

# 2010 SESSION

INTRODUCED

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## HOUSE BILL NO. 1094

Offered January 13, 2010

Prefiled January 13, 2010

A *BILL to amend and reenact § 38.2-3418.7:1 of the Code of Virginia, relating to coverage for colorectal cancer screening.*

Patron—Sickles

Referred to Committee on Commerce and Labor

### Be it enacted by the General Assembly of Virginia:

#### 1. That § 38.2-3418.7:1 of the Code of Virginia is amended and reenacted as follows:

§ 38.2-3418.7:1. Coverage for colorectal cancer screening.

A. Notwithstanding the provisions of § 38.2-3419, each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services shall provide coverage for colorectal cancer screening under any such policy, contract or plan delivered, issued for delivery or renewed in this Commonwealth, on and after July 1, 2000.

B. Coverage for colorectal cancer screening, specifically screening with an annual fecal occult blood test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiologic imaging, shall be provided in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations.

C. Any diagnostic or surgical procedure performed in conjunction with and at the time of a colorectal cancer screening, as provided for in subsection B, that involves the removal or collection of cells, tissue, or polyps for diagnostic or curative purposes shall not require the payment of a separate copayment, coinsurance, or deductible from that of the initial colorectal cancer screening.

D. The coverage provided under this section shall not be more restrictive than or separate from coverage provided for any other illness, condition or disorder for purposes of determining deductibles, benefit year or lifetime durational limits, benefit year or lifetime dollar limits, lifetime episodes or treatment limits, copayment and coinsurance factors, and benefit year maximum for deductibles and copayments and coinsurance factors.

E. The provisions of this section shall not apply to (i) short-term travel, accident only, limited or specified disease policies, other than cancer policies, (ii) short-term nonrenewable policies of not more than six months duration, or (iii) policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans.

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