

# HOUSE BILL REPORT

## HB 1626

---

---

**As Reported by House Committee On:**  
Health Care & Wellness

**Title:** An act relating to coverage for colorectal screening tests under medical assistance programs.

**Brief Description:** Concerning coverage for colorectal screening tests under medical assistance programs.

**Sponsors:** Representatives Bronoske, Rude, Ryu, Griffey, Callan, Fosse, Senn, Macri, Pollet, Graham, Leavitt and Reed.

**Brief History:**

**Committee Activity:**

Health Care & Wellness: 2/8/23, 2/10/23 [DP].

**Brief Summary of Bill**

- Directs the Health Care Authority to require coverage under medical assistance programs for noninvasive preventive colorectal cancer screening tests that have a grade of either A or B from the United States Preventive Services Task Force and to require coverage for colonoscopies performed as a result of a positive test result.

---

### HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

**Majority Report:** Do pass. Signed by 17 members: Representatives Riccelli, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Hutchins, Assistant Ranking Minority Member; Barnard, Bronoske, Davis, Graham, Harris, Macri, Maycumber, Mosbrucker, Orwall, Simmons, Stonier, Thai and Tharinger.

**Staff:** Christopher Blake (786-7392).

---

*This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.*

**Background:**

The United States Preventive Services Task Force (USPSTF) is a 16-member panel of experts that receives administrative, research, and technical support from the federal Agency for Healthcare Research and Quality. The USPSTF makes recommendations on clinical preventive services on a graded scale. Under the federal Affordable Care Act, Medicaid expansion plans must cover preventive care services given an A or B rating by the USPSTF and traditional Medicaid plans that elect to cover those services receive a 1 percent increase in their federal matching funds for those services.

There are two main types of colorectal cancer screening tests: stool-based tests and direct visualization tests. Stool-based tests may either identify blood in the stool or cancer biomarkers shed from the lining of the colon in the stool to detect cancer. Direct visualization tests view the inside of the colon and the rectum through various methods, including colonoscopy, computerized tomography colonography, and flexible sigmoidoscopy. The USPSTF gives both types of colorectal cancer screenings an "A" rating for adults aged 50 to 75 years and a "B" rating for adults aged 45 to 49 years.

---

**Summary of Bill:**

Beginning January 1, 2024, the Health Care Authority must require coverage under medical assistance programs for noninvasive preventive colorectal cancer screening tests that have a grade of either A or B from the United States Preventive Services Task Force and to require coverage for colonoscopies performed as a result of a positive test result.

---

**Appropriation:** None.**Fiscal Note:** Available.**Effective Date:** The bill takes effect 90 days after adjournment of the session in which the bill is passed.**Staff Summary of Public Testimony:**

(In support) Colon cancer is the second leading cause of cancer deaths in Washington but the state is only screening about 63 percent of eligible patients. Since at-home tests are less invasive and five times cheaper than a colonoscopy, this bill has the double benefit of reducing costs and increasing utilization. This bill will expand access to colorectal cancer screening, including methods that are much less invasive than a colonoscopy. Giving people a choice in testing encourages them to adhere to screening, saves people from a diagnosis of cancer, and saves insurance money. The more screening that occurs, the more

likely it is to detect colon cancer early when the cancer is curable in over 90 percent of cases.

In supporting access to all methods of screening, there must be assurance that there is support for the follow up testing required after a positive screen. There cannot be any barriers to a patient with a positive screening getting a follow up colonoscopy.

Patients covered by Medicaid are significantly more likely to be diagnosed with a late stage cancer than patients with private insurance. Half of premature colorectal cancer deaths are due to racial, ethnic, socioeconomic, and rural disparities. Medicaid patients, who have the most barriers to care, should have high-performing options for noninvasive screenings and this bill will accomplish that.

(Opposed) None.

**Persons Testifying:** Representative Dan Bronoske, prime sponsor; Blair Irwin, Washington State Medical Oncology Society; Anita Mitchell, Colon Stars; and Matt Helder, American Cancer Society Cancer Action Network.

**Persons Signed In To Testify But Not Testifying:** None.