## House Insurance April 4, 2023



## **Roll Call**

Oliverson, Tom - Chair - Present Johnson, Ann - Vice-Chair - Present Cain, Briscoe - Present Paul, Dennis - Present Perez, Mary Ann - Present Cortez, Philip - Present Harris, Caroline - Present Hull, Lacey - Present Johnson, Julie - Present

## Resources

<u>Hearing notice</u> Videos of hearing

- <u>Part 1</u>
- <u>Part 2</u>

## Testimony

#### HB 389: Fertility preservation mandate

#### Collier

Speaks to personal cancer journey. Speaks to high costs of freezing eggs, which you need before IVF. Cost is a barrier. Seeks to eliminate cost barriers and provide services for freezing eggs. Bill will allow infertility to be treated as a side effect of cancer.

#### Amanda Rice

Support. 3x cancer survivor in her 30's. Shares infertility experience.

#### Elizabeth Potter, TMA

Support. Reconstructive plastic surgeon.

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#### Terry Woodard, UT MD Anderson

Neutral. Testified that cancer related infertility creates emotional distress. Fertility preservation services are unaffordable to most people, not financially feasible.

Collier closes.

#### HB 1649: Fertility Mandate

#### Button

Similar (companion) bill to HB 389. Shares personal story about her husband's cancer story.

#### Amanda Rice, CEO/Founder Chick Mission

Support. Three time cancer survivor in her 30s.

#### **Tom Whiteside**

Support. Cancer survivor, diagnosed at 26 years old. Used fertility preservation.

#### **Haley Curly**

Support. Cancer survivor, used fertility preservation.

#### **Karen Albright**

Support. Treatments cause harm. Physician.

#### Dr. Terry Woodard, UT MD Anderson

Neutral.

**Oliverson** - What's the cost of harvesting and annual storage **Woodard** - \$10K, plus cost of medications. **Oliverson** - What about storage?

Woodard - We send it out, \$300 - \$600 per year.

Button closes.

### HB 4067: Annual HMO Exams for UR and Rx | TAHP Written Testimony

Vo

Would require TDI to examine HMOs and PPOs to determine if they are in compliance

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with UR requirements. TDI would be allowed to conduct reviews as often as necessary, at least once annually.

#### Blake Hutson, TAHP

Opposed - We have offered a substitute to be neutral. Oliverson Question - is it the administrative burden or the cost? Blake explained both concerns. Oliverson asked about complaint frequency, Blake explained it was very rare.

#### Tony Aventa, TMA

Support. Concerns on health plan implementation of prior authorization process implementation. Calls it an important consumer protection.

#### HB 687: Expands Newborn Parent Coverage to 2 Mo. (Mandate)

#### Cole

Would extend the required coverage for newborn children of enrollees from 32 days to 61 days.

#### Blake Hutson, TAHP

Neutral. It's a mandate but it's a common sense bill.

Cole closes.

#### HB 118: No Cost Sharing PSA Test Mandate

#### Cortez

Expands the existing state-mandated benefit for prostate cancer to new types of coverage (small employer groups, MEWAs, ERS, TRS, Medicaid, and CHIP) and adds prohibition for any enrollee cost-sharing to the existing mandate. Cost is a barrier for people. Will not place undue burden on the health plans. Mere expense of 3 cents per member.

#### **Patrick Bingham**

Support. Survivor. Was exposed to agent orange in Vietnam. Noted that PSA test missed his prostate cancer but that was caught in a colonoscopy.



#### **Shaney Tracey**

Oppose. Health sharing ministry. The bill applies to them so opposed, because of concerns around eroding the ACA exemption for health sharing ministries.

#### Dr. Wolf, Texas Urological Society

Support. Too often see men with metastatic prostate cancer that were never screened with PSA. PSA screening is at least as effective and maybe more effective as mammography for breast cancer. We require no cost sharing for mammography.

**Oliverson** - Essentially 100% likely a man will get prostate cancer if they live long enough? **Dr. Wolf** - Yes, but they aren't always aggressive cancers.

#### <u>HB 2414</u>: Health Plan Shopping Incentives | TAHP <u>Written Testimony</u> Frank

Explained the sub has fiduciary duty requirements and doesn't require providers to accept these terms and doesn't require insurers to use these incentives. Explained he does this with his own health care not governed by TDI. Patient with 3 CT scans, \$7500 each, consultant found that he could get the exam same screen for \$450, so he waived the deductible, gave extra time off and a \$50 gas card.

**Oliverson** - These are incentives but there is no rule that a plan can adopt that could prevent a patient from using a higher cost in-network provider. "It's a carrot not a stick"

Frank - Agreed and said the fiduciary language is important.

#### Carl Isett, TABA

Support. Explained that this is common in the self-funded market. There are often cheaper alternatives that can be found. These are the kinds of things that can bring down costs of plans.

**Charles Miller**, Texas 2036 Support. Explained that this ties to HB 711.

**Oliverson** questions about steering to an insurer owned provider. **Charles** - Happy to work through line by line and make sure we aren't doing anything



#### anti-competitive.

**Rep. Harris** - Can you talk about the importance of having quality information with cost information?

**Miller** - The research says that having price information alone is meaningless.

#### Blake Hutson, TAHP

Support as a step in the right direction. Need incentives for patients to make smart choices, on top of competition and transparency.

#### Dave Balat, TPPF

Neutral. Wants to exclude where there is a conflict of interest. Likes the bill, wants improvement. Mentioning prohibited prior auth when steering to a lower cost option.

#### Genevieve Collins, AFP

Support.

**Rep. Frank** closes the bill. Believes the "fiduciary" language addresses the concerns but happy to look at "belts and suspenders" - very concerned about consolidation and wants better options for patients.

# <u>HB 4300</u>: Expedited credentialing PA and NPs (Mandate). Joining existing medical practice only

#### Guillen

Would require an issuer to create an expedited credentialing process for PAs and NPs who join an established medical group that has a contract with the issuer. If the provider fails to meet credentialing requirements, the issuer may recover the difference between payments for in-network and out-of-network benefits.

#### **Blake Hutson**

Neutral. Bill strikes a good balance.

Guillen closes.

#### <u>HB 3098</u>: Health Plan Affiliated Provider | TAHP <u>Written Testimony</u> Johnson, Ann

Charles Miller, Texas 2036



Neutral. Wants to work on the bill and get support. Agrees on concerns with vertical integration but has some concerns.

#### Blake Hutson, TAHP

Testified giving several examples of the unintended consequences.

Kay Ghahremani testified discussing the unintended consequences.

#### Zach Jones, TSA

Admitted to unintended consequences, mentioned the "health plans that we now know were not supposed to be involved in this". Don't want to interfere with the community health plans. Main issue is with the "very large health plans" that have started to create vertical integration. Don't want to compete with them. In 2019, United terminated a 21 year contract with Houston Methodist. Dispute lasted several months, Methodist had the resources to deal with it. Smaller providers do not.

**Dennis Paul** - Should we pass a bill to limit the market size of horizontal integration?

Zach Jones - Dodged the question.

**Dennis** - Would you be okay if we changed it to say that you can't have 50%?

Zach - Would not be okay with that.

Dennis - Sure, but you talked about competition.

**Zach** - We aren't private equity backed, just 120 physicians.

**Rep. Johnson** closed, saying she wants to keep working to address the unintended consequences.

#### HB 4367: Preauthorization medical health care services Cortez

**Blake Hutson**, TAHP Neutral after addressing a minor concern.

#### Dr. Tildon Childs, TMA

Apparently this is a problem so we need to address it.

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#### HB 3414: APCD Reforms

#### Oliverson

Cortez lays out the bill for Oliverson. Would add EMS providers to the definition of "provider." It would also require TDI to establish minimum access standards for non-emergency ambulance transport services.

#### Lee Spangler, UT Health Science Center

Described the changes in the bill, explained one possible issue that could be considered around the requirement that only claims be collected, explained that in rulemaking we clarified that it was any data that a plan already collects

#### Zeke Silva, TMA

Neutral - supported original APCD bill, goals congruent with TMA beliefs. Want to strengthen guardrails.

#### Charles Miller, Texas 2036

Support. Echoes that the most significant change to the bill is that entities that can access this data can publish specific names of providers and insurers. Right now that data has to be aggregated. Like publishing data about school district quality but not specific schools.

#### HB 3848: Ambulance Network Adequacy | TAHP <u>Written Testimony</u> Oliverson

#### Blake Hutson, TAHP

Oppose. Prior to 2019, state didn't have a surprise billing law for the rest of the market. When Oliverson passed the law, it didn't include ambulances. Prior to passage of law: when looking at what it addressed like ER visits, etc. Had NA requirements but no surprise billing protections; prices skyrocketed. Concerned if we do NA but no SB protections, we'll end up in the same boat.

#### Butch Omerhoff, Texas EMS Alliance

Support. Would allow for good faith EMS negotiations.

Cortez closes.



## Voted Out Bills:

- HB 2259 (Cain) retail fireworks 9-0
- HB 1900 (Smithee) nonrenewal notice requirements 9-0
- HB 2355 (Cortez) TDI/OPIC accepting gifts for employee education 9-0
- HB 3673 (Perez) life insurance 9-0
- HB 755 (J. Johnson) once per year PA 9-0
  - TAHP was Neutral on the Substitute
- HB 1527 (Oliverson) Dental benefits 9-0
  - TAHP was neutral but monitoring
- HB 1587 (Oliverson) Pension buyout contract exemptions 9-0
- HB 1592 (Oliverson) ERISA opt-in for surprise bills 9-0
  - TAHP was neutral
- HB 468 (Thierry) Hearing aids/cochlear implants mandate to age 25 9-0
  - TAHP was neutral
- HB 1647 (Harris) White bagging 9-0 (noted some "unhappy" yes votes)
  - TAHP was neutral on a sub

HB 895 (Munoz) - Prohibits extrapolation 6-3

- TAHP was opposed