

SENATE BILL REPORT

HB 1626

As of March 20, 2023

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: Passed House: 3/4/23, 95-0.

Committee Activity: Health & Long Term Care: 3/14/23, 3/16/23 [DP-WM, DNP, w/oRec].

Ways & Means: 3/23/23.

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.

SENATE COMMITTEE ON HEALTH & LONG TERM CARE

Majority Report: Do pass and be referred to Committee on Ways & Means.

Signed by Senators Cleveland, Chair; Robinson, Vice Chair; Conway, Dhingra, Randall and Van De Wege.

Minority Report: Do not pass.

Signed by Senator Rivers, Ranking Member.

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.

Minority Report: That it be referred without recommendation.

Signed by Senators Muzzall, Assistant Ranking Member; Holy and Padden.

Staff: Julie Tran (786-7283)

SENATE COMMITTEE ON WAYS & MEANS

Staff: Sandy Stith (786-7710)

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.

Colorectal cancer is the third leading cause of cancer death for both men and women in the United States. Colorectal cancer is most frequently diagnosed among persons aged 65 to 74 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 USPSTF grade of either A or B, and to require coverage for colonoscopies performed as a result of a positive test result.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony (Health & Long Term Care): PRO: Colon cancer is the second leading cause of cancer deaths in Washington but the state is only screening

about 62 percent of eligible patients. Consistent adherence to screening recommendations is the key to keeping costs down and improving patient outcomes. This bill has the double benefit of reducing costs and increasing utilization since at-home tests are less invasive and cheaper than a colonoscopy. Giving patients the choice of different screening modalities will also help as early detection and early treatment would eliminate death. This bill expands access to screenings and this bill will eliminate barriers that allow patients with a positive screening to receive colonoscopies. Patients covered by Medicaid are significantly more likely to be diagnosed with a late stage cancer than patients with private insurance. Many patients do not follow up for colonoscopies after a positive screening because patients fear the cost of the follow-up colonoscopies. This leads to patients prolonging treatment with potentially curable cancer and ending up with incurable cancer.

Persons Testifying (Health & Long Term Care): PRO: Representative Dan Bronoske, Prime Sponsor; Jay Lopez, Washington State Medical Oncology Society; Anita Mitchell Isler, Colon Cancer Stars; Audrey Miller Garcia, American Cancer Society Cancer Action Network.

Persons Signed In To Testify But Not Testifying (Health & Long Term Care): No one.