

HOUSE BILL NO. 393

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-FOURTH LEGISLATURE - SECOND SESSION

BY REPRESENTATIVES ANDERSON, Lynn, Gruenberg, LeDoux, Kapsner, Guttenberg, Crawford, Kerttula, McGuire, Wilson

Introduced: 1/25/06

Referred: Labor and Commerce, Health, Education and Social Services

A BILL

FOR AN ACT ENTITLED

1 **"An Act requiring that certain health care insurance plans provide coverage for the**
2 **costs of colorectal cancer screening examinations and laboratory tests; and providing**
3 **for an effective date."**

4 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

5 * **Section 1.** The uncodified law of the State of Alaska is amended by adding a new section
6 to read:

7 SHORT TITLE. This Act may be known as the Colorectal Cancer Screening Coverage
8 Act of 2006.

9 * **Sec. 2.** AS 21.42 is amended by adding a new section to read:

10 **Sec. 21.42.377. Coverage for colorectal cancer screening.** (a) Except for a
11 fraternal benefit society, a health care insurer that offers, issues for delivery, delivers,
12 or renews in this state a health care insurance plan shall provide coverage for the costs
13 of colorectal cancer screening examinations and laboratory tests under the schedule
14 described in (b) of this section. The coverage required by this section is subject to

1 standard policy provisions applicable to other benefits, including deductible or
2 copayment provisions.

3 (b) The minimum coverage required under (a) of this section for colorectal
4 cancer screening includes

5 (1) a fecal occult blood test or fecal immunochemical test conducted
6 annually;

7 (2) a flexible sigmoidoscopy conducted every five years;

8 (3) a combination of a fecal occult blood test or fecal immunochemical
9 test conducted annually along with a flexible sigmoidoscopy conducted every five
10 years;

11 (4) a colonoscopy conducted every 10 years;

12 (5) a double-contrast barium enema every five years; or

13 (6) any additional medically recognized screening tests for colorectal
14 cancer as required by the commissioner of health and social services.

15 (c) Coverage provided under this section applies to a covered individual who
16 is

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

18 (2) less than 50 years of age and at high risk for colorectal cancer.

19 (d) All screening options identified in (b) of this section shall be covered by
20 the insurer, with the choice of option determined by the covered individual in
21 consultation with a health care provider.

22 (e) For individuals considered to be at average risk for colorectal cancer,
23 coverage or benefits shall be provided for the choice of screening, so long as it is
24 conducted in accordance with the specified frequency. For individuals considered at
25 high risk for colorectal cancer, screening shall be provided at a frequency determined
26 necessary by a health care provider.

27 (f) Each health care insurer or health benefit plan shall notify each enrollee
28 annually of the coverage for colorectal cancer screenings and provide the current
29 American Cancer Society guidelines for colorectal cancer screenings. The notice shall
30 be delivered by mail unless the enrollee and health carrier have agreed on another
31 method of notification.

1 (g) In this section, "individual considered at high risk for colorectal cancer"
2 means an individual who faces a high risk for colorectal cancer because of

- 3 (1) family history;
- 4 (2) prior experience of cancer or precursor neoplastic polyps;
- 5 (3) a history of chronic digestive disease condition, including
6 inflammatory bowel disease, Crohn's Disease, or ulcerative colitis;
- 7 (4) the presence of any appropriate recognized gene markers for
8 colorectal cancer; or
- 9 (5) other predisposing factors.

10 * **Sec. 3.** This Act takes effect January 1, 2007.