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**SUBJECT:** Prostate antigen test benefits for retired teachers

**COMMITTEE:** Pensions and Investments — favorable, without amendments

**VOTE:** 7 ayes — Telford, Woolley, Berlanga, Goolsby, Rangel, Serna, Tillery  
0 nays  
2 absent— Sadler, Williams

**WITNESSES:** For — Mike Lehr, Texas Retired Teachers Association  
Against — None

**DIGEST:** HB 239 would amend laws governing the Teacher Retirement System health benefit program (TRS-Care) to require coverage for medically accepted prostate specific antigen tests for enrolled males who are at least 50 years old.

The bill would take effect September 1, 1997, and would apply only to coverage that is issued or renewed on or after January 1, 1998.

**SUPPORTERS SAY:** HB 239 would help detect and prevent the prevalent but hard-to-detect disease of prostate cancer with a low-cost program for retired teachers. Men over the age of fifty are most susceptible to this disease, and about one in five American men will develop prostate cancer in their lifetime.

The prostate gland is only found in men and is a walnut-sized organ attached to the base of the urethra that produces a component of seminal fluid. Prostate cancer can often exhibit no symptoms until the cancer has spread to other parts of the body. Other problems associated with the disease and its treatment include incontinence and impotence. The most common form of medical surveillance of the prostate is through a digital rectal examination.

The prostate specific antigen (PSA) test is a relatively inexpensive and accurate method of detecting prostate cancer in early stages before the tumor becomes palpable. Even though prostate cancer may not exhibit symptoms in the early stages, some concerned TRS-Care enrollees have been refused

testing by doctors who are overly cautious against ordering possibly unnecessary tests. This bill would provide a low-cost, effective recourse to inform or reassure patients of their health condition, and could improve the early detection and treatment outcomes of this potentially crippling and deadly disease.

PSA test coverage would impose a very small increase in the overall costs of TRS-Care, if any. According to the TRS analysis, liability for these additional tests could be increased by less than \$25,000 annually. Most men rely on their doctor's advice and diagnosis, and testing based solely on a patient's request would not be excessive.

The LBB fiscal note analysis found no impact to general revenue, and the actuarial impact statement says there would be no actuarial impact on the TRS-Care program because it does not propose to change the funding or obligations of the public retirement system.

**OPPONENTS  
SAY:**

HB 239 would require payment for prostate specific antigen tests that are not medically necessary, increasing the costs of TRS-Care benefit plans. The bill also would open the door for the enactment of other benefit mandates on TRS-Care at a time when most privately owned health benefit plans advocate reducing state mandates so they can offer more affordable coverage.

TRS-Care already pays for PSA tests when warranted by enrollee symptoms or for diagnostic purposes. Medical supervision and examinations are essential companions to testing because the PSA tests are not 100 percent accurate. Yet this bill would require TRS-Care to pay for tests based solely on a patient's fear or desire, regardless of whether they seem warranted by a doctor's examination or diagnosis. Also, the bill would not limit the number of tests paid for by the coverage, and could conceivably cover costs of multiple and duplicative testing requested by overly concerned men.

HB 239 would enact a mandate that would increase costs on an already financially struggling health benefit program. TRS-Care incurred about a \$8 million deficit in 1996, and has since been proposing and implementing changes to extend the life of the plan to at least December 2000, without having to request additional funds from the Legislature, teachers or retirees.

In a time of cost containment and benefit management restructuring, HB 239 would be adding an additional cost to the program, which could potentially be countered by reducing benefits for another specific test or disease to keep overall health benefit costs constant.

OTHER  
OPPONENTS  
SAY:

Men are not the only people who experience greater health risks and problems as they age. Other required benefits should include tests for diseases that are initially painless and hard to detect in women over the age of 50, such as osteoporosis testing and mammograms.

NOTES:

A related bill, SB 258 by Ellis (HB 2093 by McCall), which would require insurers and HMOs to provide coverage for annual PSA testing for males over the age of 50 who are asymptomatic or who are over 40 with a family history of prostate cancer, passed the Senate on April 4.