Chapter 1356

1

H.B. No. 170

2	relating to coverage for mammography under certain health benefit
3	plans.
4	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
5	SECTION 1. Section 1356.001, Insurance Code, is amended by
6	adding Subdivision (1-a) to read as follows:
7	(1-a) "Diagnostic mammogram" means an imaging
8	examination designed to evaluate:
9	(A) a subjective or objective abnormality
10	detected by a physician in a breast;
11	(B) an abnormality seen by a physician on a
12	screening mammogram;
13	(C) an abnormality previously identified by a
14	physician as probably benign in a breast for which follow-up
15	imaging is recommended by a physician; or
16	(D) an individual with a personal history of
17	breast cancer.
18	SECTION 2. Section 1356.002, Insurance Code, is amended by
19	amending Subsection (g) and adding Subsection (i) to read as
20	follows:
21	(g) Notwithstanding any provision in Chapter 1551 <u>, 1575</u> ,
22	1579, or 1601 or any other law, this chapter applies to:
23	(1) a basic coverage plan under Chapter 1551;
24	(2) a basic plan under Chapter 1575;

AN ACT

- 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.
- 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.
- 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 Section 1356.0021, Insurance Code, is repealed.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.
- 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,

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- 1 and that law is continued in effect for that purpose.
- 2 SECTION 7. This Act takes effect September 1, 2019.

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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

ADDDOMED.

Date

Governor

FILED IN THE OFFICE OF THE SECRETARY OF STATE 4:46 m o'clock

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Secretary of State