mammogram.

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 Section 1356.0021, Insurance Code, is repealed.

17 SECTION 5. If before implementing any provision of this Act
18 a state agency determines that a waiver or authorization from a
19 federal agency is necessary for implementation of that provision,
20 the agency affected by the provision shall request the waiver or
21 authorization and may delay implementing that provision until the
22 waiver or authorization is granted.

23 SECTION 6. This Act applies only to a health benefit plan
24 that is delivered, issued for delivery, or renewed on or after
25 January 1, 2020. A health benefit plan that is delivered, issued
26 for delivery, or renewed before January 1, 2020, is governed by the
27 law as it existed immediately before the effective date of this Act,

1 and that law is continued in effect for that purpose.

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

President of the Senate

Speaker of the House

I certify that H.B. No. 170 was passed by the House on May 3, 2019, by the following vote: Yeas 124, Nays 16, 2 present, not voting; and that the House concurred in Senate amendments to H.B. No. 170 on May 24, 2019, by the following vote: Yeas 128, Nays 13, 2 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 170 was passed by the Senate, with amendments, on May 22, 2019, by the following vote: Yeas 26, Nays 5.

Secretary of the Senate

APPROVED: _____

Date

Governor