

MAINE STATE LEGISLATURE

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2018

Date: 2/26/8

Majority
INSURANCE AND FINANCIAL SERVICES

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STATE OF MAINE
HOUSE OF REPRESENTATIVES
123RD LEGISLATURE
SECOND REGULAR SESSION

COMMITTEE AMENDMENT "A" to H.P. 1495, L.D. 2109, Bill, "An Act Relating to Insurance Coverage for Colorectal Cancer Early Detection"

Amend the bill by striking out everything after the enacting clause and before the summary and inserting the following:

Sec. 1. 24 MRSA §2317-B, sub-§12-C is enacted to read:

12-C. Title 24-A, sections 2763, 2847-N and 4254. Coverage for colorectal cancer screening, Title 24-A, sections 2763, 2847-N and 4254;

Sec. 2. 24-A MRSA §2763 is enacted to read:

§2763. Coverage for colorectal cancer screening

1. Colorectal cancer screening. For the purposes of this section, "colorectal cancer screening" means a colorectal cancer examination and laboratory test recommended by a health care provider in accordance with the most recently published colorectal cancer screening guidelines of a national cancer society.

2. Required coverage. All individual health insurance policies and contracts must provide coverage for colorectal cancer screening for asymptomatic individuals who are:

A. Fifty years of age or older; or

B. Less than 50 years of age and at high risk for colorectal cancer according to the most recently published colorectal cancer screening guidelines of a national cancer society.

3. Billing. If a colonoscopy is recommended by a health care provider as the colorectal cancer screening test in accordance with this section and a lesion is discovered and removed during that colonoscopy, the health care provider must bill the insurance company for a screening colonoscopy as the primary procedure.

Sec. 3. 24-A MRSA §2847-N is enacted to read:

COMMITTEE AMENDMENT

1 **§2847-N. Coverage for colorectal cancer screening**

2 **1. Colorectal cancer screening.** For the purposes of this section, "colorectal cancer
3 screening" means a colorectal cancer examination and laboratory test recommended by a
4 health care provider in accordance with the most recently published colorectal cancer
5 screening guidelines of a national cancer society.

6 **2. Required coverage.** All group health insurance policies, contracts and
7 certificates must provide coverage for colorectal cancer screening for asymptomatic
8 individuals who are:

9 A. Fifty years of age or older; or

10 B. Less than 50 years of age and at high risk for colorectal cancer according to the
11 most recently published colorectal cancer screening guidelines of a national cancer
12 society.

13 **3. Billing.** If a colonoscopy is recommended by a health care provider as the
14 colorectal cancer screening test in accordance with this section and a lesion is discovered
15 and removed during that colonoscopy, the health care provider must bill the insurance
16 company for a screening colonoscopy as the primary procedure.

17 **Sec. 4. 24-A MRSA §4254** is enacted to read:

18 **§4254. Coverage for colorectal cancer screening**

19 **1. Colorectal cancer screening.** For the purposes of this section, "colorectal cancer
20 screening" means a colorectal cancer examination and laboratory test recommended by a
21 health care provider in accordance with the most recently published colorectal cancer
22 screening guidelines of a national cancer society.

23 **2. Required coverage.** All health maintenance organization individual and group
24 health insurance policies, contracts and certificates must provide coverage for colorectal
25 cancer screening for asymptomatic individuals who are:

26 A. Fifty years of age or older; or

27 B. Less than 50 years of age and at high risk for colorectal cancer according to the
28 most recently published colorectal cancer screening guidelines of a national cancer
29 society.

30 **3. Billing.** If a colonoscopy is recommended by a health care provider as the
31 colorectal cancer screening test in accordance with this section and a lesion is discovered
32 and removed during that colonoscopy, the health care provider must bill the insurance
33 company for a screening colonoscopy as the primary procedure.

34 **Sec. 5. Application.** The requirements of this Act apply to all policies, contracts
35 and certificates executed, delivered, issued for delivery, continued or renewed in this
36 State on or after January 1, 2009. For purposes of this Act, all contracts are deemed to be
37 renewed no later than the next yearly anniversary of the contract date.

38 **Sec. 6. Exemption from review.** Notwithstanding the Maine Revised Statutes,
39 Title 24-A, section 2752, this Act is enacted without review and evaluation by the
40 Department of Professional and Financial Regulation, Bureau of Insurance.'

R.O.S.

COMMITTEE AMENDMENT "A" to H.P. 1495, L.D. 2109

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SUMMARY

This amendment replaces the bill and is the majority report of the committee. The amendment requires health insurance policies, contracts and certificates to provide coverage for colorectal cancer screening recommended by health care providers in accordance with guidelines published by the American Cancer Society. The amendment clarifies that, if a colonoscopy is provided as the screening procedure and a lesion is discovered and removed, the health care provider must bill the insurer for a screening colonoscopy as the primary procedure. The provisions of the amendment apply to all policies, contracts and certificates issued or renewed on or after January 1, 2009.

FISCAL NOTE REQUIRED
(See attached)



123rd MAINE LEGISLATURE

LD 2109

LR 2805(02)

An Act Relating to Insurance Coverage for Colorectal Cancer Early Detection

Fiscal Note for Bill as Amended by Committee Amendment "A"

Committee: Insurance and Financial Services

Fiscal Note Required: Yes

Fiscal Note

Minor cost increase - Other Special Revenue Funds

Fiscal Detail and Notes

Any additional cost to the Bureau of Insurance in the Department of Professional and Financial Regulation can be absorbed by the bureau utilizing existing budget resources. No impact on the State Employee Health Plan is expected.