HOUSE
RESEARCH
ORGANIZATION bill analysis 5/4/2013

HB 170
Alonzo

SUBJECT: Covering mammograms by providers other than primary care physicians

COMMITTEE: Insurance — favorable, without amendment

VOTE: 7 ayes — Smithee, Eiland, G. Bonnen, Muñoz, Sheets, Taylor, C. Turner

1 nay — Creighton

1 absent — Morrison

WITNESSES: For — Sylvana Alonzo; (*Registered, but did not testify:* Sandra Martinez, Methodist Healthcare Ministries of South Texas)

Against — (*Registered, but did not testify*: Kathy Barber, National Federation of Independent Business)

On — (*Registered, but did not testify:* Doug Danzeiser, Texas Department of Insurance)

DIGEST: HB 170 would require a health benefit plan that provided coverage for low-dose mammography to allow an enrollee to receive a covered mammogram performed by a provider other than the enrollee's primary care physician. Health benefit plans could require that an enrollee receive prior approval before doing so.

HB 170's provisions would extend to plans issued by health maintenance organizations. The bill would not affect the authority of a health benefit plan issuer to establish selection criteria for its providers.

HB 170 would take effect September 1, 2013, and its provisions would apply to health benefit plans issued or renewed on or after January 1, 2014.

SUPPORTERS SAY: HB 170 would increase the early detection of breast cancer. Many women must wait days, weeks, or even months until their primary care physician is available before receiving a mammogram covered by insurance. This is particularly distressing when a lump has been detected. HB 170 would allow women whose insurance covers mammograms to receive a covered screening more quickly and conveniently.

Because HB 170 would apply only to health benefit plans that cover mammography, it would not be a new insurance mandate. The bill simply would allow individuals to access coverage they had previously purchased.

OPPONENTS SAY:

HB 170 would expand government's involvement in the health care market. Although the bill would not be a new mandate, it would enlarge a current one. Health care costs are one of the largest and fastest-growing expenses individuals and businesses face. By increasing health care utilization, the bill would raise insurance premiums and cause more individuals and companies to drop their coverage.

The bill also would be poorly timed. Due to the federal Patient Protection and Affordable Care Act of 2010, the health care system is currently undergoing its biggest changes in decades. Enacting a new regulation now would increase uncertainty and should be considered only after the health insurance market has stabilized.