

# FINAL BILL REPORT

## SHB 1337

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Synopsis as Enacted

**Brief Description:** Regarding coverage for colorectal cancer examinations and laboratory tests.

**Sponsors:** By House Committee on Health Care & Wellness (originally sponsored by 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).

**House Committee on Health Care & Wellness**  
**Senate Committee on Health & Long-Term Care**

### **Background:**

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.

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 ACS.

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:**

Beginning July 1, 2008, disability insurance contracts and health benefit plans must cover colorectal cancer examinations and laboratory tests consistent with guidelines or recommendations of the U.S. Preventive Services Task Force or the Centers for Disease Control and Prevention. Coverage must be provided for the screening and tests at the frequency identified in the guidelines or recommendations, 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 or very high risk for colorectal cancer according to the screening guidelines or recommendations.

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.

**Votes on Final Passage:**

House	83	13
Senate	47	0

**Effective:** July 22, 2007