

SUBJECT: Insurance coverage for the detection of osteoporosis

COMMITTEE: Insurance — favorable, with amendment

VOTE: 6 ayes — Smithee, Duncan, Averitt, Driver, G. Lewis, Shields
0 nays
3 absent — Counts, De La Garza, Dutton

SENATE VOTE: On final passage, April 3 — voice vote

WITNESSES: (*On House companion bill, HB 1416*):

For — Steven M. Petak, M.D., American Association of Clinical Endocrinologists; Robert R. Robinson, Dr.PH

Against — Will Davis, Texas Legal Reserve Officials Association

On — Rhonda Myron, Texas Department of Insurance

DIGEST: SB 607 would require group health insurance policies, including a group contract issued by a health maintenance organization, to provide coverage to qualified individuals for detecting low bone mass and determining their risk of osteoporosis.

A qualified individual would be defined as a post-menopausal woman who is not receiving estrogen replacement therapy or an individual with any of the following:

- vertebral abnormalities,
- primary hyperparathyroidism,
- a history of bone fractures,
- long-term glucocorticoid therapy or
- who is being monitored to assess the response to an approved osteoporosis drug therapy.

**SUPPORTERS
SAY:**

SB 607 would help save many individuals from unnecessary pain, suffering and costly medical treatment due to osteoporosis, a bone disease in which excessive bone tissue is lost causing bone deterioration, fractures, curvature of the spine, height loss and back pain. Because osteoporosis has no early signs or outward symptoms, medical screening to detect low bone mass is an important tool in treating the disease.

The incidence of osteoporosis is widespread, and insurance coverage would go a long way in improving the quality of life for many individuals. An estimated one out of every two women, and one out of every eight men, aged 50 and over will sustain an osteoporosis-related fracture. The National Institute of Health has recognized osteoporosis as one of the four deadliest diseases among women, along with heart disease, stroke and breast cancer. Women are at higher risk of osteoporosis due to the loss of estrogen production during menopause.

The cost of the medical screen for bone mass, and outpatient medical, exercise and diet therapies, is minimal relative to the costs of nursing home institutionalization and hospital, surgical, rehabilitation and medical equipment costs. The medical screen costs around \$80-\$200 and could save insurance costs in the long-run. It has been estimated that individuals, state government and insurance companies spent about \$701 million in 1993 in direct medical costs related to osteoporotic fractures. Medicaid nursing home expenditures related to admissions related to fractures totaled about \$131.9 million in 1994.

SB 607 would also not increase the cost of insurance because coverage would be restricted to "qualified individuals" — only those who are at risk of developing osteoporosis will be eligible to receive coverage for the screens, and any unnecessary patient demand for bone mass screens would be discouraged.

**OPPONENTS
SAY:**

SB 607 would be singling out one disease for special insurance coverage and enact a cost that will be borne by all insureds — men and women — regardless of their risk. Mandating the provision of preventive health care services through insurance policies increases costs of those measures by adding insurance administrative and processing expenses to the cost of the

service. It also engenders increased use of the service because the cost of the service is partially or fully covered in the insurance or HMO plan. It is less expensive for everyone to have at-risk insureds to pay the entire cost of preventive or medical screens care themselves.

NOTES:

The committee amendment would redefine a qualified individual by replacing "an estrogen-deficient woman at clinical risk for osteoporosis" with "a post-menopausal woman who is not receiving estrogen replacement therapy."