

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 at average~~
4 ~~risk not at high risk for colorectal cancer, colorectal cancer screening~~
5 ~~examinations and laboratory tests in accordance with the most recently~~
6 ~~published recommendations established by the American Cancer Society U.S.~~
7 ~~Preventive Services Task Force for 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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18 (Committee vote: _____)

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Representative _____

FOR THE COMMITTEE