
THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 972 Session of
2007

INTRODUCED BY PALLONE, DeLUCA, BAKER, BELFANTI, BIANCUCCI,
BISHOP, CALTAGIRONE, COHEN, COSTA, CREIGHTON, DePASQUALE,
FABRIZIO, FREEMAN, GEORGE, GOODMAN, HALUSKA, HENNESSEY, HESS,
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PAYNE, PETRARCA, PETRONE, READSHAW, REICHLEY, SAMUELSON,
SANTONI, SAYLOR, McILVAINE SMITH, K. SMITH, SOLOBAY, STABACK,
TANGRETTI, THOMAS, WALKO, WANSACZ, WILLIAMS AND YOUNGBLOOD,
MARCH 29, 2007

REFERRED TO COMMITTEE ON INSURANCE, MARCH 29, 2007

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) Current Centers for Disease Control and Prevention
4 and American Cancer Society guidelines call for a colonoscopy
5 every ten years for those 50 years of age or older and
6 recommend more frequent examinations for those at a higher
7 risk.

8 (5) Early detection of cancer may significantly increase
9 the chance of survival.

10 Section 3. Definitions.

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

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

16 "Colorectal cancer screening." Any of the following
17 procedures that are furnished to an individual for the purpose
18 of early detection of colorectal cancer:

19 (1) Screening fecal-occult blood test.

20 (2) Screening flexible sigmoidoscopy.

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

23 (4) Screening barium enema, if medically necessary, as
24 an alternative to screening flexible sigmoidoscopy or
25 screening colonoscopy.

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

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

29 Section 4. Coverage for colorectal cancer screening.

30 (a) General rule.--Except as provided for in subsection (e),

1 all health care policies that are delivered, issued for
2 delivery, continued or renewed on or after the effective date of
3 this section, and providing coverage to any resident of this
4 Commonwealth shall provide benefits or coverage for colorectal
5 cancer examinations and laboratory tests for cancer for any
6 nonsymptomatic covered individual, in accordance with the most
7 recently published American Cancer Society guidelines for
8 colorectal cancer screening for a covered individual who is:

9 (1) Fifty years of age or older.

10 (2) Under 50 years of age and at high risk for
11 colorectal cancer according to the most recently published
12 colorectal cancer screening guidelines of the American Cancer
13 Society.

14 (b) Method of screening.--The group health plan or health
15 insurance issuer shall cover the method and frequency of
16 colorectal cancer screening deemed appropriate by a health care
17 provider treating a participant or beneficiary, in consultation
18 with the participant or beneficiary.

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

21 (1) To encourage colorectal cancer screenings, patients
22 and health care providers must not be required to meet
23 burdensome criteria or overcome significant obstacles to
24 secure such coverage.

25 (2) An individual shall not be required to pay an
26 additional deductible or coinsurance for testing that is
27 greater than an annual deductible or coinsurance established
28 for similar benefits. If the program or contract does not
29 cover a similar benefit, a deductible or coinsurance may not
30 be set at a level that materially diminishes the value of the

1 colorectal cancer benefit required.

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

4 (e) Exceptions.--The provisions of subsection (a) shall not
5 apply to the following types of insurance:

6 (1) Hospital indemnity.

7 (2) Accident.

8 (3) Specified disease.

9 (4) Disability income.

10 (5) Dental.

11 (6) Vision.

12 (7) Civilian Health and Medical Program of the Uniformed
13 Services (CHAMPUS) Supplement.

14 (8) Medicare supplement.

15 (9) Long-term care.

16 (10) Other limited benefit insurance plans.

17 Section 5. Insurance coverage standards.

18 (a) Referrals to participating providers.--A group health
19 plan or health insurance issuer is not required under this act
20 to provide for a referral to a nonparticipating health care
21 provider, unless the plan or issuer does not have an appropriate
22 health care provider that is available and accessible to
23 administer the screening exam and that is a participating health
24 care provider with respect to such treatment.

25 (b) Treatment of nonparticipating providers.--If a plan or
26 issuer refers an individual to a nonparticipating health care
27 provider pursuant to this section, services provided pursuant to
28 the approved screening exam or resulting treatment, if any,
29 shall be provided at no additional cost to the individual beyond
30 what the individual would otherwise pay for services received by

- 1 such a participating health care provider.
- 2 Section 6. Effective date.
- 3 This act shall take effect in 60 days.