# As Passed by the Senate

## 127th General Assembly Regular Session 2007-2008

Sub. S. B. No. 278

#### **Senator Coughlin**

Cosponsors: Senators Stivers, Mumper, Spada, Miller, D., Morano, Kearney, Boccieri, Fedor, Harris, Jacobson, Mason, Roberts, Sawyer, Cafaro

### A BILL

То	enact sections 1751.69, 3923.651, and 5111.0210 of	1
	the Revised Code to require certain health care	2
	policies, contracts, agreements, and plans, as	3
	well as the state's Medicaid program, to provide	4
	benefits for colorectal examinations and	5
	laboratory tests for cancer	6

#### BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF OHIO:

Section 1. That sections 1751.69, 3923.651, and 5111.0210 of	7
the Revised Code be enacted to read as follows:	8
Sec. 1751.69. (A) Notwithstanding section 3901.71 of the	9
Revised Code, each individual or group health insuring corporation	10
policy, contract, or agreement providing basic health care	11
services that is delivered, issued for delivery, or renewed in	12
this state shall provide benefits for the expenses of colorectal	13
cancer examinations and laboratory tests for cancer for any	14
nonsymptomatic individual who is either of the following:	15
(1) Fifty years of age or older;	16
(2) Less than fifty years of age and at high risk for	17
colorectal cancer due to one of the following:	18

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(a) A personal history of colorectal cancer or adenomatous polyps;	19 20
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(b) A personal history of chronic inflammatory bowel disease, such as crohns disease or ulcerative colitis;	22
(c) A family history of colorectal cancer or polyps,	23
determined by cancer or polyps in a first degree relative less	24 25
than sixty years of age or two or more first degree relatives of any age;	26
(d) A known family history of hereditary colorectal cancer	27
syndromes such as familial adenomatous polyposis or hereditary	28
nonpolyposis colon cancer.	29
(B) The benefits provided under division (A) of this section	30
shall include coverage of all of the following:	31
(1) Flexible sigmoidoscopy every five years;	32
(2) Colonoscopy every ten years;	33
(3) Double contrast barium enema every five years;	34
(4) CT colonography every five years;	35
(5) A stool DNA test with high sensitivity for cancer every	36
five years or one of the following screening tests annually:	37
(a) Guaiac-based fecal occult blood test with high test	38
sensitivity for cancer;	39
(b) Fecal immunochemical test with high test sensitivity for	40
<pre>cancer;</pre>	
(c) Any combination of the most reliable, medically	42
recognized screening tests available.	
(C) The benefits provided under division (A) of this section	44
shall be subject to all terms, conditions, restrictions,	
exclusions, and limitations that apply to any other coverage under	
the policy, contract, or agreement for services performed by	

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participating and nonparticipating providers. Nothing in this	48
section shall be construed as requiring reimbursement to a	49
provider or facility providing the examination or test that does	50
not have a health care contract with the health insuring	51
corporation, or as prohibiting a health insuring corporation that	52
does not have a health care contract with the provider or facility	53
providing the examination or test from negotiating a single case	54
or other agreement for coverage.	55
Sec. 3923.651. (A) Notwithstanding section 3901.71 of the	56
Revised Code, each policy of individual or group sickness and	57
accident insurance that is delivered, issued for delivery, or	58
renewed in this state and each public employee benefit plan shall	59
provide benefits for the expenses of colorectal cancer	60
examinations and laboratory tests for cancer for any	61
nonsymptomatic individual who is either of the following:	
(1) Fifty years of age or older;	63
(2) Less than fifty years of age and at high risk for	64
colorectal cancer due to one of the following:	
(a) A personal history of colorectal cancer or adenomatous	66
polyps;	67
(b) A personal history of chronic inflammatory bowel disease,	68
such as crohns disease or ulcerative colitis;	69
(c) A family history of colorectal cancer or polyps,	70
determined by cancer or polyps in a first degree relative less	71
than sixty years of age or two or more first degree relatives of	72
any age;	73
(d) A known family history of hereditary colorectal cancer	74
syndromes such as familial adenomatous polyposis or hereditary	75
nonpolyposis colon cancer.	76
(B) The benefits provided under division (A) of this section	77

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Sec. 5111.0210. (A) The medicaid program shall cover	107
colorectal cancer examinations and laboratory tests for cancer for	108
any nonsymptomatic medicaid recipient who is either of the	109
following:	
(1) Fifty years of age or older;	111
(2) Less than fifty years of age and at high risk for	112
colorectal cancer due to one of the following:	
(a) A personal history of colorectal cancer or adenomatous	114
polyps;	115
(b) A personal history of chronic inflammatory bowel disease,	116
such as crohns disease or ulcerative colitis;	117
(c) A family history of colorectal cancer or polyps,	118
determined by cancer or polyps in a first degree relative less	119
than sixty years of age or in two or more first degree relatives	
of any age;	121
(d) A known family history of hereditary colorectal cancer	122
syndromes such as familial adenomatous polyposis or hereditary	123
nonpolyposis colon cancer.	124
(B) The coverage provided under division (A) of this section	125
shall include coverage of all of the following:	126
(1) Flexible sigmoidoscopy every five years;	127
(2) Colonoscopy every ten years;	128
(3) Double contrast barium enema every five years;	129
(4) CT colonography every five years;	130
(5) A stool DNA test with high sensitivity for cancer every	131
five years or one of the following screening tests annually:	132
(a) Guaiac-based fecal occult blood test with high test	133
sensitivity for cancer;	134

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(b) Fecal immunochemical test with high test sensitivity for	135
cancer;	136
(c) Any combination of the most reliable, medically	137
recognized screening tests available.	138