

**As Reported by the Senate Health, Human Services and Aging
Committee**

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Sub. S. B. No. 278

Senator Coughlin

Cosponsors: Senators Stivers, Mumper, Spada, Miller, D., Morano, Kearney

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A B I L L

To enact sections 1751.69, 3923.651, and 5111.0210 of
the Revised Code to require certain health care
policies, contracts, agreements, and plans, as
well as the state's Medicaid program, to provide
benefits for colorectal examinations and
laboratory tests for cancer.

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

Section 1. That sections 1751.69, 3923.651, and 5111.0210 of
the Revised Code be enacted to read as follows:

Sec. 1751.69. (A) Notwithstanding section 3901.71 of the
Revised Code, each individual or group health insuring corporation
policy, contract, or agreement providing basic health care
services that is delivered, issued for delivery, or renewed in
this state shall provide benefits for the expenses of colorectal
cancer examinations and laboratory tests for cancer for any
nonsymptomatic individual who is either of the following:

(1) Fifty years of age or older;

(2) Less than fifty years of age and at high risk for
colorectal cancer due to one of the following:

<u>(a) A personal history of colorectal cancer or adenomatous polyps;</u>	19
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<u>(b) A personal history of chronic inflammatory bowel disease, such as crohns disease or ulcerative colitis;</u>	21
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<u>(c) A family history of colorectal cancer or polyps, determined by cancer or polyps in a first degree relative less than sixty years of age or two or more first degree relatives of any age;</u>	23
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<u>(d) A known family history of hereditary colorectal cancer syndromes such as familial adenomatous polyposis or hereditary nonpolyposis colon cancer.</u>	27
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<u>(B) The benefits provided under division (A) of this section shall include coverage of all of the following:</u>	30
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<u>(1) Flexible sigmoidoscopy every five years;</u>	32
<u>(2) Colonoscopy every ten years;</u>	33
<u>(3) Double contrast barium enema every five years;</u>	34
<u>(4) CT colonography every five years;</u>	35
<u>(5) A stool DNA test with high sensitivity for cancer every five years or one of the following screening tests annually:</u>	36
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<u>(a) Guaiac-based fecal occult blood test with high test sensitivity for cancer;</u>	38
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<u>(b) Fecal immunochemical test with high test sensitivity for cancer;</u>	40
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<u>(c) Any combination of the most reliable, medically recognized screening tests available.</u>	42
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<u>(C) The benefits provided under division (A) of this section 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</u>	44
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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: 62

(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: 65

(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

<u>shall include coverage of all of the following:</u>	78
<u>(1) Flexible sigmoidoscopy every five years;</u>	79
<u>(2) Colonoscopy every ten years;</u>	80
<u>(3) Double contrast barium enema every five years;</u>	81
<u>(4) CT colonography every five years;</u>	82
<u>(5) A stool DNA test with high sensitivity for cancer every</u>	83
<u>five yars or one of the following screening tests annually:</u>	84
<u>(a) Guaiac-based fecal occult blood test with high test</u>	85
<u>sensitivity for cancer;</u>	86
<u>(b) Fecal immunochemical test with high test sensitivity for</u>	87
<u>cancer;</u>	88
<u>(c) Any combination of the most reliable, medically</u>	89
<u>recognized screening tests available.</u>	90
<u>(C) The benefits provided under division (A) of this section</u>	91
<u>shall be subject to all terms, conditions, restrictions,</u>	92
<u>exclusions, and limitations that apply to any other coverage under</u>	93
<u>the policy or plan for services performed by participating and</u>	94
<u>nonparticipating providers. Nothing in this section shall be</u>	95
<u>construed as requiring reimbursement to a provider or facility</u>	96
<u>providing the examination or test that does not have a health care</u>	97
<u>contract with the entity issuing the policy or plan, or as</u>	98
<u>prohibiting the entity issuing a policy or plan that does not have</u>	99
<u>a health care contract with the provider or facility providing the</u>	100
<u>examination or test from negotiating a single case or other</u>	101
<u>agreement for coverage.</u>	102
<u>(D) This section does not apply to any policy that provides</u>	103
<u>coverage for specific diseases or accidents only, or to any</u>	104
<u>hospital indemnity, medicare supplement, or other policy that</u>	105
<u>offers only supplemental benefits.</u>	106

<u>Sec. 5111.0210. (A) The medicaid program shall cover</u>	107
<u>colorectal cancer examinations and laboratory tests for cancer for</u>	108
<u>any nonsymptomatic medicaid recipient who is either of the</u>	109
<u>following:</u>	110
<u>(1) Fifty years of age or older;</u>	111
<u>(2) Less than fifty years of age and at high risk for</u>	112
<u>colorectal cancer due to one of the following:</u>	113
<u>(a) A personal history of colorectal cancer or adenomatous</u>	114
<u>polyps;</u>	115
<u>(b) A personal history of chronic inflammatory bowel disease,</u>	116
<u>such as crohns disease or ulcerative colitis;</u>	117
<u>(c) A family history of colorectal cancer or polyps,</u>	118
<u>determined by cancer or polyps in a first degree relative less</u>	119
<u>than sixty years of age or in two or more first degree relatives</u>	120
<u>of any age;</u>	121
<u>(d) A known family history of hereditary colorectal cancer</u>	122
<u>syndromes such as familial adenomatous polyposis or hereditary</u>	123
<u>nonpolyposis colon cancer.</u>	124
<u>(B) The coverage provided under division (A) of this section</u>	125
<u>shall include coverage of all of the following:</u>	126
<u>(1) Flexible sigmoidoscopy every five years;</u>	127
<u>(2) Colonoscopy every ten years;</u>	128
<u>(3) Double contrast barium enema every five years;</u>	129
<u>(4) CT colonography every five years;</u>	130
<u>(5) A stool DNA test with high sensitivity for cancer every</u>	131
<u>five years or one of the following screening tests annually:</u>	132
<u>(a) Guaiac-based fecal occult blood test with high test</u>	133
<u>sensitivity for cancer;</u>	134

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