BILL ANALYSIS

C.S.H.B. 3951
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Insurance
Committee Report (Substituted)

BACKGROUND AND PURPOSE

The American Cancer Society projects that there will be 14,200 new cases of prostate cancer, resulting in 3,320 deaths, in Texas in 2021. Research indicates that one in eight men will be diagnosed with prostate cancer in their lifetime, a likelihood that increases to one in six for African American men and one in three for men with a family history of prostate cancer. It has been reported that targeting men with higher risk factors for prostate cancer, including veterans and active service members, can reduce health outcome disparities in the populations most impacted by the disease. However, the cost of preventive screening services may deter or prevent men from the early detection of prostate cancer. C.S.H.B. 3951 seeks to eliminate screening barriers and maximize early detection of cancer by prohibiting a health benefit plan from charging any form of cost sharing for certain prostate cancer screenings.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 3951 amends the Insurance Code to prohibit a health benefit plan that provides coverage for certain tests for detection of prostate cancer from charging any premium, copayment, coinsurance, deductible, or any other form of cost sharing for a covered benefit described by statutory provisions relating to required coverage for a prostate-specific antigen test for certain males and a physical examination for the detection of prostate cancer. The bill revises the applicability of this coverage requirement, including making the requirement apply to a small employer health benefit plan written under the Health Insurance Portability and Availability Act.

C.S.H.B. 3951 establishes that this requirement does not apply to a qualified health plan if a determination is made under the federal Affordable Care Act that the plan must offer benefits in addition to the essential health benefits required under federal law and that Texas is required to defray the cost of the benefits mandated under the federal Affordable Care Act. If such a determination is made, the bill's provisions do not apply to a non-qualified health plan if the non-qualified health plan is offered in the same market as the qualified health plan.

C.S.H.B. 3951 requires a state agency affected by a provision in the bill, if before implementing a provision the agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, to request the waiver or authorization and

authorizes the agency to delay implementing that provision until the waiver or authorization is granted. The bill applies only to a health benefit plan delivered, issued for delivery, or renewed on or after January 1, 2022.

C.S.H.B. 3951 repeals Section 1575.159, Insurance Code.

EFFECTIVE DATE

September 1, 2021.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 3951 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute does not include a provision in the original making provisions related to requiring certain tests for the detection of prostate cancer applicable to county employee group health benefits.

The substitute includes a provision not in the original establishing that the bill's provisions do not apply to a non-qualified health plan if that health plan is offered in the same market as a qualified health plan and a determination is made under federal regulations that results in the inapplicability of the qualified health plan.