SUBJECT: Health benefit plan coverage for screenings for cardiovascular disease

COMMITTEE: Insurance — committee substitute recommended

VOTE: 8 ayes — Smithee, Martinez Fischer, Deshotel, Hancock, Hunter, Isett, Taylor, Thompson

0 nays

1 absent — Eiland

WITNESSES: For — John Duncan; Morteza Naghavi, Society for Heart Attack Prevention and Eradication; (*Registered, but did not testify:* Miryam Bujanda, Methodist Healthcare Ministries; Patricia Kolodzey, Texas Medical Association)

Against — Jennifer Ahrens, Texas Association of Life and Health Insurers; (*Registered, but did not testify:* Kandice Sanaie, Texas Association of Business)

On — Jared Wolfe, Texas Association of Health Plans; (*Registered, but did not testify:* Dianne Longley, Texas Department of Insurance)

BACKGROUND: Atherosclerosis is hardening of the arteries due to calcification of fat and other substances that may build up and limit blood flow. Atherosclerosis can lead to heart attack by diminishing the oxygen supplied to the heart muscle or to stroke by limiting blood flow to the brain.

Two imaging technologies can screen for indicators of cardiovascular disease. Computed tomography (CT) scanning is a health imaging technology that now can capture images quickly enough to measure the level of calcification in the coronary artery, which supplies blood to the heart. Ultrasound imaging can measure the level of plaque in the carotid artery, which supplies blood to the brain, and intima-media thickness, which is the thickness of the artery wall and is correlated with high risk for atherosclerosis.

DIGEST: CSHB 1290 would require individual and group health benefit plans that provide coverage for medical screenings to provide up to $200 of coverage

every five years for CT scanning measuring coronary artery calcification or ultrasound measuring carotid intima-media thickness and plaque. This coverage requirement would apply to men ages 46 to 75 and women ages 56 to 75 who either were diabetic or had an intermediate or higher risk for developing heart disease.

Health benefit plans to which the coverage requirement would apply would include:

- individual and group plans offered by insurers and other specified health benefit plan issuers;
- small employer group health benefit plans;
- Medicare supplemental policies;
- plans that provide health benefits to the employees of multiple employers;
- plans offered through nonprofit health corporations;
- health and accident coverage provided through risk pools for employees of political subdivisions; and
- basic coverage provided to employees of the Texas A&M University and University of Texas systems.

The requirements would not apply to:

- consumer choice plans;
- limited benefit plans;
- plans providing only accidental death or dismemberment coverage;
- supplemental liability insurance;
- hospital indemnity coverage;
- automobile medical payment insurance coverage;
- workers' compensation insurance; and
- long-term care policies that qualify as health benefit plans.

The bill would take effect September 1, 2009, and would apply only to health benefit plans delivered, issued, or renewed on or after January 1, 2010.

SUPPORTERS SAY:

CSHB 1290 would enable more people to receive cardiovascular screenings that could save lives and prevent more costly medical treatments in the future. Heart attack is the leading cause of death for men

and women in the United States, and in 60 percent of cases the first symptom is death.

The screenings required in CSHB 1290 cost from $300 to $600, which is too expensive for many people without the assistance of up to $200 provided in this bill. Studies have shown that the measures of calcification that could be provided through the CT scanning and ultrasound technologies can be up to 10 times better at predicting heart disease than other screenings. Many insurance plans currently pay for stress tests, which can cost more than $3,000, yet stress and cholesterol tests are more likely to fail to identify heart attack risk and provide high percentages of false positives.

Earlier prevention measures and treatments not only would save lives but would reduce long-term costs for insurers and subsequently policyholders. The specific measures of risk for heart attack revealed by these screening technologies allow patients to take prevention measures, such as lifestyle changes, to avoid future treatment for cardiovascular disease. If the screenings revealed immediate treatment was necessary, the treatment could involve less costly procedures, such as angiograms, whereas later stages of cardiovascular disease could cost more than $100,000 to treat if catastrophic surgery like a bypass were required.

Many insurance carriers already cover these tests, acknowledging their value in preventing long-term costs. Requiring coverage under the broad range of plans required in CSHB 1290 would ensure that all insurers benefited from long-term savings because enrollees moving between health plans would have learned of and addressed these health risks as part of their previous plans.

OPPONENTS SAY:

CSHB 1290 would impose yet another mandate on health benefit plans, further increasing costs to individuals and small businesses. If these cardiovascular screenings saved health carriers money, they already would have implemented the coverage. Even if this mandate cost consumers and employers only slightly more per year, these increases could become a burden when combined with the costs of the many other health insurance mandates.

In tight economic times, many employers already must decide how to cut overhead in order to stay in business. More Texans could maintain health coverage if no additional mandates were placed on health insurers because

when health costs reach a critical level, many small employers make the difficult decision to cut employee health benefits.

NOTES:

The committee substitute differs from the bill as filed by exempting consumer choice plans from the cardiovascular screening benefit requirement.