
HOUSE BILL 2945

State of Washington

57th Legislature

2002 Regular Session

By Representatives Darneille, Skinner, Ruderman, Fromhold, Ballasiotes, Campbell, Reardon, Santos, Conway, Quall, Ogden and Lysen

Read first time 02/11/2002. Referred to Committee on Health Care.

1 AN ACT Relating to insurance coverage for colorectal cancer early
2 detection; adding a new section to chapter 48.21 RCW; adding a new
3 section to chapter 48.44 RCW; and adding a new section to chapter 48.46
4 RCW.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.21 RCW
7 to read as follows:

8 (1) All group disability insurance contracts and blanket disability
9 insurance contracts, issued or renewed on or after the effective date
10 of this section, must provide benefits or coverage for colorectal
11 cancer examinations and laboratory tests specified in current American
12 cancer society guidelines for colorectal cancer screening of
13 asymptomatic individuals. Coverage or benefits must be provided for
14 all colorectal screening examinations and tests that are administered
15 at a frequency identified in the American cancer society guidelines for
16 colorectal cancer.

17 (2) Benefits under this section must be provided to a covered
18 individual who is:

19 (a) At least fifty years old; or

1 (b) Less than fifty years old and at high risk for colorectal
2 cancer according to current colorectal cancer screening guidelines of
3 the American cancer society.

4 (3) To encourage colorectal cancer screenings, patients and health
5 care providers must not be required to meet burdensome criteria or
6 overcome significant obstacles to secure such coverage. An individual
7 may not be required to pay an additional deductible or coinsurance for
8 testing that is greater than an annual deductible or coinsurance
9 established for similar benefits. If the contract does not cover a
10 similar benefit, a deductible or coinsurance may not be set at a level
11 that materially diminishes the value of the colorectal cancer benefit
12 required. Reimbursement to health care providers for colorectal cancer
13 screenings provided under this section must be equal to or greater than
14 reimbursement to health care providers provided under Title XVII of the
15 social security act (medicare).

16 (4) A health insurance issuer is not required under this section to
17 provide for a referral to a nonparticipating health care provider,
18 unless the issuer does not have an appropriate health care provider
19 that is available and accessible to administer the screening exam and
20 that is a participating health care provider with respect to such
21 treatment.

22 (5) If a health insurance issuer refers an individual to a
23 nonparticipating health care provider pursuant to this section,
24 services provided pursuant to the approved screening exam or resulting
25 treatment, if any, must be provided at no additional cost to the
26 individual beyond what the individual would otherwise pay for services
27 received by such a participating health care provider.

28 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.44 RCW
29 to read as follows:

30 (1) All health benefit plans offered by health care service
31 contractors, issued or renewed on or after the effective date of this
32 section, must provide benefits or coverage for colorectal cancer
33 examinations and laboratory tests specified in current American cancer
34 society guidelines for colorectal cancer screening of asymptomatic
35 individuals. Coverage or benefits must be provided for all colorectal
36 screening examinations and tests that are administered at a frequency
37 identified in the American cancer society guidelines for colorectal
38 cancer.

1 (2) Benefits under this section must be provided to a covered
2 individual who is:

3 (a) At least fifty years old; or

4 (b) Less than fifty years old and at high risk for colorectal
5 cancer according to current colorectal cancer screening guidelines of
6 the American cancer society.

7 (3) To encourage colorectal cancer screenings, patients and health
8 care providers must not be required to meet burdensome criteria or
9 overcome significant obstacles to secure such coverage. An individual
10 may not be required to pay an additional deductible or coinsurance for
11 testing that is greater than an annual deductible or coinsurance
12 established for similar benefits. If the group contract or individual
13 contract does not cover a similar benefit, a deductible or coinsurance
14 may not be set at a level that materially diminishes the value of the
15 colorectal cancer benefit required. Reimbursement to providers for
16 colorectal cancer screenings provided under this section must be equal
17 to or greater than reimbursement to health care providers provided
18 under Title XVII of the social security act (medicare).

19 (4) A carrier is not required under this section to provide for a
20 referral to a nonparticipating health care provider, unless the carrier
21 does not have an appropriate health care provider that is available and
22 accessible to administer the screening exam and that is a participating
23 health care provider with respect to such treatment.

24 (5) If a carrier refers an individual to a nonparticipating health
25 care provider pursuant to this section, services provided pursuant to
26 the approved screening exam or resulting treatment, if any, must be
27 provided at no additional cost to the individual beyond what the
28 individual would otherwise pay for services received by such a
29 participating health care provider.

30 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.46 RCW
31 to read as follows:

32 (1) All health benefit plans offered by health maintenance
33 organizations, issued on or after the effective date of this section,
34 must provide benefits or coverage for colorectal cancer examinations
35 and laboratory tests specified in current American cancer society
36 guidelines for colorectal cancer screening of asymptomatic individuals.
37 Coverage or benefits must be provided for all colorectal screening

1 examinations and tests that are administered at a frequency identified
2 in the American cancer society guidelines for colorectal cancer.

3 (2) Benefits under this section must be provided to a covered
4 individual who is:

5 (a) At least fifty years old; or

6 (b) Less than fifty years old and at high risk for colorectal
7 cancer according to current colorectal cancer screening guidelines of
8 the American cancer society.

9 (3) To encourage colorectal cancer screenings, consumers and health
10 maintenance organizations must not be required to meet burdensome
11 criteria or overcome significant obstacles to secure such coverage. A
12 consumer may not be required to pay an additional deductible or
13 coinsurance for testing that is greater than an annual deductible or
14 coinsurance established for similar benefits. If the health
15 maintenance agreement does not cover a similar benefit, a deductible or
16 coinsurance may not be set at a level that materially diminishes the
17 value of the colorectal cancer benefit required. Reimbursement to
18 health professionals for colorectal cancer screenings provided under
19 this section must be equal to or greater than reimbursement to health
20 care providers provided under Title XVII of the social security act
21 (medicare).

22 (4) A health maintenance organization is not required under this
23 section to provide for a referral to a nonparticipating health care
24 provider, unless the health maintenance organization does not have an
25 appropriate health care provider that is available and accessible to
26 administer the screening exam and that is a participating health care
27 provider with respect to such treatment.

28 (5) If a health maintenance organization refers a consumer to a
29 nonparticipating health care provider pursuant to this section,
30 services provided pursuant to the approved screening exam or resulting
31 treatment, if any, must be provided at no additional cost to the
32 consumer beyond what the consumer would otherwise pay for services
33 received by a health maintenance organization.

--- END ---