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             (Senate Sponsor - Alvarado, Menéndez)
              (In the Senate - Received from the House May 6, 2019;
      May 7, 2019, read first time and referred to Committee on Business
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      & Commerce; May 20, 2019, reported adversely, with favorable Committee Substitute by the following vote: Yeas 8, Nays 0;
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      May 20, 2019, sent to printer.)
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                                     COMMITTEE VOTE
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                                        Yea
                                                Nay
                                                        Absent
                                                                     PNV
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              Hancock
                                          X
                                          Χ
              Nichols
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              Campbell
                                          Χ
              Creighton
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                                          Χ
                                          Χ
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              Menéndez
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              Paxton
              Schwertner
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              Whitmire
                                                            Χ
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              Zaffirini
                                          Χ
      COMMITTEE SUBSTITUTE FOR H.B. No. 170
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                                                                     By:
                                                                          Nichols
1-20
                                 A BILL TO BE ENTITLED
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                                         AN ACT
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      relating to coverage for mammography under certain health benefit
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      plans.
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              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
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      examination designed to evaluate:
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                          (A) a subjective
                                                        objective
                                                                     abnormality
                                                   or
      detected by a physician in a breast;
(B) an abnormality seen by a physician on
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      screening mammogram;
                                an abnormality previously identified by a
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                          (C)
                        probably benign in a breast for which follow-up
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       imaging is recommended by a physician; or
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                                an individual with a personal history of
                          (D)
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      breast cancer
              SECTION 2. Section 1356.002, Insurance Code, is amended by
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       amending Subsection (g) and adding Subsection (i) to read as
       follows:
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             (g) Notwithstanding any provision in Chapter 1551, 1575, or 1601 or any other law, this chapter applies to:
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                    \overline{(1)} a basic coverage plan under Chapter 1551;
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                    (2)
                         a basic plan under Chapter 1575;
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                    (3) a primary care coverage plan under Chapter 1579;
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       and
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                         basic coverage under Chapter 1601.
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                    To the extent allowed by federal law, this chapter
              (i)
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      applies to:
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                    (1)
                         the state Medicaid program operated under Chapter
       32, Human Resources Code; and
(2) a Medicaid managed care program operated under
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                    Government Code.
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              SECTION 3. Section 1356.005, Insurance Code, is amended by
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       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
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      mammogram that is no less favorable than the coverage for a
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       screening mammogram.
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By:

Bernal, et al.

H.B. No. 170

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

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 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 7. This Act takes effect September 1, 2019.

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