

## **BILL ANALYSIS**

Senate Research Center  
81R15891 AJA-D

H.B. 1290  
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State Affairs  
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Engrossed

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

Advances in medical screening may improve early detection, but such tests are costly and unaffordable to many at-risk populations. By requiring health plans to provide some coverage for these screenings, more individuals will benefit from early detection, possibly saving lives and reducing related long-term medical care expenses.

This legislation expands access to medical screenings to increase the early detection of cardiovascular disease. The bill provides coverage under certain health benefit plans for specified tests for the early detection of cardiovascular disease. The bill covers men older than 45 and younger than 76 and women older than 55 and younger than 76 who are diabetic or are at intermediate or higher risk of heart attack, according to a score using the Framingham Heart Study coronary prediction algorithm. The coverage provides for either computed tomography (CT) scans measuring coronary artery calcification or ultrasonography scans measuring carotid intima-media thickness and plaque once every five years with minimum coverage of up to \$200 per test.

H.B. 1290 relates to health benefit plan coverage for certain tests for the early detection of cardiovascular disease.

### **RULEMAKING AUTHORITY**

Rulemaking authority is expressly granted to the commissioner of insurance in SECTION 1 (Section 1376.003, Insurance Code) of this bill.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. Amends Subtitle E, Title 8, Insurance Code, by adding Chapter 1376, as follows:

#### **CHAPTER 1376. CERTAIN TESTS FOR EARLY DETECTION OF CARDIOVASCULAR DISEASE**

Sec. 1376.001. **APPLICABILITY OF CHAPTER.** (a) Provides that this chapter applies only to a health benefit plan that:

(1) provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including: an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or a certain individual or group evidence of coverage; to the extent permitted by the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.), a certain health benefit plan; a small employer health benefit plan written under Chapter 1501 (Health Insurance Portability and Availability Act), or a Medicare supplemental policy as defined by Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss);

(2) is offered by an approved nonprofit health corporation operating under Chapter 844 (Certification of Certain Nonprofit Health Corporations); or

(3) provides health and accident coverage through a risk pool created under Chapter 172 (Texas Political Subdivisions Uniform Group Benefits Program), Local Government Code, notwithstanding Section 172.014 (Application of Certain Laws), Local Government Code.

(b) Provides that this chapter, notwithstanding any provision in Chapter 1601 (Uniform Insurance Benefits Act for Employees of the University of Texas System and the Texas A&M University System) or any other law, applies to basic coverage under Chapter 1601.

Sec. 1376.002. EXCEPTIONS. Provides that this chapter does not apply to a plan that provides certain coverage, a standard health benefit plan issued under Chapter 1507 (Consumer Choice of Benefits Plans), a worker's compensation insurance policy, medical payment insurance coverage provided under a motor vehicle insurance policy, or a long-term care policy, including a nursing home fixed indemnity policy, unless the commissioner of insurance (commissioner) determines that the policy provides benefit coverage so comprehensive that the policy is a health benefit plan as described by Section 1376.001.

Sec. 1376.003. MINIMUM COVERAGE REQUIRED. (a) Requires that a health benefit plan that provides coverage for screening medical procedures provide the minimum coverage required by this section to each covered individual who is a male older than 45 years of age and younger than 76 years of age or a female older than 55 years of age and younger than 76 years of age, and who is diabetic or has a risk of developing coronary heart disease, based on a score derived using the Framingham Heart Study coronary prediction algorithm, that is intermediate or higher.

(b) Provides that the minimum coverage required to be provided under this section is coverage of up to \$200 for one of the following noninvasive screening tests for atherosclerosis and abnormal artery structure and function every five years, performed by a laboratory that is certified by a national organization recognized by the commissioner by rule for the purposes of this section: computed tomography (CT) scanning measuring coronary artery calcification or ultrasonography measuring carotid intima-media thickness and plaque.

SECTION 2. Makes application of this Act prospective to January 1, 2010.

SECTION 3. Effective date: September 1, 2009.