

By: Representative Whittington

To: Insurance

HOUSE BILL NO. 475

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, 2005, 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, 2005.