

VERMONT **GENERAL ASSEMBLY****The Vermont Statutes Online****Title 8 : Banking And Insurance****Chapter 107 : Health Insurance****Subchapter 010 : Prostate And Colorectal Cancer Screening; Coverage Required**

(Cite as: 8 V.S.A. § 4100g)

§ 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 concurrent removal of polyps or 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) Colorectal cancer screening services performed under contract with the insurer shall not be subject to any co-payment, deductible, coinsurance, or other cost-sharing requirement. In addition, an insured shall not be subject to any additional charge for any service associated with a procedure or test for colorectal cancer screening, which may include one or more of the following:

(1) removal of tissue or other matter;

(2) laboratory services;

(3) physician services;

(4) facility use; and

(5) anesthesia.

(e) [Repealed.] (Added 2009, No. 34, § 2, eff. October 1, 2009; amended 2013, No. 25, § 2, eff. May 13, 2013; 2013, No. 25, § 5, eff. Oct. 1, 2013.)