

REVENUE: No revenue impact

FISCAL: No fiscal impact

Action:	Do Pass
Vote:	9 - 0 - 0
Yeas:	Clem, Conger, Harker, Kennemer, Keny-Guyer, Lively, Thompson, Weidner, Greenlick
Nays:	0
Exc.:	0
Prepared By:	Sandy Thiele-Cirka, Administrator
Meeting Dates:	2/3, 2/5

WHAT THE MEASURE DOES: Modifies requirements for insurance coverage of colorectal cancer screening examinations. Applies to policies or certificates issued or renewed on or after effective date of Act. Declares emergency, effective on passage.

ISSUES DISCUSSED:

- Current polyp removal practices
- Billing for polyp removal
- Review of procedure coding and claim processing
- Outreach and education efforts by insurers

EFFECT OF COMMITTEE AMENDMENT: No amendment.

BACKGROUND: In the current recommendations of the United States Preventive Services Task Force (USPSTF), an independent panel of clinicians and scientists, insurers are required to provide coverage for evidence-based items or services that have a rating of “A” or “B.” The A or B letter grade indicates that the panel has determined that there is a high certainty that the services have a substantial or moderate net benefit. Colorectal cancer screening in adults beginning at age 50 is an A rated service and is required under federal law. A major component of a colonoscopy is polyp detection and removal.

On February 20, 2013, the Department of Labor, Health and Human Services and the Treasury released guidance describing colonoscopy coverage and cost sharing requirements. The guidance states that the removal of polyps, during a colonoscopy is an integral part of the procedure and therefore not subject to cost-sharing.

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This summary has not been adopted or officially endorsed by action of the committee.