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HOUSE BILL 2945

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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.

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