
**Health Care & Wellness
Committee**

HB 1337

Brief Description: Requiring insurance coverage for colorectal cancer screening.

Sponsors: Representatives Kenney, Skinner, Hunter, Priest, Darneille, Ericks, Pettigrew, Hankins, Lantz, Fromhold, Walsh, Williams, Kessler, Haler, Morrell, Barlow, McCoy, Appleton, Ormsby, Springer, Campbell, Moeller, Lovick, Rolfes, Hasegawa, Flannigan, Hudgins, Hunt, Green, Chase, Dunshee, Simpson, Roberts, O'Brien, Rodne, Dickerson, Quall, Goodman, Linville, Hurst, Santos and Wallace.

Brief Summary of Bill

- Beginning July 1, 2007, requires certain disability insurance contracts and health benefit plans to cover the colorectal cancer examinations and laboratory tests specified in the November 2002 American Cancer Society guidelines.

Hearing Date: 2/14/07

Staff: Chris Cordes (786-7103).

Background:

Colorectal Cancer Incidence Data

According to the American Cancer Society (ACS), colorectal cancer is the third most common cancer in the United States. The ACS estimates that 153,760 new cases of colon and rectal cancer will occur in 2007, with 52,180 deaths. The ACS also reports that the death rate from these cancers has decreased over the last 15 years, in part because screening tests allow polyps to be found and removed before they become cancerous.

For 2003, the Washington State Cancer Registry reported 2,861 incidences of colorectal cancer, with 1,017 deaths. Colorectal cancer was the second leading cause of cancer deaths in the state that year.

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.

Colorectal Cancer Screening - Mandated Benefit Sunrise Review Report

In January 2003, the Department of Health (DOH) reported on a sunrise review of mandated colorectal cancer screening. The DOH recommended adoption of a mandated screening benefit with various technical recommendations. The DOH noted in its report that although most health plans provided coverage for colorectal cancer screening, the plans were not uniformly following the recommendations of the American Cancer Society.

Washington State Comprehensive Cancer Control Plan 2004-2008

The Washington State Comprehensive Cancer Control Plan, published by the DOH in 2004, made several recommendations with regard to colorectal cancer: (1) increase screening rates; (2) increase awareness of the importance of regular screening; (3) identify and screen high risk populations; and (4) monitor emerging science evaluating the benefit of various screening technologies. It set a goal to reduce mortality from colorectal cancer by increasing the proportion of people aged 50 or older that have had screening according to the ACS recommendations to 60 percent by 2008, and increasing the capacity of the health care system to perform high-quality screening.

Summary of Bill:

Beginning July 1, 2007, certain disability insurance contracts and health benefit plans must cover the colorectal cancer examinations and laboratory tests specified in the November 2002 American Cancer Society guidelines for colorectal cancer screening of asymptomatic individuals. Coverage must be provided for the screening and tests at the frequency identified in the guidelines, as deemed appropriate by the patient's physician after patient consultation. These benefits must be provided to individuals at least 50 years old and to those who are under age 50 if they are at high risk for colorectal cancer according to the screening guidelines.

To encourage screening, patients and providers must not be required to meet burdensome criteria or significant obstacles to secure coverage. Any additional deductible or co-pay may not be greater than that established for similar benefits or, if there is not a similar benefit, may not be set at a level that materially diminishes the value of the benefit required.

Carriers and health maintenance organizations are not required to refer patients to nonparticipating providers unless appropriate participating providers are not available to administer the screening. If referrals to nonparticipating providers are made, the screening services must be provided at no additional cost to the patient.

Appropriation: None.

Fiscal Note: Preliminary fiscal note available.

Effective Date: The bill contains an emergency clause and takes effect July 1, 2007.