

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1431 Session of
2005

INTRODUCED BY PALLONE, BEBKO-JONES, BELARDI, BELFANTI,
BIANCUCCI, BLAUM, BLACKWELL, CALTAGIRONE, CIVERA, COHEN,
CORRIGAN, CRUZ, CURRY, DeLUCA, DeWEESE, DONATUCCI, FABRIZIO,
FAIRCHILD, FREEMAN, GEORGE, GERGELY, GODSHALL, GOODMAN,
GRUCELA, WANSACZ, WOJNAROSKI, YUDICHAK, FRANKEL, HALUSKA,
HARHAI, JAMES, JOSEPHS, KOTIK, LEACH, LEDERER, MARKOSEK,
McGEEHAN, McILHATTAN, PISTELLA, READSHAW, REICHLEY, SAINATO,
SAMUELSON, SANTONI, SHANER, SIPTROTH, SOLOBAY, STURLA, THOMAS
AND WALKO, APRIL 26, 2005

REFERRED TO COMMITTEE ON INSURANCE, APRIL 26, 2005

AN ACT

1 Mandating health insurance coverage for cancer prevention and
2 early detection programs; and providing for powers and duties
3 of the Department of Health.

4 The General Assembly of the Commonwealth of Pennsylvania
5 hereby enacts as follows:

6 Section 1. Short title.

7 This act shall be known and may be cited as the Colorectal
8 Cancer Early Detection Act.

9 Section 2. Legislative intent.

10 The General Assembly finds and declares as follows:

11 (1) Colorectal cancers are the third most common cancers
12 in men and women.

13 (2) Routine examination and screening programs increase
14 the prevention and detection of early-stage cancers.

15 (3) Many cancer prevention and early detection programs

1 have proven to be cost effective and key to reducing cancer
2 morbidity and mortality.

3 (4) According to a 1999 Harvard Cancer Prevention Center
4 study, about 50% of colorectal cancer deaths could be
5 prevented by lifestyle changes and screening by current
6 guidelines.

7 (5) A colonoscopy examines the entire colon, while a
8 sigmoidoscopy only can examine the lower colon.

9 (6) Two studies in a 2000 issue of the New England
10 Journal of Medicine argue sigmoidoscopy is inferior to
11 colonoscopy in finding potential cancers. Doctors involved
12 with this study advise government and private insurers to
13 provide coverage for colonoscopic screening for all persons
14 50 years of age or older who are at high or average risk for
15 colorectal cancer.

16 (7) Current Centers for Disease Control and Prevention
17 and American Cancer Society guidelines call for a colonoscopy
18 every ten years for those 50 years of age or older and
19 recommend more frequent examinations for those at a higher
20 risk.

21 (8) Early detection of cancer may significantly increase
22 the chance of survival.

23 Section 3. Definitions.

24 The following words and phrases when used in this act shall
25 have the meanings given to them in this section unless the
26 context clearly indicates otherwise:

27 "Colonoscopy." An examination of the rectum and the entire
28 colon using a lighted instrument called a colonoscope.

29 "Colorectal cancer screening." Any of the following
30 procedures that are furnished to an individual for the purpose

1 of early detection of colorectal cancer:

2 (1) Screening fecal-occult blood test.

3 (2) Screening flexible sigmoidoscopy.

4 (3) Screening colonoscopy, in the case of a high-risk
5 individual.

6 (4) Screening barium enema, if medically necessary, as
7 an alternative to screening flexible sigmoidoscopy or
8 screening colonoscopy.

9 (5) Such other procedures as the Department of Health
10 deems appropriate in accordance with this act.

11 "Department." The Department of Health of the Commonwealth.

12 Section 4. Coverage for colorectal cancer screening.

13 (a) General rule.--All individual and group health insurance
14 policies providing coverage on an expense incurred basis,
15 individual and group service or indemnity type contracts issued
16 by a nonprofit corporation, individual and group service
17 contracts issued by a health maintenance organization, all self-
18 insured group arrangements to the extent not preempted by
19 Federal law and all managed health care delivery entities of any
20 type or description, that are delivered, issued for delivery,
21 continued or renewed on or after July 1, 2006, and providing
22 coverage to any resident of this Commonwealth shall provide
23 benefits or coverage for colorectal cancer examinations and
24 laboratory tests for cancer for any nonsymptomatic covered
25 individual, in accordance with the most recently published
26 American Cancer Society guidelines for colorectal cancer
27 screening for a covered individual who is:

28 (1) Fifty years of age or older.

29 (2) Under 50 years of age and at high risk for
30 colorectal cancer according to the most recently published

1 colorectal cancer screening guidelines of the American Cancer
2 Society.

3 (b) Method of screening.--The group health plan or health
4 insurance issuer shall cover the method and frequency of
5 colorectal cancer screening deemed appropriate by a health care
6 provider treating a participant or beneficiary, in consultation
7 with the participant or beneficiary.

8 (c) Requirements.--The coverage required under this section
9 must meet the following requirements:

10 (1) To encourage colorectal cancer screenings, patients
11 and health care providers must not be required to meet
12 burdensome criteria or overcome significant obstacles to
13 secure such coverage.

14 (2) An individual shall not be required to pay an
15 additional deductible or coinsurance for testing that is
16 greater than an annual deductible or coinsurance established
17 for similar benefits. If the program or contract does not
18 cover a similar benefit, a deductible or coinsurance may not
19 be set at a level that materially diminishes the value of the
20 colorectal cancer benefit required.

21 (d) Notice.--A group health plan covered under this act
22 shall comply with all relevant notice requirement rules.

23 Section 5. Insurance coverage standards.

24 (a) Referrals to participating providers.--A group health
25 plan or health insurance issuer is not required under this act
26 to provide for a referral to a nonparticipating health care
27 provider, unless the plan or issuer does not have an appropriate
28 health care provider that is available and accessible to
29 administer the screening exam and that is a participating health
30 care provider with respect to such treatment.

1 (b) Treatment of nonparticipating providers.--If a plan or
2 issuer refers an individual to a nonparticipating health care
3 provider pursuant to this section, services provided pursuant to
4 the approved screening exam or resulting treatment, if any,
5 shall be provided at no additional cost to the individual beyond
6 what the individual would otherwise pay for services received by
7 such a participating health care provider.

8 Section 6. Regulations.

9 Beginning in calendar year 2007, the department may
10 promulgate regulations to identify procedures, other than those
11 procedures specified under the definition of "colorectal cancer
12 screening" in section 3 (relating to definitions), that have the
13 purpose of early detection of colorectal cancer. In promulgating
14 the regulations, the department shall take into consideration
15 the changes in technology and standards of medical practice,
16 availability, effectiveness, costs and other factors that the
17 department, in the department's discretion, deems appropriate.

18 Section 20. Effective date.

19 This act shall take effect in 60 days.