

**No. 95. An act relating to health insurance coverage for colorectal cancer screening.**

(H.741)

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

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

§ 4100g. COLORECTAL CANCER SCREENING, COVERAGE

REQUIRED

(a) For purposes of this section:

(1) “Colonoscopy” means a procedure that enables a ~~physician~~ clinician 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.~~ for an insured who is not at high risk for colorectal cancer, colorectal cancer screening examinations and

laboratory tests in accordance with the most recently published recommendations established by the U.S. Preventive Services Task Force for average-risk individuals; and

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

(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~~ clinician.

(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~~ clinician services;
- (4) facility use; and
- (5) anesthesia.

Sec. 2. EFFECTIVE DATE

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

Date Governor signed bill: April 25, 2024