

BILL ANALYSIS

Senate Research Center

S.B. 1028
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Enrolled

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Texas is the 24th deadliest state for colorectal cancer in the United States. Currently, the minimum insurance benefits in Texas statute regarding colorectal screening include:

a fecal-occult blood test performed annually and a flexible sigmoidoscopy performed every five years; or

a colonoscopy performed every 10 years.

While colorectal cancer cases in Texas have decreased since the introduction/codification of preventative screening for individuals age 50 and up, incidence of colorectal cancer is increasing among adults under age 50. One in five colorectal cancer patients are between ages 20 and 54 and younger adults are more likely to be diagnosed with late-stage colon or rectal cancers, because they are under the recommended screening age. Compounding the issue are the outdated screening options in statute not aligned with industry recommendations.

A number of health organizations, including the American Cancer Society (ACS), now recommend that screenings should begin at 45 years of age. In fact, Texas Medicaid recipients, as of March 1, 2021, now receive this benefit starting at age 45.

S.B. 1028 seeks to amend Texas Insurance Code Chapter 1363, specifically to:

reduce the starting age for screenings from 50 to 45;

align colorectal screening guidelines with the ACS recommended guidelines, which expand colorectal screening options for Texans; and

require that minimum coverage include a colonoscopy, if a preliminary colorectal cancer screening comes back with positive cancer indicators.

Although colorectal cancer is one of the few preventable cancers, it remains the second leading cause of cancer death in Texas. Early detection of cancer through screening can improve survival and reduce mortality, meaning thousands of deaths could be avoided if Texans were screened according to ACS recommendations.

(Original Author's / Sponsor's Statement of Intent)

S.B. 1028 amends current law relating to health benefit plan coverage for colorectal cancer early detection.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 1363.001, Insurance Code, as follows:

Sec. 1363.001. **APPLICABILITY OF CHAPTER.** Provides that Chapter 1363 (Certain Tests For Detection of Colorectal Cancer) applies only to a health benefit plan, including a small employer health benefit plan written under Chapter 1501 (Health Insurance Portability and Availability Act) or coverage that is provided by a health group cooperative under Subchapter B (Coalitions and Cooperatives) of Chapter 1501, 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 or group evidence of coverage that is offered by a reciprocal or interinsurance exchange operating under Chapter 942 (Reciprocal and Interinsurance Exchanges), among other insurance providers;

(2) and (3) makes no changes to these subdivisions.

Makes nonsubstantive changes.

SECTION 2. Amends Section 1363.002, Insurance Code, as follows:

Sec. 1363.002. **EXCEPTION.** Provides that Chapter 1363 does not apply to a plan that provides coverage only for dental or vision care, a credit-only insurance policy, a limited benefit policy that does not provide coverage for physical examinations or wellness exams, or a multiple employer welfare arrangement that holds a certificate of authority under Chapter 846 (Multiple Employer Welfare Arrangements). Deletes existing text providing that Chapter 1363 does not apply to a small employer health benefit plan written under Chapter 1501. Makes nonsubstantive changes.

SECTION 3. Amends Section 1363.003, Insurance Code, as follows:

Sec. 1363.003. **MINIMUM COVERAGE REQUIRED.** (a) Requires that a health benefit plan that provides coverage for screening medical procedures provide to each individual enrolled in the plan who is 45 years of age or older, rather than 50 years of age or older, and at normal risk for developing colon cancer coverage for expenses incurred in conducting a medically recognized screening examination for the detection of colorectal cancer.

(b) Requires that the minimum coverage required under this section include:

(1) all colorectal cancer examinations, preventive services, and laboratory tests assigned a grade of "A" or "B" by the United States Preventive Services Task Force for average-risk individuals, including the services that may be assigned a grade of "A" or "B" in the future, rather than a fecal occult blood test performed annually and a flexible sigmoidoscopy performed every five years; and

(2) an initial colonoscopy or other medical test or procedure for colorectal cancer screening and a follow-up colonoscopy if the results of the initial colonoscopy, test, or procedure are abnormal, rather than a colonoscopy performed every 10 years.

(c) Authorizes the plan, for an enrollee in a managed care plan as defined by Section 1451.151 (Definitions), to impose a cost-sharing requirement for coverage described by this section only if the enrollee obtains the covered benefit or service outside the plan's network.

SECTION 4. Makes application of this Act prospective to January 1, 2022.

SECTION 5. Effective date: September 1, 2021.