

OPPOSE SENATE BILL 541, BY SENATOR WILLIAMS

AMERICAN CANCER SOCIETY

CENTER FOR PUBLIC POLICY PRIORITIES

COALITION OF TEXANS WITH DISABILITIES

CONSUMERS UNION

MENTAL HEALTH ASSOCIATION IN TEXAS

NATIONAL MS SOCIETY

TARAL

TEXAS MENTAL HEALTH CONSUMERS

◆ SB541 allows insurers to ignore health insurance mandates that the Legislature has put in law over the past 20-30 years.

◆ *Insurance mandates guarantee consumers a basic standard of coverage and consumer choice.*

◆ *Insurance mandates make HMOs treat patients fairly.*

◆ SB541 encourages the sale of bare bones insurance with high out-of-pocket costs for consumers.

◆ *Important benefits that are now guaranteed will be bypassed (SEE BACK)*

◆ *Consumers with modest incomes or pre-existing conditions will find health care unaffordable, even though they are insured.*

◆ SB541 does nothing to guarantee employers that when they buy a bare bones plan, they will pay lower premiums.

◆ *SB541 claims to offer employers more affordable health plans - they will pay less for less coverage. But the rising cost of insurance will guarantee that in a short time, employers will get less coverage for more cost.*

◆ SB541 goes against the basic premise of health insurance - pooling the healthy with the sick and the old with the young.

◆ *SB541 "consumer choice" plans will only offer affordable coverage for the healthy and costly coverage for the sick.*

SB 541 ALLOWS INSURERS TO IGNORE THESE TEXAS MANDATES

Mandated Benefit	Summary of Statute or Rule
HMO access to out of network providers	Access to an out of network provider if the HMO network must be offered if the HMO network does not have the specialist needed by a patient.
HMO prompt pay law	Current prompt pay law can be waived if the legislature does not pass a new one.
HMO specialist as PCP	People with chronic and life-threatening illness must be allowed to use a specialist as their primary care provider.
HMO cost sharing	HMOs cannot charge deductibles and are limited in the amount of co-payments to require of patients at the point of service.
Chemical Dependency	Requires the inclusion of benefits for the treatment of chemical dependency based on specific criteria established by TDI rule.
Complications of Pregnancy	Benefits for complications of pregnancy must be provided on the same basis as for other illnesses.
Craniofacial Abnormalities	Policies that provide benefits to a child under 18 years of age must define reconstructive surgery to improve the function or to attempt to create a normal appearance of an abnormality caused by congenital defects, developmental deformities, trauma, tumors, infections, or disease.
Emergency Care	Policies that include preferred provider benefits must reimburse certain emergency care services at the preferred provider level if an insured cannot reasonably reach a preferred provider.
Hearing tests	Policies that provide benefits of family members must cover a screening test for hearing loss from birth through 30 days of age as well as diagnostic follow-up care until 2 years of age.
Immunizations	Policies that provide benefits for a family member of the insured must cover specified immunizations for Immunizations may not be subject to a deductible, co-payment or coinsurance requirement. Small employer plans are exempt.
Mammography	Annual mammography screening for females 35 and older must be provided on the same basis as other radiological examinations.
Exclusion of pregnancy as a pre-existing condition	Pregnancy cannot be treated as a pre-existing condition
OBGYN	Policies must allow direct services to a OB-GYN provider
Oral Contraceptives	Benefits for oral contraceptives must be provided when all other prescription drugs are covered.
Osteoporosis Detection and Prevention	Policies must provide benefits for medically accepted bone mass measurement to determine risk of osteoporosis when indicated for certain qualified individuals.
Phenylketonuria (PKU)	Policies that cover prescription drugs must include formulas for the treatment of PKU or other heritable diseases.
Prostate Testing (PSA)	Policies must include benefits for diagnostic tests used in the detection of prostate cancer, including physical exams and prostate-specific antigen (PSA) test. Small employer plans are exempt.
Telemedicine	Policies may not exclude any service solely because it is provided via telemedicine. Small employer plans are exempt.
Temporomandibular Joint	Benefits for TMJ must be provided when treatment of skeletal joints is covered. Note: Small Employer Plans are exempt.