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HOUSE BILL 1783

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State of Washington

58th Legislature

2003 Regular Session

By Representatives Darneille, Fromhold, Morrell, Santos, Chase, Moeller, Sullivan, Wallace, Kenney, Campbell and Simpson

Read first time 02/10/2003. Referred to Committee on Health Care.

1 AN ACT Relating to insurance coverage for colorectal cancer early  
2 detection; adding a new section to chapter 48.21 RCW; adding a new  
3 section to chapter 48.44 RCW; adding a new section to chapter 48.46  
4 RCW; and providing an effective date.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

6 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.21 RCW  
7 to read as follows:

8 (1) All group disability insurance contracts and blanket disability  
9 insurance contracts, issued or renewed on or after the effective date  
10 of this section, must provide benefits or coverage for colorectal  
11 cancer examinations and laboratory tests specified in the November 2002  
12 American cancer society guidelines for colorectal cancer screening of  
13 asymptomatic individuals. Coverage or benefits must be provided for  
14 all colorectal screening examinations and tests that are administered  
15 at a frequency identified in the American cancer society guidelines for  
16 colorectal cancer, as deemed appropriate by the patient's physician  
17 after consultation with the patient.

18 (2) Benefits under this section must be provided to a covered  
19 individual who is:

1 (a) At least fifty years old; or

2 (b) Less than fifty years old and at high risk for colorectal  
3 cancer according to current colorectal cancer screening guidelines of  
4 the American cancer society.

5 (3) To encourage colorectal cancer screenings, patients and health  
6 care providers must not be required to meet burdensome criteria or  
7 overcome significant obstacles to secure such coverage. An individual  
8 may not be required to pay an additional deductible or coinsurance for  
9 testing that is greater than an annual deductible or coinsurance  
10 established for similar benefits. If the contract does not cover a  
11 similar benefit, a deductible or coinsurance may not be set at a level  
12 that materially diminishes the value of the colorectal cancer benefit  
13 required.

14 (4) A health insurance issuer is not required under this section to  
15 provide for a referral to a nonparticipating health care provider,  
16 unless the issuer does not have an appropriate health care provider  
17 that is available and accessible to administer the screening exam and  
18 that is a participating health care provider with respect to such  
19 treatment.

20 (5) If a health insurance issuer refers an individual to a  
21 nonparticipating health care provider pursuant to this section,  
22 services provided pursuant to the approved screening exam or resulting  
23 treatment, if any, must be provided at no additional cost to the  
24 individual beyond what the individual would otherwise pay for services  
25 received by such a participating health care provider.

26 NEW SECTION. **Sec. 2.** A new section is added to chapter 48.44 RCW  
27 to read as follows:

28 (1) All health benefit plans offered by health care service  
29 contractors, issued or renewed on or after the effective date of this  
30 section, must provide benefits or coverage for colorectal cancer  
31 examinations and laboratory tests specified in the November 2002  
32 American cancer society guidelines for colorectal cancer screening of  
33 asymptomatic individuals. Coverage or benefits must be provided for  
34 all colorectal screening examinations and tests that are administered  
35 at a frequency identified in the American cancer society guidelines for  
36 colorectal cancer, as deemed appropriate by the patient's physician  
37 after consultation with the patient.

1 (2) Benefits under this section must be provided to a covered  
2 individual who is:

3 (a) At least fifty years old; or

4 (b) Less than fifty years old and at high risk for colorectal  
5 cancer according to current colorectal cancer screening guidelines of  
6 the American cancer society.

7 (3) To encourage colorectal cancer screenings, patients and health  
8 care providers must not be required to meet burdensome criteria or  
9 overcome significant obstacles to secure such coverage. An individual  
10 may not be required to pay an additional deductible or coinsurance for  
11 testing that is greater than an annual deductible or coinsurance  
12 established for similar benefits. If the group contract or individual  
13 contract does not cover a similar benefit, a deductible or coinsurance  
14 may not be set at a level that materially diminishes the value of the  
15 colorectal cancer benefit required.

16 (4) A carrier is not required under this section to provide for a  
17 referral to a nonparticipating health care provider, unless the carrier  
18 does not have an appropriate health care provider that is available and  
19 accessible to administer the screening exam and that is a participating  
20 health care provider with respect to such treatment.

21 (5) If a carrier refers an individual to a nonparticipating health  
22 care provider pursuant to this section, services provided pursuant to  
23 the approved screening exam or resulting treatment, if any, must be  
24 provided at no additional cost to the individual beyond what the  
25 individual would otherwise pay for services received by such a  
26 participating health care provider.

27 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.46 RCW  
28 to read as follows:

29 (1) All health benefit plans offered by health maintenance  
30 organizations, issued on or after the effective date of this section,  
31 must provide benefits or coverage for colorectal cancer examinations  
32 and laboratory tests specified in the November 2002 American cancer  
33 society guidelines for colorectal cancer screening of asymptomatic  
34 individuals. Coverage or benefits must be provided for all colorectal  
35 screening examinations and tests that are administered at a frequency  
36 identified in the American cancer society guidelines for colorectal

1 cancer, as deemed appropriate by the patient's physician after  
2 consultation with the patient.

3 (2) Benefits under this section must be provided to a covered  
4 individual who is:

5 (a) At least fifty years old; or

6 (b) Less than fifty years old and at high risk for colorectal  
7 cancer according to current colorectal cancer screening guidelines of  
8 the American cancer society.

9 (3) To encourage colorectal cancer screenings, consumers and health  
10 maintenance organizations must not be required to meet burdensome  
11 criteria or overcome significant obstacles to secure such coverage. A  
12 consumer may not be required to pay an additional deductible or  
13 coinsurance for testing that is greater than an annual deductible or  
14 coinsurance established for similar benefits. If the health  
15 maintenance agreement does not cover a similar benefit, a deductible or  
16 coinsurance may not be set at a level that materially diminishes the  
17 value of the colorectal cancer benefit required.

18 (4) A health maintenance organization is not required under this  
19 section to provide for a referral to a nonparticipating health care  
20 provider, unless the health maintenance organization does not have an  
21 appropriate health care provider that is available and accessible to  
22 administer the screening exam and that is a participating health care  
23 provider with respect to such treatment.

24 (5) If a health maintenance organization refers a consumer to a  
25 nonparticipating health care provider pursuant to this section,  
26 services provided pursuant to the approved screening exam or resulting  
27 treatment, if any, must be provided at no additional cost to the  
28 consumer beyond what the consumer would otherwise pay for services  
29 received by a health maintenance organization.

30 NEW SECTION. **Sec. 4.** This act takes effect July 1, 2004.

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