HOUSE BILL NO. 1001

AN ACT TO REQUIRE THAT CERTAIN INSURANCE POLICIES AND CONTRACTS SHALL PROVIDE COVERAGE FOR ALL COLORECTAL CANCER EXAMINATIONS AND LABORATORY TESTS SPECIFIED IN CURRENT AMERICAN CANCER SOCIETY GUIDELINES FOR COLORECTAL CANCER SCREENING; AND FOR RELATED PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. (1) All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description that are delivered, issued for delivery, continued or renewed on or after July 1, 2003; and providing coverage to any resident of this state shall provide benefits or coverage for all colorectal cancer examinations and laboratory tests specified in current American Cancer Society (ACS) guidelines for colorectal cancer screening of asymptomatic individuals. Coverage or benefits shall be provided for all such colorectal screening examinations and tests that are administered at a frequency identified in the current ACS guidelines for colorectal cancer. Benefits are provided under this section for a covered individual who is:

(a) At least fifty (50) years of age; or
(b) Less than fifty (50) years of age and at high risk for colorectal cancer according to current colorectal cancer screening guidelines of the American Cancer Society.
The coverage required under this section shall meet the
requirements set forth in subsection (2) of this section.

(2) To encourage colorectal cancer screenings, patients and
health care providers must not be required to meet burdensome
criteria or overcome significant obstacles to secure such
coverage. An individual shall not be required to pay an
additional deductible or coinsurance for testing that is greater
than an annual deductible or coinsurance established for similar
benefits. If the program or contract does not cover a similar
benefit, a deductible or coinsurance may not be set at a level
that materially diminishes the value of the colorectal cancer
benefit required. Reimbursement to health care providers for
colorectal cancer screenings provided under this section shall be
equal to or greater than reimbursement to health care providers
provided under Title XVII of the Social Security Act (Medicare).

(3) A group health plan or health insurance issuer is not
required under this section to provide for a referral to a
nonparticipating health care provider unless the plan or issuer
does not have an appropriate health care provider that is
available and accessible to administer the screening exam and that
is a participating health care provider with respect to such
treatment.

(4) If a plan or issuer refers an individual to a
nonparticipating health care provider in accordance with this
section, services provided pursuant to the approved screening exam
or resulting treatment (if any) shall be provided at no additional
cost to the individual beyond what the individual would otherwise
pay for services received by such a participating health care
provider.

SECTION 2. This act shall take effect and be in force from
and after July 1, 2003.