

**SUBJECT:** Amending health coverage of tests used to detect prostate cancer

**COMMITTEE:** Insurance — committee substitute recommended

**VOTE:** 6 ayes — Oliverson, A. Johnson, Cortez, Caroline Harris, Julie Johnson, Perez  
2 nays — Cain, Hull  
1 absent — Paul

**WITNESSES:** For — Stuart Wolf, MD, Texas Urological Society; Patrick Bingham; Robert Wright (*Registered, but did not testify*: James Gray, American Cancer Society Cancer Action Network; Kyle Mauro, Bayer; Lindsay Lanagan, Legacy Community Health; John Carlo, Ben Wright, Texas Medical Association; Jaime Capelo, Texas Urological Society; Ware Wendell, Texas Watch; Joseph Da; Parker Davis)  
Against — Shanneè Tracey, GuideStone Financial Resources of the Southern Baptist Convention (*Registered, but did not testify*: Annie Spilman, NFIB; Blake Hutson, Texas Association of Health Plans)

**BACKGROUND:** Concerns have been raised that the cost of preventative care screening services may deter some at-risk people from receiving prostate cancer screenings to detect early-stage prostate cancer.

**DIGEST:** CSHB 118 would prohibit a health benefit plan providing coverage for tests used to detect prostate cancer from charging any premium, copayment, coinsurance, deductible, or any other form of cost sharing for a covered test used to detect prostate cancer.  
The bill would expand the applicability of provisions related to health coverage of tests used to detect prostate cancer to include certain health benefit plans and insurers, including the Medicaid program, the Children's Health Insurance Program, plans for state and public school employees, and certain other plans and issuers specified in the bill. The bill would

remove health and accident coverage provided through risk pools from the list of applicable health benefit plans and insurers.

The bill would repeal a provision requiring health benefit plans issued under the Texas Public School Employees Group Insurance Program to cover certain tests used for the detection of prostate cancer for certain enrollees.

If a state agency determined that a waiver or authorization from a federal agency was necessary to implement the bill, the agency would be required to request the waiver and could delay implementation until the waiver or authorization was granted.

The bill would take effect September 1, 2023, and would apply only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2024.