SENATE BILL REPORT SB 5494

As of February 8, 2007

Title: An act relating to insurance coverage for colorectal cancer early detection.

Brief Description: Requiring insurance coverage for colorectal cancer screening.

Sponsors: Senators Franklin, Kohl-Welles, Marr, Fairley, Rockefeller, Pridemore, Hatfield,

Murray, Spanel, Rasmussen and Shin.

Brief History:

Committee Activity: Health & Long-Term Care: 2/08/07.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Staff: Mich'l Needham (786-7442)

Background: Colorectal cancer is the third most common cancer in both men and women. The American Cancer Society estimates there will be 153,760 new cases of colon or rectal cancer in 2007. The incidence rates have been decreasing for the last two decades partly due to increased screening which can detect and remove polyps before they progress to cancer. While almost 10 percent of all cancer deaths are related to colorectal cancer, mortality rates have also been declining due to improvements in early detection and treatment. Most health insurance carriers cover colorectal cancer screening; however, the frequencies and guidelines may vary.

Summary of Bill: Insurance carriers are required to provide coverage for colorectal cancer examinations and laboratory tests specified by the American Cancer Society guidelines. Benefits must be provided for those at least 50 years old, and for those under 50 that are at high risk according to the cancer screening guidelines of the American Cancer Society.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: July 1, 2007.

Staff Summary of Public Testimony: PRO: This bill incorporates the recommendations of the Department of Health sunrise review completed in 2003. Screening prevents cancer development and saves lives. Nineteen states have mandated these screenings already.

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This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

CON: Carriers have some concerns about pulling this out of the preventive care basket of services, and prefer to follow the U.S. Preventive Services Task Force guidelines. The implementation date may create a concern with administrative systems. It doesn't seem like good practice to freeze in statute a specific benefit and screening schedule.

Persons Testifying: PRO: Marcia Fromhold, Fred Hutchinson Cancer Center and American Cancer Society; Polly Newcomb, Fred Hutchinson Cancer Center; Anita Mitchell, Erin Dziedzic, American Cancer Society.

CON: Nancee Wildermuth, Regence Blue Shield, Aetna and PacifiCare; Sydney Zvara, Association of Washington Healthcare Plans.