SENATE BILL NO. 2693

AN ACT TO REQUIRE HEALTH INSURANCE POLICIES TO PROVIDE COVERAGE FOR ALL COLORECTAL CANCER EXAMINATIONS AND LABORATORY TESTS SPECIFIED IN CURRENT AMERICAN CANCER SOCIETY (ACS) GUIDELINES FOR COLORECTAL CANCER SCREENING OF ASYMPTOMATIC INDIVIDUALS; TO PROVIDE THAT 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; 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.

(2) 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 must meet the requirements set forth in subsection (3).

(3) 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).

(4) 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.

(5) If a plan or issuer refers an individual to a nonparticipating health care provider pursuant to 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.