

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred House Bill No. 741  
3 entitled “An act relating to health insurance coverage for colorectal cancer  
4 screening” respectfully reports that it has considered the same and  
5 recommends that the bill be amended by striking out all after the enacting  
6 clause and inserting in lieu thereof the following:

7 Sec. 1. 8 V.S.A. § 4100g is amended to read:

8 § 4100g. COLORECTAL CANCER SCREENING, COVERAGE

9 REQUIRED

10 (a) For purposes of this section:

11 (1) “Colonoscopy” means a procedure that enables a ~~physician~~ clinician  
12 to examine visually the inside of a patient’s entire colon and includes the  
13 concurrent removal of polyps or biopsy, or both.

14 (2) “Insurer” means insurance companies that provide health insurance  
15 as defined in subdivision 3301(a)(2) of this title, nonprofit hospital and  
16 medical services corporations, and health maintenance organizations. The  
17 term does not apply to coverage for specified disease or other limited benefit  
18 coverage.

19 (b) Insurers shall provide coverage for colorectal cancer screening,  
20 including:

21 (1) ~~Providing an insured 50 years of age or older with the option of:~~

1           ~~(A) annual fecal occult blood testing plus one flexible sigmoidoscopy~~  
2           ~~every five years; or~~

3           ~~(B) one colonoscopy every 10 years. for an insured who is not at high~~  
4           ~~risk for colorectal cancer, colorectal cancer screening examinations and~~  
5           ~~laboratory tests in accordance with the most recently published~~  
6           ~~recommendations established by the U.S. Preventive Services Task Force for~~  
7           ~~average-risk individuals; and~~

8           (2) ~~For~~ for an insured who is at high risk for colorectal cancer,  
9           colorectal cancer screening examinations and laboratory tests as recommended  
10          by the treating ~~physician~~ clinician.

11          (c) For the purposes of subdivision (b)(2) of this section, an individual is at  
12          high risk for colorectal cancer if the individual has:

13           (1) a family medical history of colorectal cancer or a genetic syndrome  
14          predisposing the individual to colorectal cancer;

15           (2) a prior occurrence of colorectal cancer or precursor polyps;

16           (3) a prior occurrence of a chronic digestive disease condition such as  
17          inflammatory bowel disease, Crohn’s disease, or ulcerative colitis; or

18           (4) other predisposing factors as determined by the individual’s treating  
19          ~~physician~~ clinician.

20          (d) Colorectal cancer screening services performed under contract with the  
21          insurer shall not be subject to any co-payment, deductible, coinsurance, or

1 other cost-sharing requirement. In addition, an insured shall not be subject to  
2 any additional charge for any service associated with a procedure or test for  
3 colorectal cancer screening, which may include one or more of the following:

- 4 (1) removal of tissue or other matter;
- 5 (2) laboratory services;
- 6 (3) ~~physician~~ clinician services;
- 7 (4) facility use; and
- 8 (5) anesthesia.

9 Sec. 2. EFFECTIVE DATE

10 This act shall take effect on January 1, 2025 and shall apply to all health  
11 insurance plans issued on and after January 1, 2025 on such date as a health  
12 insurer offers, issues, or renews the health insurance plan, but in no event later  
13 than January 1, 2026.

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(Committee vote: \_\_\_\_\_)

\_\_\_\_\_  
Representative \_\_\_\_\_  
FOR THE COMMITTEE