## **As Introduced**

## 128th General Assembly Regular Session 2009-2010

## S. B. No. 64

**Senator Coughlin** 

Cosponsors: Senators Fedor, Miller, D., Morano, Sawyer, Turner

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.	б

## 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 colorectal cancer for	14
any 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 for17colorectal cancer due to one of the following:18

(a) A personal history of colorectal cancer or adenomatous 19

polyps;	20
(b) A personal history of chronic inflammatory bowel disease,	21
such as Crohn's 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
than sixty years of age or two or more first degree relatives of	25
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
<u>cancer;</u>	41
(c) Any combination of the most reliable, medically	42
recognized screening tests available.	43
(C) The benefits provided under division (A) of this section	44
shall be subject to all terms, conditions, restrictions,	45
exclusions, and limitations that apply to any other coverage under	
the policy, contract, or agreement for services performed by	47
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	
not have a health care contract with the health insuring	
corporation, or as prohibiting a health insuring corporation that	
does not have a health care contract with the provider or facility	
providing the examination or test from negotiating a single case	
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 that	59
is established or modified in this state shall provide benefits	60
for the expenses of colorectal cancer examinations and laboratory	61
tests for colorectal cancer for any nonsymptomatic individual who	62
is either of the following:	63
(1) Fifty years of age or older;	64
(2) Less than fifty years of age and at high risk for	65
colorectal cancer due to one of the following:	66
(a) A personal history of colorectal cancer or adenomatous	67
polyps;	
(b) A personal history of chronic inflammatory bowel disease,	69
<u>such as Crohn's disease or ulcerative colitis;</u>	70
(c) A family history of colorectal cancer or polyps,	71
	71
determined by cancer or polyps in a first degree relative less	72
than sixty years of age or two or more first degree relatives of	-
<u>any age;</u>	74
(d) A known family history of hereditary colorectal cancer	75
syndromes such as familial adenomatous polyposis or hereditary	76
nonpolyposis colon cancer.	77
(B) The benefits provided under division (A) of this section	78

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

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

(b) Fecal immunochemical test with high test sensitivity for	136
<u>cancer;</u>	137
(c) Any combination of the most reliable, medically	138
recognized screening tests available.	139