| **House Bill 170**Senate AmendmentsSection-by-Section Analysis |
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| HOUSE VERSION | SENATE VERSION (CS) | CONFERENCE |
| 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 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;(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 32, Human Resources Code; and(2) a Medicaid managed care program operated under Chapter 533, Government Code. | SECTION 2. Same as House version. |  |
| SECTION 3. Section 1356.005, Insurance Code, is amended by adding Subsection (a-1) to read as follows:(a-1) A health benefit plan that provides coverage for a screening mammogram must provide coverage for a diagnostic mammogram that is no less favorable than the coverage for a screening mammogram. | SECTION 3. Same as House version. |  |
| SECTION 4. Section 1356.0021, Insurance Code, is repealed. | SECTION 4. Same as House version. |  |
| SECTION 5. 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. Same as House version. |  |
| SECTION 6. This Act applies only to a health benefit plan that is delivered, issued for delivery, or renewed on or after January 1, 2020. A health benefit plan that is delivered, issued for delivery, or renewed before January 1, 2020, 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. Same as House version. |  |
| SECTION 7. This Act takes effect September 1, 2019. | SECTION 7. Same as House version. |  |