

By: Bernal

H.B. No. 2909

A BILL TO BE ENTITLED

AN ACT

relating to coverage for diagnostic examinations 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 amending Subdivision (1-a) and Subdivision (1-a)(D) to read as follows:

(1) "Breast tomosynthesis" means 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.

(1-a) "Diagnostic ~~mammogram~~ imaging" means using mammography, ultrasound, or magnetic resonance imaging as 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 or dense breast tissue.

1 (2) "Low-dose mammography" means:

2 (A) the x-ray examination of the breast using
3 equipment dedicated specifically for mammography, including an
4 x-ray tube, filter, compression device, and screens, with an
5 average radiation exposure delivery of less than one rad mid-breast
6 and with two views for each breast;

7 (B) digital mammography; or

8 (C) breast tomosynthesis.

9 SECTION 2. Section 1356.005(a-1), Insurance Code, is
10 amended to read as follows:

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

15 SECTION 3. If before implementing any provision of this Act
16 a state agency determines that a waiver or authorization from a
17 federal agency is necessary for implementation of that provision,
18 the agency affected by the provision shall request the waiver or
19 authorization and may delay implementing that provision until the
20 waiver or authorization is granted.

21 SECTION 4. This Act applies only to a health benefit plan
22 that is delivered, issued for delivery, or renewed on or after
23 January 1, 2022. A health benefit plan that is delivered, issued
24 for delivery, or renewed before January 1, 2022, is governed by the
25 law as it existed immediately before the effective date of this Act,
26 and that law is continued in effect for that purpose.

27 SECTION 5. This Act takes effect September 1, 2021.