No. 34. An act relating to insurance coverage for colorectal cancer screening.

(H.24)

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. FINDINGS

(a) Colorectal cancer is the fourth most common cancer affecting Vermonters. Approximately 130 Vermonters die each year from colorectal cancer and around 330 new cases are diagnosed in Vermont each year. All Americans have a five percent risk of developing colorectal cancer during their lifetime.

(b) Ninety percent of colorectal cancers are diagnosed in patients over the age of 50.

(c) If caught early, patients suffering from colorectal cancer have a 70 to 90 percent survival rate.

(d) Colorectal cancer screening prevents and diagnoses colorectal cancer.

(e) Raising the numbers of colorectal cancer screenings in Vermont is likely to produce minor increases in health care costs in early years, but is expected to save money over time as the need for expensive cancer treatments is reduced.

Sec. 2. 8 V.S.A. § 4100g is added to read:

§ 4100g. COLORECTAL CANCER SCREENING; COVERAGE REQUIRED

(a) For purposes of this section:

(1) "Colonoscopy" means a procedure that enables a physician to examine visually the inside of a patient's entire colon and includes the removal of polyps, biopsy, or both.

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

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

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

(A) Annual fecal occult blood testing plus one flexible sigmoidoscopy every five years; or

(B) One colonoscopy every 10 years.

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

(c) For the purposes of subdivision (b)(2) of this section, an individual is at

high risk for colorectal cancer if the individual has:

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

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

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

(4) Other predisposing factors as determined by the individual's treating physician.

(d) Benefits provided shall cover the colorectal cancer screening subject to a co-payment no greater than the co-payment applicable to care or services provided by a primary care physician under the insured's policy, provided that no co-payment shall exceed $100.00 for services performed under contract with the insurer. Colorectal cancer screening services performed under contract with the insurer also shall not be subject to deductible or coinsurance requirements.

(e) If determined to be permitted by Centers for Medicare and Medicaid Services, for a patient covered under the Medicare program, the patient's out-of-pocket expenditure for a colorectal cancer screening shall not exceed $100.00, with the hospital or other health care facility where the screening is performed absorbing the difference between the Medicare payment and the Medicare negotiated rate for the screening.

Sec. 3. 8 V.S.A. chapter 107, subchapter 10 is amended to read:

Subchapter 10. Prostate and Colorectal Cancer Screening; Coverage Required

Sec. 4. APPLICABILITY AND EFFECTIVE DATE

(a) Section 2 of this act shall take effect on October 1, 2009 and shall apply to all health benefit plans on and after October 1, 2009 on such date as a health insurer offers, issues, or renews the health benefit plan, but in no event later than October 1, 2010.

(b) The remaining sections of this act shall take effect upon passage.

Approved: May 23, 2009