

- SUBJECT:** Requiring certain health benefit plans to cover breast cancer screenings
- COMMITTEE:** Insurance — committee substitute recommended
- VOTE:** 9 ayes — Phillips, Muñoz, R. Anderson, Gooden, Oliverson, Paul, Sanford, Turner, Vo
- 0 nays
- WITNESSES:** For — Christy Gamble, Black Women's Health Imperative; Mary Pritzlaff and Ellen Ryan, Facing the Risk of Cancer Empowered; Dorothy Gibbons, The Riose; Mark Akin; Anne Hunt; Stephen Rose; (*Registered, but did not testify*: Patricia Kolodzey, Blue Cross Blue Shield; Reginald Smith, Communities for Recovery; Chuck Girard, Hospital Corporation of America; Maggie Hennessy, NARAL Pro-Choice Texas; Rene Lara, Texas AFL-CIO; Jamie Dudensing, Texas Association of Health Plans; Clayton Stewart, Texas Medical Association; Isabel C. Menendez Martinez, Texas Medical Association, Texas Radiologic Society; Jenna Courtney, Texas Radiological Society; Carisa Lopez, Travis County Democratic Party; Tilden Childs; Jeff Hunt)
- Against — (*Registered, but did not testify*: Annie Spilman, National Federation of Independent Business/Texas; Amanda Martin, Texas Association of Business)
- On — Ethan Cohen, The University of Texas MD Anderson Cancer Center; (*Registered, but did not testify*: Pat Brewer, Texas Department of Insurance)
- BACKGROUND:** Insurance Code, ch. 1356 requires a health benefit plan that covers a woman who is at least 35 years old to include coverage for an annual screening by low-dose mammography for the presence of occult breast cancer. The chapter applies only to a health plan that is an individual or group accident and health insurance policy, including a policy issued by a group hospital service corporation.

Some have suggested that few large health plans in the state cover three-dimensional mammography, which is necessary for individuals with certain breast tissue, and contend that insurance coverage for such screenings should be expanded to detect breast cancer in its early stages.

DIGEST:

CSHB 1036 would expand the list of health benefit plans required to cover annual low-dose mammography to include small employer health plans, coverage by health group cooperatives, blanket or franchise group hospital insurance policies, group hospital service contracts, and certain other individual or group plans.

The bill would expand the definition of "low-dose mammography" to include a digital mammogram or breast tomosynthesis, a radiologic mammogram that produces three-dimensional images of the breast for cancer screening.

Annual low-dose mammography coverage also would be required for all applicable group health benefit plans provided to a state resident, group health coverage for school district employees, self-funded plans sponsored by a professional employer organization, church benefits board plans, regional or local health care programs, basic coverage plans, and standard plans.

The bill would not apply to the Children's Health Insurance Program, the health benefits plan for children who are qualified immigrants, the state Medicaid program for maternal and infant health, or the Medicaid managed care program.

The bill would take effect September 1, 2017, and would apply only to a health benefit plan that was delivered, issued for delivery, or renewed on or after January 1, 2018.