

**HOUSE OF REPRESENTATIVES  
COMPILATION OF PUBLIC COMMENTS**

Submitted to the Committee on Insurance

For HB 2017

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Hearing Date: April 18, 2023 8:00 AM

Runi Limary

Self

Austin, TX

I'm Runi Limary. I was diagnosed almost 16 years ago with early stage invasive breast cancer and I was just 28 years old. I was young and healthy, so it came as a complete shock. The entire process was completely overwhelming. When you hear, "You have cancer," you can't help but automatically think of death and dying. I was fortunate enough that I had a phenomenal and caring medical team that gave me the best care that I was able to receive. My pathology report showed that I needed chemotherapy. It also showed that I was Estrogen Receptor/Progesterone Receptor Positive and HER2 or Human Epidermal growth factor Receptor 2-positive. HER2 tumors tend to grow more aggressively but I was able to get a year of targeted therapy. I feel fortunate since that medication was still in clinical trial just a few years before I was diagnosed. Many thanks to those that participated in the clinical trials so I was able to benefit from it. Since I have completed treatment, there are now several other targeted therapies available for those that are HER2+. Now hearing that you have HER2+ breast cancer isn't an automatic death sentence anymore. It actually gives patients hope as there are more options because we have targeted therapies for it. Since I was also ER+, that's Estrogen Receptor positive, I also benefited from oral medication. The medication is still the gold standard for women who have ER+ breast cancer. Again, I am thankful I had that option. Even though there isn't a cure for breast cancer, we've come a long way in keeping people alive longer and an increase in their overall quality of life. Some patients may qualify for chemotherapy that can be taken as a pill and not just through IV. Radiation can be given internally as well as externally. Some people may even qualify for proton beam radiation therapy that targets just the cancer itself. Some radiation treatments can be completed in a shorter amount of time, which helps those that cannot find transportation to get to treatment. Cancer treatment is very expensive, even with good insurance. I am grateful that my insurance covered the cost of the testing and treatment, even if I did have a high deductible and copays. At the time I was diagnosed, I was young, single and made just enough to get by month by month and I was put on every imaginable payment plans. I can't fathom what would have happened and what difficult choices I would have made, if my insurance didn't cover everything. People should not have to choose between getting quality care and going bankrupt or putting food on the table. When it comes to cancer, it can be life or death. I'm 15 years out and I love celebrating my birthdays. My life is a gift and it is precious. And unfortunately, in the last 15 years, I've seen too many people that I care about die from this horrible disease. Many who may still be alive, if they received the full biomarker testing.

Heather De La Garza  
Texas Hospital Association  
Austin, TX

The Texas Hospital Association, representing more than 650 members, respectfully submits the following written testimony on House Bill 2017 by Chairman Oliverson. We have discussed our concerns with the Chairman's office and appreciate his willingness to work with us. We welcome the discussion committee members on the following points. First and foremost our opposition to the bill is only as it relates to health insurance companies and the products they offer. Our primary concern with HB 2017 is that the bill potentially erodes the gains Texas has made in ensuring robust health insurance coverage and consumer protections are available to Texas citizens with respect to commercial health insurance products. Health insurance companies are regulated by the State for good reason. The basic model of enrollees and employers paying premiums on a monthly basis in exchange for the promise of health coverage, necessitates legislative oversight to ensure that patients and their employers receive what they pay for. HB 2017 would give unprecedented discretion to a state official to decide whether the will of the Texas legislature should be waived. If a health insurance company believes that a law or their implementing regulations stifle innovation, they can make their case before the entirety of the legislature. Additionally, the bill includes a form of reciprocity that would allow decisions made by other states with respect to health insurance regulation to potentially dictate waivers of Texas laws. Regardless of what everyone else does, waivers for health insurance companies are not what is best for Texas. Despite our opposition, we appreciate that the bill does limit the maximum amount of consumers to 10,000 – that way the Texas commercial health insurance market will not become flooded with “skinny” plans that provide minimal health insurance coverage and limited consumer protections. THA has long advocated for high quality health insurance coverage. Instead of thinking about these laws as prohibiting innovation, think of them as creating safe environments to ensure patients will seek the care they need and will save lives. Thank you for considering this written testimony and we are available to answer any questions.

Deanna Kuykendall  
Texas Brain Injury Providers Alliance  
Austin, TX

With all due respect to Chairman Oliverson, the Texas Brain Injury Providers Alliance must oppose HB 2017. There are too many variables in the bill that would leave policy holders vulnerable, unprotected and, left holding the proverbial bag. Likewise, it gives carriers too many chances to practice medicine without a license by basing a waiver request on factors well outside the guardrails of medical necessity.

Insurance is already too complex a product. HB 2017 would place the onus on policyholders to keep track of public notices to ascertain if their needed coverage has now obtained a waiver. At the very least, this seems impractical and overly burdensome.

Many in the commercial carrier market seem more focused on restricting or denying their premium-paying policyholders' coverage and complaining when they pay legitimate claims, all the while posting record profits.

As a provider group advocating for medically necessary brain injury rehabilitation, we fought hard to get medically necessary coverage for Texans who have sustained a brain injury. Had the Texas Legislature (with Republican majorities) not adopted and then strengthened (twice!) the brain injury coverage mandate, denials would still be the norm.

HB 2017 gives carriers even more authority to practice medicine without a license; to cherry pick from state law and regulation that which they don't want to cover or adhere to. We, instead, implore the Legislature and Insurance commissioner to ask carriers why so many of their products result in Texans forced to come before the Legislature and advocate for mandated coverage for a particular injury, disability or illness.

Thank you for the chance to contribute to the discussion.