

By: Senator(s) Blackmon

To: Insurance;
Appropriations

SENATE BILL NO. 2693

1 AN ACT TO REQUIRE HEALTH INSURANCE POLICIES TO PROVIDE
2 COVERAGE FOR ALL COLORECTAL CANCER EXAMINATIONS AND LABORATORY
3 TESTS SPECIFIED IN CURRENT AMERICAN CANCER SOCIETY (ACS)
4 GUIDELINES FOR COLORECTAL CANCER SCREENING OF ASYMPTOMATIC
5 INDIVIDUALS; TO PROVIDE THAT AN INDIVIDUAL SHALL NOT BE REQUIRED
6 TO PAY AN ADDITIONAL DEDUCTIBLE OR COINSURANCE FOR TESTING THAT IS
7 GREATER THAN AN ANNUAL DEDUCTIBLE OR COINSURANCE ESTABLISHED FOR
8 SIMILAR BENEFITS; AND FOR RELATED PURPOSES.

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

10 **SECTION 1.** (1) All individual and group health insurance
11 policies providing coverage on an expense incurred basis,
12 individual and group service or indemnity type contracts issued by
13 a nonprofit corporation, individual and group service contracts
14 issued by a health maintenance organization, all self-insured
15 group arrangements to the extent not preempted by federal law and
16 all managed health care delivery entities of any type or
17 description, that are delivered, issued for delivery, continued or
18 renewed on or after July 1, 2003, and providing coverage to any
19 resident of this state shall provide benefits or coverage for all
20 colorectal cancer examinations and laboratory tests specified in
21 current American Cancer Society (ACS) guidelines for colorectal
22 cancer screening of asymptomatic individuals. Coverage or
23 benefits shall be provided for all such colorectal screening
24 examinations and tests that are administered at a frequency
25 identified in the current ACS guidelines for colorectal cancer.

26 (2) Benefits are provided under this section for a covered
27 individual who is:

28 (a) At least fifty (50) years of age; or



29 (b) Less than fifty (50) years of age and at high risk
30 for colorectal cancer according to current colorectal cancer
31 screening guidelines of the American Cancer Society.

32 The coverage required under this section must meet the
33 requirements set forth in subsection (3).

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

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

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



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

