

## State Corporation Commission 2010 Fiscal Impact Statement

**1. Bill Number:** HB1094

House of Origin	<u>  X  </u>	Introduced	<u>      </u>	Substitute	<u>      </u>	Engrossed
Second House	<u>      </u>	In Committee	<u>      </u>	Substitute	<u>      </u>	Enrolled

**2. Patron:** Sickles

**3. Committee:** Commerce and Labor

**4. Title:** **Health insurance; mandated benefits for colorectal cancer screening.**

**5. Summary:** Adds a subsection C to the requirement of coverage for colorectal cancer screening and revises § 38.2-4319 to make it applicable to health maintenance organizations (HMOs). The bill provides that for any diagnostic or surgical procedure performed in conjunction with and at the time of a colorectal cancer screening that involves the removal or collection of cells, tissue, or polyps for diagnostic or curative purposes, a separate co-payment, coinsurance, or deductible cannot be required other than that which is required at the initial colorectal cancer screening

**6.** No Fiscal Impact on the State Corporation Commission

**7. Budget amendment necessary:** No

**8. Fiscal implications:** None on the State Corporation Commission

**9. Specific agency or political subdivisions affected:** State Corporation Commission Bureau of Insurance

**10. Technical amendment necessary:** The Bureau of Insurance suggested to the patron of House Bill 1094 that the proposed new subsection C addresses a coverage requirement for a service or services that, while performed at the time of and in conjunction with the screening, are separate from the screening itself. As a result, the Bureau of Insurance suggested changing subsection D in the bill (Lines 29 through 33), so that it refers to the coverage requirements specifically applicable to the screening services in subsection B, rather than all services addressed in the statute, as follows:

*D.* The coverage provided under ~~this section~~ **subsection B** 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.

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**11. Other comments:** On February 9, 2010, House Bill 1094 was carried over to the 2011 Session.

**Date:** 02/16/10 V. Tompkins

cc: Secretary of Health and Human Resources