

- SUBJECT:** Including coverage of ovarian cancer screening in health insurance plans
- COMMITTEE:** Insurance — favorable, without amendment
- VOTE:** 9 ayes — Frullo, Muñoz, G. Bonnen, Guerra, Meyer, Paul, Sheets, Vo, Workman
- 0 nays
- WITNESSES:** For — Michelle Wittenburg, KK-125 Ovarian Cancer Research Foundation; (*Registered, but did not testify:* Juliana Kerker, American Congress of Obstetricians and Gynecologists, District XI (Texas); Kathy Hutto, AstraZeneca Pharmaceuticals; Steve Bruno, Deanna L. Kuykendall, Kym Olson, Kelly Hyten, and Dale Laine, KK-125 Ovarian Cancer Research Foundation; Patricia Kolodzey, Texas Medical Association; Hugo Berlanga; John Sloan)
- Against — (*Registered, but did not testify:* Bill Hammond, Texas Association of Business)
- On — Chris Herrick, Texas Department of Insurance
- BACKGROUND:** Insurance Code, sec. 1370.003 requires health benefit plans that cover diagnostic medical procedures to include coverage for an annual medically recognized diagnostic examination for the early detection of cervical cancer. Any woman 18 and older and enrolled in the plan would be entitled to the coverage. Under this chapter, required coverage for a cervical cancer screening includes at a minimum a conventional Pap smear screening or a liquid-based cytology screening, alone or in combination with a test for the detection of the human papillomavirus (HPV).
- DIGEST:** HB 2813 would require Texas health benefit plans that cover diagnostic medical procedures to include coverage for an annual CA 125 blood test for the early detection of ovarian cancer. This test would be in addition to the cervical cancer screening already required as part of a woman's annual

diagnostic medical examination described under Insurance Code, ch. 1370. This coverage would be required for women 18 and older enrolled in a health benefit plan that covers diagnostic medical procedures.

**SUPPORTERS
SAY:**

HB 2813 would make headway in the prevention and early detection of ovarian cancer by ensuring that certain health insurance plans provided coverage for a simple blood test for ovarian cancer as part of annual well-woman exams. Ovarian cancer has a high mortality rate, largely because the disease has vague symptoms that are not unique to ovarian cancer and that patients do not recognize until the disease is too advanced to treat effectively. Unlike breast or testicular cancer, women cannot do a self-examination to detect ovarian cancer, and women usually are not offered a blood test for ovarian cancer unless they are aware of the disease in their family history, which many patients may not know.

The increase in costs from requiring coverage of an annual ovarian cancer screening would be nominal and it is easier for health insurance plans to administer a mandate than an optional benefit, which some have suggested be offered instead. The CA 125 test costs only \$80 and could save the lives of thousands of women through early detection. This test is a step in the right direction.

Allowing patients to have their insurance pay for ovarian cancer screening is especially important because no major information is disseminated about this type of cancer. The CA 125 blood test can result in a false positive, but it is better to investigate a false positive than not have the opportunity to find out about a serious illness. Pap smears for cervical cancer also can result in false positives, but that test still is mandated for all women. When there is a positive test, any subsequent testing can be considered diagnostic testing rather than screening. Medically necessary diagnostic tests are covered by major medical health plans.

**OPPONENTS
SAY:**

By requiring certain health insurance plans to cover ovarian cancer screening in an annual exam, HB 2813 would add a new, expensive mandate. This new mandate would increase the costs of health insurance for businesses and employers and would add to the growing number of

uninsured Texans by making health insurance more expensive for consumers.

The bill also would not explicitly require health insurance plans to cover multiple ovarian cancer blood tests in one year, which could cause a consumer to pay out of pocket for subsequent tests to be certain whether or not she had ovarian cancer. Not requiring health insurance plans to cover subsequent tests could cause patients to receive overly aggressive treatment, such as unneeded biopsies. The protein CA 125 is not present in all patients with early-stage ovarian cancer, making the blood test an unreliable indicator. A patient needs to be tested several times a year to be certain that the first test was not a false positive.

NOTES:

The companion bill, SB 2003 by Eltife, was scheduled for a public hearing in the Senate Business and Commerce committee on April 14.