

APPENDIX

EXHIBIT A

Baldwin's Kentucky Revised Statutes Annotated
Title XXV. Business and Financial Institutions
Chapter 304. Insurance Code
Subtitle 17a. Health Benefit Plans (Refs & Annos)
Miscellaneous Provisions

KRS § 304.17A-257

304.17A-257 Coverage under health benefit plan for colorectal cancer examinations and laboratory tests

Effective: January 1, 2016

Currentness

(1) A health benefit plan issued or renewed on or after January 1, 2016, shall provide coverage for all colorectal cancer examinations and laboratory tests specified in current American Cancer Society guidelines for complete colorectal cancer screening of asymptomatic individuals as follows:

(a) Coverage or benefits shall be provided for all colorectal screening examinations and tests that are administered at a frequency identified in the most recent version of the American Cancer Society guidelines for complete colorectal cancer screening; and

(b) The covered individual shall be:

1. Fifty (50) years of age or older; or

2. Less than fifty (50) years of age and at high risk for colorectal cancer according to current colorectal cancer screening guidelines of the American Cancer Society.

(2) Coverage under this section shall not be subject to a deductible or coinsurance for services received from participating providers under the health benefit plan.

Credits

HISTORY: 2015 c 10, § 1, c 56, § 1, eff. 1-1-16; 2008 c 107, § 1, eff. 7-15-08

LRC NOTES

Legislative Research Commission Note (1-1-16): This statute was amended by 2015 Ky. Acts chs. 10 and 56, which do not appear to be in conflict and have been codified together.

Publisher's Note: The Comparative Section Table at the end of Chapter 304 shows the disposition of former KRS sections in the 1970 Insurance Code. Editorial notes at individual statutes also indicate when the current law is analogous to the pre-1970 and pre-1950 KRS.

304.17A-257 Coverage under health benefit plan for..., KY ST § 304.17A-257

Note: Former KRS Chapter 304 was repealed by 1970 c 301, subtitle 99, § 3, eff. 6-18-70. Former Chapter 304 was also amended by 1970 c 92, § 84 to 86, which were not compiled because of enactment of the new Insurance Code.

KRS § 304.17A-257, KY ST § 304.17A-257
Current through the end of the 2015 regular session

End of Document

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EXHIBIT B

West's Code of Georgia Annotated
Title 33. Insurance (Refs & Annos)
Chapter 24. Insurance Generally
Article 1. General Provisions (Refs & Annos)

Ga. Code Ann., § 33-24-56.3

§ 33-24-56.3. Coverage for colorectal cancer screening

Effective: July 1, 2009

Currentness

(a) As used in this Code section, the term:

(1) "Health benefit policy" means any individual or group plan, policy, or contract for health care services issued, delivered, issued for delivery, executed, or renewed by an insurer in this state on or after July 1, 2002, including, but not limited to, those contracts executed by the Department of Community Health pursuant to paragraph (1) of subsection (d) of Code Section 31-2-4. The term "health benefit policy" does not include the following limited benefit insurance policies: accident only, CHAMPUS supplement, dental, disability income, fixed indemnity, long-term care, medicare supplement, specified disease, vision, and nonrenewable individual policies written for a period of less than six months.

(2) "Insurer" means any person, corporation, or other entity authorized to provide health benefit policies under this title.

(b) Every health benefit policy shall provide coverage for colorectal cancer screening, examinations, and laboratory tests in accordance with the most recently published guidelines and recommendations established by the American Cancer Society, in consultation with the American College of Gastroenterology and the American College of Radiology, for the ages, family histories, and frequencies referenced in such guidelines and recommendations and deemed appropriate by the attending physician after conferring with the patient.

(c) The benefits provided in this Code section shall be subject to the same annual deductibles or coinsurance established for all other covered benefits within a given health benefit policy.

Credits

Laws 2002, p. 1089, § 1; Laws 2009, Act 102, § 1-41, eff. July 1, 2009.

Ga. Code Ann., § 33-24-56.3, GA ST § 33-24-56.3

Current through the Regular Session of the 2015 Legislative Session. The statutes are subject to changes provided by the Georgia Code Commission.

EXHIBIT C

Vernon's Annotated Missouri Statutes
Title XXIV. Business and Financial Institutions
Chapter 376. Life, Health and Accident Insurance (Refs & Annos)
Cancer Coverage

V.A.M.S. 376.1250

376.1250. Cancer screening, health insurance coverage required, when, types

Effective: August 28, 2011
Currentness

1. All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed on or after August 28, 1999, and providing coverage to any resident of this state shall provide benefits or coverage for:

(1) A pelvic examination and pap smear for any nonsymptomatic woman covered under such policy or contract, in accordance with the current American Cancer Society guidelines;

(2) A prostate examination and laboratory tests for cancer for any nonsymptomatic man covered under such policy or contract, in accordance with the current American Cancer Society guidelines; and

(3) A colorectal cancer examination and laboratory tests for cancer for any nonsymptomatic person covered under such policy or contract, in accordance with the current American Cancer Society guidelines.

2. Coverage and benefits related to the examinations and tests as required by this section shall be at least as favorable and subject to the same dollar limits, deductible, and co-payments as other covered benefits or services.

3. Nothing in this act¹ shall apply to accident-only, hospital indemnity, Medicare supplement, long-term care, or other limited benefit health insurance policies.

4. The provisions of this section shall not apply to short-term major medical policies of six months or less duration.

5. The attending physician shall advise the patient of the advantages, disadvantages, and risks, including cancer, associated with breast implantation prior to such operation.

6. Nothing in this section shall alter, impair or otherwise affect claims, rights or remedies available pursuant to law.

376.1250. Cancer screening, health insurance coverage required, ..., MO ST 376.1250

Credits

(L.1999, H.B. No. 191, § 1. Amended by L.2011, H.B. No. 388, § A.)

Notes of Decisions (3)

Footnotes

1 For disposition of sections in L.1999, H.B. No. 191, see V.A.M.S. Vol. 42A, Tables.

V. A. M. S. 376.1250, MO ST 376.1250

Statutes are current through the end of the 2015 Veto Session of the 98th General Assembly. Constitution is current through the November 4, 2014 General Election.

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EXHIBIT D

§ 58-3-179. Coverage for colorectal cancer screening, NC ST § 58-3-179

West's North Carolina General Statutes Annotated
Chapter 58. Insurance (Refs & Annos)
Article 3. General Regulations for Insurance (Refs & Annos)

N.C.G.S.A. § 58-3-179

§ 58-3-179. Coverage for colorectal cancer screening

Currentness

(a) Every health benefit plan, as defined in G.S. 58-3-167, shall provide coverage for colorectal cancer examinations and laboratory tests for cancer, in accordance with the most recently published American Cancer Society guidelines or guidelines adopted by the North Carolina Advisory Committee on Cancer Coordination and Control for colorectal cancer screening, for any nonsymptomatic covered individual who is:

(1) At least 50 years of age, or

(2) Less than 50 years of age and at high risk for colorectal cancer according to the most recently published colorectal cancer screening guidelines of the American Cancer Society or guidelines adopted by the North Carolina Advisory Committee on Cancer Coordination and Control.

The same deductibles, coinsurance, and other limitations as apply to similar services covered under the plan apply to coverage for colorectal examinations and laboratory tests required to be covered under this section.

(b) Reserved.

Credits

Added by S.L. 2001-116, § 1, eff. Jan. 1, 2002.

N.C.G.S.A. § 58-3-179, NC ST § 58-3-179

The statutes and Constitution are current through Chapter 266, excluding 240-241, 246, 258-264, of the 2015 Regular Session of the General Assembly.

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EXHIBIT E

§ 1363.001. Applicability of Chapter, TX INS § 1363.001

Vernon's Texas Statutes and Codes Annotated
Insurance Code
Title 8. Health Insurance and Other Health Coverages (Refs & Annos)
Subtitle E. Benefits Payable Under Health Coverages
Chapter 1363. Certain Tests for Detection of Colorectal Cancer

V.T.C.A., Insurance Code § 1363.001

§ 1363.001. Applicability of Chapter

Effective: April 1, 2005

Currentness

This chapter applies only to a health benefit plan that:

(1) provides benefits for medical or surgical expenses incurred as a result of a health condition, accident, or sickness, including:

(A) an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, or an individual or group evidence of coverage that is offered by:

- (i) an insurance company;
- (ii) a group hospital service corporation operating under Chapter 842;
- (iii) a fraternal benefit society operating under Chapter 885;
- (iv) a Lloyd's plan operating under Chapter 941;
- (v) a stipulated premium company operating under Chapter 884; or
- (vi) a health maintenance organization operating under Chapter 843; and

(B) to the extent permitted by the Employee Retirement Income Security Act of 1974 (29 U.S.C. Section 1001 et seq.), a health benefit plan that is offered by:

- (i) a multiple employer welfare arrangement as defined by Section 3 of that Act; or
- (ii) another analogous benefit arrangement;

§ 1363.001. Applicability of Chapter, TX INS § 1363.001

(2) is offered by an approved nonprofit health corporation operating under Chapter 844; or

(3) provides health and accident coverage through a risk pool created under Chapter 172, Local Government Code, notwithstanding Section 172.014, Local Government Code, or any other law.

Credits

Added by Acts 2003, 78th Leg., ch. 1274, § 3, eff. April 1, 2005.

V. T. C. A., Insurance Code § 1363.001, TX INS § 1363.001

Current through the end of the 2015 Regular Session of the 84th Legislature

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§ 1363.002. Exception, TX INS § 1363.002

Vernon's Texas Statutes and Codes Annotated
Insurance Code
Title 8. Health Insurance and Other Health Coverages (Refs & Annos)
Subtitle E. Benefits Payable Under Health Coverages
Chapter 1363. Certain Tests for Detection of Colorectal Cancer

V.T.C.A., Insurance Code § 1363.002

§ 1363.002. Exception

Effective: April 1, 2005

Currentness

This chapter does not apply to:

(1) a plan that provides coverage:

(A) only for a specified disease or other limited benefit;

(B) only for accidental death or dismemberment;

(C) for wages or payments in lieu of wages for a period during which an employee is absent from work because of sickness or injury;

(D) as a supplement to a liability insurance policy; or

(E) only for indemnity for hospital confinement;

(2) a small employer health benefit plan written under Chapter 1501;

(3) a Medicare supplemental policy as defined by Section 1882(g)(1), Social Security Act (42 U.S.C. Section 1395ss), as amended;

(4) a workers' compensation insurance policy;

(5) medical payment insurance coverage provided under a motor vehicle insurance policy; or

(6) a long-term care policy, including a nursing home fixed indemnity policy, unless the commissioner determines that the policy provides benefit coverage so comprehensive that the policy is a health benefit plan as described by Section 1363.001.

§ 1363.002. Exception, TX INS § 1363.002

Credits

Added by Acts 2003, 78th Leg., ch. 1274, § 3, eff. April 1, 2005.

V. T. C. A., Insurance Code § 1363.002, TX INS § 1363.002

Current through the end of the 2015 Regular Session of the 84th Legislature

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§ 1363.003. Minimum Coverage Required, TX INS § 1363.003

Vernon's Texas Statutes and Codes Annotated
Insurance Code
Title 8. Health Insurance and Other Health Coverages (Refs & Annos)
Subtitle E. Benefits Payable Under Health Coverages
Chapter 1363. Certain Tests for Detection of Colorectal Cancer

V.T.C.A., Insurance Code § 1363.003

§ 1363.003. Minimum Coverage Required

Effective: April 1, 2005

Currentness

(a) A health benefit plan that provides coverage for screening medical procedures must provide to each individual enrolled in the plan who is 50 years of age or older and at normal risk for developing colon cancer coverage for expenses incurred in conducting a medically recognized screening examination for the detection of colorectal cancer.

(b) The minimum coverage required under this section must include:

(1) a fecal occult blood test performed annually and a flexible sigmoidoscopy performed every five years; or

(2) a colonoscopy performed every 10 years.

Credits

Added by Acts 2003, 78th Leg., ch. 1274, § 3, eff. April 1, 2005.

V. T. C. A., Insurance Code § 1363.003, TX INS § 1363.003

Current through the end of the 2015 Regular Session of the 84th Legislature

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Vernon's Texas Statutes and Codes Annotated
Insurance Code
Title 8. Health Insurance and Other Health Coverages (Refs & Annos)
Subtitle E. Benefits Payable Under Health Coverages
Chapter 1363. Certain Tests for Detection of Colorectal Cancer

V.T.C.A., Insurance Code § 1363.004

§ 1363.004. Notice of Coverage

Effective: April 1, 2005
Currentness

(a) A health benefit plan issuer shall provide to each individual enrolled in the plan written notice of the coverage required under this chapter.

(b) The notice must be provided in accordance with rules adopted by the commissioner.

Credits

Added by Acts 2003, 78th Leg., ch. 1274, § 3, eff. April 1, 2005.

V. T. C. A., Insurance Code § 1363.004, TX INS § 1363.004
Current through the end of the 2015 Regular Session of the 84th Legislature

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§ 1363.005. Rules, TX INS § 1363.005

Vernon's Texas Statutes and Codes Annotated
Insurance Code
Title 8. Health Insurance and Other Health Coverages (Refs & Annos)
Subtitle E. Benefits Payable Under Health Coverages
Chapter 1363. Certain Tests for Detection of Colorectal Cancer

V.T.C.A., Insurance Code § 1363.005

§ 1363.005. Rules

Effective: April 1, 2005

Currentness

The commissioner shall adopt rules as necessary to administer this chapter.

Credits

Added by Acts 2003, 78th Leg., ch. 1274, § 3, eff. April 1, 2005.

V. T. C. A., Insurance Code § 1363.005, TX INS § 1363.005

Current through the end of the 2015 Regular Session of the 84th Legislature

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EXHIBIT F

West's Smith-Hurd Illinois Compiled Statutes Annotated
Chapter 215. Insurance (Refs & Annos)
Act 5. Illinois Insurance Code (Refs & Annos)
Article XX. Accident and Health Insurance (Refs & Annos)

215 ILCS 5/356x

5/356x. Coverage for colorectal cancer examination and screening

Effective: January 1, 2004

Currentness

§ 356x. Coverage for colorectal cancer examination and screening.

(a) An individual or group policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 93rd General Assembly that provides coverage to a resident of this State must provide benefits or coverage for all colorectal cancer examinations and laboratory tests for colorectal cancer as prescribed by a physician, in accordance with the published American Cancer Society guidelines on colorectal cancer screening or other existing colorectal cancer screening guidelines issued by nationally recognized professional medical societies or federal government agencies, including the National Cancer Institute, the Centers for Disease Control and Prevention, and the American College of Gastroenterology.

(b) Coverage required under this Section may not impose any deductible, coinsurance, waiting period, or other cost-sharing limitation that is greater than that required for other coverage under the policy.

Credits

Laws 1937, p. 696, § 356x, added by P.A. 90-741, § 30, eff. Jan. 1, 1999. Amended by P.A. 93-568, § 5, eff. Jan. 1, 2004.

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215 I.L.C.S. 5/356x, IL ST CH 215 § 5/356x
Current through P.A. 99-495 of the 2015 Reg. Sess.

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EXHIBIT G

West's Annotated Indiana Code
Title 27. Insurance
Article 8. Life, Accident, and Health
Chapter 14.8. Coverage for Services Related to Colorectal Cancer Screening

IC 27-8-14.8-3

27-8-14.8-3 Colorectal cancer testing coverage

Currentness

Sec. 3. (a) Except as provided in subsection (d), an insurer shall provide coverage for colorectal cancer examinations and laboratory tests for cancer for any nonsymptomatic insured, in accordance with the current American Cancer Society guidelines, in any accident and sickness insurance policy that the insurer issues in Indiana or issues for delivery in Indiana.

(b) For an insured who is:

(1) at least fifty (50) years of age; or

(2) less than fifty (50) years of age and at high risk for colorectal cancer according to the most recent published guidelines of the American Cancer Society;

the coverage required under this section must meet the requirements set forth in subsection (c).

(c) An insured may not be required to pay an additional annual deductible or coinsurance for the colorectal cancer examination and laboratory testing benefit that is greater than an annual deductible or coinsurance established for similar benefits under an accident and sickness insurance policy. If the accident and sickness insurance policy does not cover a similar benefit, a deductible or coinsurance may not be set at a level that materially diminishes the value of the colorectal cancer examination and laboratory testing benefit required under this section.

(d) In the case of an accident and sickness insurance policy that is not employer based, the insurer shall offer to provide the coverage described in this section.

Credits

As added by P.L.54-2000, SEC.2.

I.C. 27-8-14.8-3, IN ST 27-8-14.8-3

The statutes and Constitution are current with all 2015 Public Laws of the 2015 First Regular Session of the 119th General Assembly.

EXHIBIT H

689A.04042. Coverage for screening for colorectal cancer, NV ST 689A.04042

West's Nevada Revised Statutes Annotated
Title 57. Insurance (Chapters 679a-697)
Chapter 689A. Individual Health Insurance (Refs & Annos)
Required Provisions

N.R.S. 689A.04042

689A.04042. Coverage for screening for colorectal cancer

Currentness

1. A policy of health insurance that provides coverage for the treatment of colorectal cancer must provide coverage for colorectal cancer screening in accordance with:

(a) The guidelines concerning colorectal cancer screening which are published by the American Cancer Society; or

(b) Other guidelines or reports concerning colorectal cancer screening which are published by nationally recognized professional organizations and which include current or prevailing supporting scientific data.

2. A policy of health insurance subject to the provisions of this chapter that is delivered, issued for delivery or renewed on or after October 1, 2003, has the legal effect of including the coverage required by this section, and any provision of the policy that conflicts with the provisions of this section is void.

Credits

Added by Laws 2003, c. 251, § 1, eff. Oct. 1, 2003.

N. R. S. 689A.04042, NV ST 689A.04042


Current through the end of the 78th Regular Session (2015) and 29th Special Session (2015) of the Nevada Legislature and subject to revision and classification by the Legislative Counsel Bureau.

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EXHIBIT I

§ 6060.8a. Colorectal cancer coverage, OK ST T. 36 § 6060.8a

 KeyCite Yellow Flag - Negative Treatment
Proposed Legislation

Oklahoma Statutes Annotated
Title 36. Insurance (Refs & Annos)
Chapter 2. Miscellaneous Provisions
Health Benefits

36 Okl.St. Ann. § 6060.8a

§ 6060.8a. Colorectal cancer coverage

Currentness

A. Any health benefit plan, including the State and Education Employees Group Health Insurance Plan, that is offered, issued or renewed in this state on or after January 1, 2002, which provides medical and surgical benefits, shall offer coverage for colorectal cancer examinations and laboratory tests for cancer for any nonsymptomatic covered individual, in accordance with standard, accepted published medical practice guidelines for colorectal cancer screening, who is:

1. At least fifty (50) years of age; or
2. Less than fifty (50) years of age and at high risk for colorectal cancer according to the standard, accepted published medical practice guidelines.

B. The coverage provided for by this section shall be subject to the same annual deductibles, co-payments or coinsurance limits as established for other covered benefits under the health plan.

C. To minimize costs for nonsymptomatic screening, third-party reimbursement may be at the existing Medicaid rate which shall be payment in full.

D. As used in this section, "health benefit plan" means any plan or arrangement as defined in subsection C of Section 6060.4 of this title; provided, however, the provisions of this section shall not apply to policies or certificates issued to individuals or to groups with fifty (50) or fewer employees, or to plans offered under the state Medicaid program.

Credits

Laws 2001, c. 409, § 1, eff. Nov. 1, 2001; Laws 2010, c. 222, § 39, eff. Nov. 1, 2010.

36 Okl. St. Ann. § 6060.8a, OK ST T. 36 § 6060.8a

Current through Chapter 399 (End) of the First Session of the 55th Legislature (2015)