

VIRGINIA ACTS OF ASSEMBLY — CHAPTER

An Act to amend and reenact § 38.2-3418.7:1 of the Code of Virginia, relating to health insurance; coverage for colorectal cancer screening.

[H 238]

Approved

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, examinations, and laboratory tests 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 U.S. Preventive Services Task Force for colorectal cancer screening for which a rating of A or B is in effect with respect to the individual involved. A follow-up colonoscopy after a positive noninvasive stool-based screening test or direct visualization screening test shall be covered.

C. 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 subject to any deductible, coinsurance, or any other cost-sharing requirements for services received from participating providers under the policy, contract, or plan.

D. 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.

2. That the provisions of this act shall apply to individual or group accident and sickness insurance policies, individual or group accident and sickness subscription contracts, or health care plans delivered, issued for delivery, or renewed in the Commonwealth on and after January 1, 2025.

ENROLLED

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