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H.741

Introduced by Representatives McCann of Montpelier, Anthony of Barre City,
Arsenault of Williston, Austin of Colchester, Beck of St.
Johnsbury, Bos-Lun of Westminster, Brady of Williston,
Branagan of Georgia, Brown of Richmond, Brownell of
Pownal, Burke of Brattleboro, Buss of Woodstock, Chase of
Chester, Cina of Burlington, Conlon of Cornwall, Dolan of
Essex Junction, Emmons of Springfield, Farlice-Rubio of
Barnet, Galfetti of Barre Town, Hango of Berkshire, Headrick
of Burlington, Hooper of Randolph, Hyman of South
Burlington, Jerome of Brandon, Krasnow of South Burlington,
Labor of Morgan, LaBounty of Lyndon, McGill of Bridport,
Minier of South Burlington, Morrissey of Bennington,
Mrowicki of Putney, Ode of Burlington, Page of Newport City,
Patt of Worcester, Priestley of Bradford, Rice of Dorset, Stone
of Burlington, Taylor of Milton, Templeman of Brownington,
Waters Evans of Charlotte, Whitman of Bennington, and
Williams of Barre City

Referred to Committee on

Date:

Subject: Health; health insurance; colorectal cancer screening

1 Statement of purpose of bill as introduced: This bill proposes to align
2 Vermont's health insurance coverage requirements for colorectal cancer
3 screening for individuals at average risk for colorectal cancer with the most
4 recently published recommendations established by the American Cancer
5 Society.

6 An act relating to health insurance coverage for colorectal cancer screening

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

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

9 § 4100g. COLORECTAL CANCER SCREENING, COVERAGE

10 REQUIRED

11 (a) For purposes of this section:

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

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

1 ~~(b) Insurers shall provide coverage for colorectal cancer screening,~~

2 including:

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

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

6 ~~(B) one colonoscopy every 10 years; for an insured who is at average~~
7 ~~risk for colorectal cancer, colorectal cancer screening examinations and~~
8 ~~laboratory tests in accordance with the most recently published~~
9 ~~recommendations established by the American Cancer Society for average-risk~~
10 ~~individuals; and~~

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

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

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

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

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

1 ~~(4) other predisposing factors as determined by the individual's treating~~
2 ~~physician.~~

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

- 8 (1) removal of tissue or other matter;
- 9 (2) laboratory services;
- 10 (3) physician services;
- 11 (4) facility use; and
- 12 (5) anesthesia.

13 Sec. 2. EFFECTIVE DATE

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

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.