

By: Representative Yancey

To: Insurance

HOUSE BILL NO. 932

1 AN ACT TO REQUIRE THAT CERTAIN INSURANCE POLICIES AND  
 2 CONTRACTS SHALL PROVIDE COVERAGE FOR ALL COLORECTAL CANCER  
 3 EXAMINATIONS AND LABORATORY TESTS FOR COVERED PERSONS WHO ARE 45  
 4 YEARS OF AGE OR OLDER AND COVERED PERSONS AT HIGH RISK OF  
 5 COLORECTAL CANCER; TO REQUIRE THE POLICIES TO PROVIDE COVERAGE FOR  
 6 YEARLY COLONOSCOPIES FOR COVERED PERSONS AT HIGH RISK OF  
 7 COLORECTAL CANCER IF THE COLONOSCOPY HAS BEEN RECOMMENDED BY THEIR  
 8 TREATING PHYSICIAN; TO PROVIDE LEGISLATIVE FINDINGS; AND FOR  
 9 RELATED PURPOSES.

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

11 **SECTION 1.** The Legislature finds the following:

12 (a) Colon and rectal cancers are the second-leading  
 13 cause of cancer death in Mississippi among men and women;

14 (b) More than ninety percent (90%) of colorectal cancer  
 15 cases occur in people aged forty-five (45) years or older;

16 (c) Colorectal cancer is one of the most preventable  
 17 cancers that can be detected and removed before they become  
 18 cancerous;

19 (d) The U.S. Preventive Services Taskforce recommends  
 20 screening for colorectal cancer in adults aged forty-five (45)  
 21 years and older;



22 (e) Early detection reduces health care costs  
23 associated with colon and rectal cancer;

24 (f) If everyone aged forty-five (45) years and older  
25 were screened regularly, sixty percent (60%) of deaths from  
26 colorectal cancer could be avoided; and

27 (g) Deaths from colorectal cancer occur  
28 disproportionately among those who are underserved or  
29 underinsured.

30 **SECTION 2.** The following terms shall have the meanings  
31 ascribed herein:

32 (a) "Health insurance policies" means all individual  
33 and group health insurance policies providing coverage on an  
34 expense-incurred basis, individual and group service or indemnity  
35 type contracts issued by a nonprofit corporation, individual and  
36 group service contracts issued by a health maintenance  
37 organization, all self-insured group arrangements to the extent  
38 not preempted by federal law and all managed health care delivery  
39 entities of any type or description that are delivered, issued for  
40 delivery, continued or renewed on or after July 1, 2022, and  
41 providing coverage to any resident of this state.

42 (b) "Persons at high risk for colorectal cancer" means  
43 individuals who face a high risk for colorectal cancer because of:

44 (i) A personal history of colorectal cancer or  
45 adenomatous polyps;



46 (ii) A personal history of chronic inflammatory  
47 bowel disease, either Crohn's disease or ulcerative colitis;

48 (iii) A strong family history of colorectal cancer  
49 or polyps, including cancer polyps in a first-degree relative  
50 [parent, sibling or child] younger than sixty (60) years or in two  
51 (2) or more first-degree relatives of any age;

52 (iv) A known family history of hereditary  
53 colorectal cancer syndromes such as familial adenomatous polyposis  
54 (FAP) or hereditary nonpolyposis colon cancer (HNPCC); or

55 (v) The presence of any appropriate recognized  
56 gene markers for colorectal cancer or other predisposing factors.

57 **SECTION 3.** (1) All health insurance policies shall provide  
58 benefits or coverage for all colorectal cancer screenings and  
59 laboratory tests to covered persons.

60 (2) The coverage shall include colorectal cancer screenings  
61 and laboratory tests for:

62 (a) Covered persons who are forty-five (45) years of  
63 age or older;

64 (b) Covered persons at high risk for colorectal cancer;

65 (c) Covered persons who are experiencing bleeding from  
66 the rectum or blood in the stool, or a change in bowel habits,  
67 such as diarrhea, constipation, or narrowing of the stool, that  
68 lasts more than five (5) days; and

69 (d) All colorectal cancer examinations, preventative  
70 services and laboratory tests assigned a grade of "A" or "B" by



71 the United States Preventative Services Task Force for average  
72 risk individuals, including the services that may be assigned a  
73 grade "A" or "B" in the future, rather than a fecal occult blood  
74 test performed annually and a flexible sigmoidoscopy performed  
75 every five (5) years.

76 (3) The colorectal screening shall involve an examination of  
77 the entire colon, including:

78 (a) The following examinations or laboratory tests:

79 (i) An annual fecal occult blood test utilizing  
80 the take-home multiple sample method, or an annual fecal  
81 immunochemical test in conjunction with a flexible sigmoidoscopy  
82 every five (5) years;

83 (ii) A double-contrast barium enema every five (5)  
84 years; or

85 (iii) An initial colonoscopy or other medical test  
86 or procedure for colorectal cancer screening and a follow-up  
87 colonoscopy if the results of the initial colonoscopy, test or  
88 procedure are abnormal, rather than a colonoscopy performed every  
89 ten (10) years; and

90 (b) Any additional medically recognized screening tests  
91 for colorectal cancer determined in consultation with an  
92 appropriate health care provider.

93 (4) All health insurance policies shall cover yearly  
94 colonoscopies for covered persons at high risk for colorectal



95 cancer if the colonoscopy has been recommended by their treating  
96 physician.

97 (5) The Legislature encourages all entities that issue  
98 health insurance policies to limit out-of-pocket expenses and  
99 deductibles for colonoscopy procedures for the covered persons  
100 listed in subsection (3) of this section.

101 **SECTION 3.** This act shall take effect and be in force from  
102 and after July 1, 2022.

