

HOUSE BILL REPORT

HB 1626

As Reported by House Committee On:

Health Care & Wellness
Appropriations

Title: An act relating to coverage for colorectal screening tests under medical assistance programs.

Brief Description: Concerning coverage for colorectal screening tests under medical assistance programs.

Sponsors: Representatives Bronoske, Rude, Ryu, Griffey, Callan, Fosse, Senn, Macri, Pollet, Graham, Leavitt and Reed.

Brief History:

Committee Activity:

Health Care & Wellness: 2/8/23, 2/10/23 [DP];
Appropriations: 2/23/23, 2/24/23 [DP].

Brief Summary of Bill

- Directs the Health Care Authority to require coverage under medical assistance programs for noninvasive preventive colorectal cancer screening tests that have a grade of either A or B from the United States Preventive Services Task Force and to require coverage for colonoscopies performed as a result of a positive test result.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: Do pass. Signed by 17 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Barnard, Bronoske, Davis, Graham, Harris, Macri, Maycumber, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

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

Staff: Christopher Blake (786-7392).

Background:

The United States Preventive Services Task Force (USPSTF) is a 16-member panel of experts that receives administrative, research, and technical support from the federal Agency for Healthcare Research and Quality. The USPSTF makes recommendations on clinical preventive services on a graded scale. Under the federal Affordable Care Act, Medicaid expansion plans must cover preventive care services given an A or B rating by the USPSTF and traditional Medicaid plans that elect to cover those services receive a 1 percent increase in their federal matching funds for those services.

There are two main types of colorectal cancer screening tests: stool-based tests and direct visualization tests. Stool-based tests may either identify blood in the stool or cancer biomarkers shed from the lining of the colon in the stool to detect cancer. Direct visualization tests view the inside of the colon and the rectum through various methods, including colonoscopy, computerized tomography colonography, and flexible sigmoidoscopy. The USPSTF gives both types of colorectal cancer screenings an "A" rating for adults aged 50 to 75 years and a "B" rating for adults aged 45 to 49 years.

Summary of Bill:

Beginning January 1, 2024, the Health Care Authority must require coverage under medical assistance programs for noninvasive preventive colorectal cancer screening tests that have a grade of either A or B from the United States Preventive Services Task Force and to require coverage for colonoscopies performed as a result of a positive test result.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.

Staff Summary of Public Testimony:

(In support) Colon cancer is the second leading cause of cancer deaths in Washington but the state is only screening about 63 percent of eligible patients. Since at-home tests are less invasive and five times cheaper than a colonoscopy, this bill has the double benefit of reducing costs and increasing utilization. This bill will expand access to colorectal cancer screening, including methods that are much less invasive than a colonoscopy. Giving

people a choice in testing encourages them to adhere to screening, saves people from a diagnosis of cancer, and saves insurance money. The more screening that occurs, the more likely it is to detect colon cancer early when the cancer is curable in over 90 percent of cases.

In supporting access to all methods of screening, there must be assurance that there is support for the follow up testing required after a positive screen. There cannot be any barriers to a patient with a positive screening getting a follow up colonoscopy.

Patients covered by Medicaid are significantly more likely to be diagnosed with a late stage cancer than patients with private insurance. Half of premature colorectal cancer deaths are due to racial, ethnic, socioeconomic, and rural disparities. Medicaid patients, who have the most barriers to care, should have high-performing options for noninvasive screenings and this bill will accomplish that.

(Opposed) None.

Persons Testifying: Representative Dan Bronoske, prime sponsor; Blair Irwin, Washington State Medical Oncology Society; Anita Mitchell, Colon Stars; and Matt Helder, American Cancer Society Cancer Action Network.

Persons Signed In To Testify But Not Testifying: None.

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: Do pass. Signed by 30 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Stokesbary, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member; Berg, Chandler, Chopp, Connors, Couture, Davis, Dye, Fitzgibbon, Harris, Lekanoff, Pollet, Riccelli, Rude, Ryu, Sandlin, Schmick, Senn, Simmons, Slatter, Springer, Steele, Stonier and Tharinger.

Staff: Meghan Morris (786-7119).

Summary of Recommendation of Committee On Appropriations Compared to Recommendation of Committee On Health Care & Wellness:

No new changes were recommended.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the

bill is passed.

Staff Summary of Public Testimony:

(In support) This bill will ensure timely diagnosis of colon cancer, which is the second leading cause of cancer deaths in Washington. Washington was estimated to have 42,620 new cases and 13,270 deaths in 2022, yet only 65 percent of Washingtonians ages 50 to 64 are up to date on screenings. Many patients do not follow up for colonoscopies after a positive screening because of cost concerns. This leads to patients prolonging treatment with potentially curable cancer and ending up with incurable cancer. Those without private insurance have higher rates of delaying care. Early diagnosis is three to four times cheaper than treating those diagnosed with advanced stage cancer. Consistent adherence to screening recommendations is the key to keeping costs down and improving patient outcomes. Giving patients a choice in their screening modalities will help. The at-home tests approved in this bill have a 92 to 95 percent accuracy rate. This will save many lives in Washington.

(Opposed) None.

Persons Testifying: Avanti Bergquist, Washington State Medical Oncology Society; and Anita Mitchell, Washington Colon Cancer Stars.

Persons Signed In To Testify But Not Testifying: None.