

March 12, 2024

House Committee on Health Care Vermont State House 115 State Street Montpelier, VT 05633-5301

## Re: H.741, an Act Relating to Health Insurance Coverage for Colorectal Cancer Screening

Chair Houghton and Committee Members:

I write on behalf of MVP Health Care ("MVP") concerning H.741, an Act Relating to Health Insurance Coverage for Colorectal Cancer Screening. The legislation would require health insurers to provide coverage for colorectal cancer screening examinations and laboratory tests in accordance with the most recently published recommendations established by the American Cancer Society (ACS) for average-risk individuals.

## **MVP Payment Policy and Federal ACA Alignment**

The federal Affordable Care Act (ACA) requires non-grandfathered group health plans and health insurance coverage offered in the individual or group market to cover without cost-sharing preventive services rated "A" or "B" by the U.S. Preventive Services Task Force (USPSTF). MVP's Preventive Services Payment Policy for colorectal cancer screening, based on the latest USPSTF recommendations, covers without cost-sharing colorectal cancer screening in all adults aged 45 to 75 years. In accordance with 8 V.S.A. § 4100g, MVP also provides Vermont-only coverage without cost sharing of any colorectal cancer screening examinations and laboratory tests recommended for a high-risk insured by the treating physician, and any services associated with a procedure or test for colorectal cancer screening.

## **ACS vs. USPSTF Guidelines**

MVP does not offer a perspective on the relative clinical appropriateness of the ACS guidelines versus the USPSTF recommendations. However, since ACS guidelines can differ from USPSTF recommendations, MVP is concerned that requiring any preventive services coverage to adhere to ACS guidelines could have unintended consequences vis-à-vis the ACA requirements. For example, if Vermont requires fully insured and small group commercial policies to cover colorectal cancer screening services in accordance with ACS guidelines, and the ACS guidelines happen to exceed the related USPSTF recommendations, this coverage mandate could result in members owing a cost share for the services and/or the State of Vermont being required defray the costs of the additional coverage.

In fact, in 2022, the New York State Legislature passed legislation to require all fully insured commercial policies to cover without cost-sharing colorectal cancer preventive screenings, and all additional examinations and laboratory tests (including an initial colonoscopy or other medical

test/procedure and a follow-up colonoscopy performed as a result of a positive result on a non-colonoscopy preventive screening test), within 6 months of the issuance of, and in accordance with, ACS guidelines for average risk individuals. Per her approval memo, Governor Kathy Hochul signed the legislation into law contingent upon the Legislature's agreement that the law would be amended to limit these requirements to large group insurance policies, because the ACA requires states to defray the costs of state-mandated benefits for all non-grandfathered individual and small group qualified health plans that exceed the essential health benefits (preventive services benefits related to colorectal cancer screening are informed and updated by USPSTF recommendations). The amended law (Chapter 78 of 2023) excluded ACA-regulated products, and these New York State requirements only apply to the fully insured large group market.

MVP urges the Committee to maintain coverage in accordance with USPSTF guidelines for the individual and small group markets, like the Vermont Senate is currently considering in Sec. 2 of draft 2.1 of S.115, rather than requiring coverage in accordance with ACS recommendations.

## **Questions?**

Thank you for the chance to comment on H.741. Please contact me with any questions.

Sincerely,

Jordan T. Estey

Senior Director, Government Affairs

MVP Health Care