

By: Representatives Whittington, Brown,
Pierce

To: Insurance

HOUSE BILL NO. 679

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

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

7 **SECTION 1.** (1) All individual and group health insurance
8 policies providing coverage on an expense-incurred basis,
9 individual and group service or indemnity type contracts issued by
10 a nonprofit corporation, individual and group service contracts
11 issued by a health maintenance organization, all self-insured
12 group arrangements to the extent not preempted by federal law and
13 all managed health care delivery entities of any type or
14 description that are delivered, issued for delivery, continued or
15 renewed on or after July 1, 2004; and providing coverage to any
16 resident of this state shall provide benefits or coverage for all
17 colorectal cancer examinations and laboratory tests specified in
18 current American Cancer Society (ACS) guidelines for colorectal
19 cancer screening of asymptomatic individuals. Coverage or
20 benefits shall be provided for all such colorectal screening
21 examinations and tests that are administered at a frequency
22 identified in the current ACS guidelines for colorectal cancer.

23 Benefits are provided under this section for a covered
24 individual who is:

- 25 (a) At least fifty (50) years of age; or
- 26 (b) Less than fifty (50) years of age and at high risk
27 for colorectal cancer according to current colorectal cancer
28 screening guidelines of the American Cancer Society;

29 The coverage required under this section shall meet the
30 requirements set forth in subsection (2) of this section.

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

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

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

58 **SECTION 2.** This act shall take effect and be in force from
59 and after July 1, 2004.