

**A-Engrossed**  
**House Bill 2560**

Ordered by the House March 10  
Including House Amendments dated March 10

Sponsored by Representative GREENLICK; Representatives BARNHART, BUCKLEY, DOHERTY, FREDERICK, GORSEK, KENY-GUYER, NOSSE, REARDON, VEGA PEDERSON, WILLIAMSON, Senator GELSER (Presession filed.)

**SUMMARY**

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure.

Requires health benefit plan to cover cost of colonoscopy for insured who is 50 years of age or older and who has positive fecal [*immunochemical*] test result.

**A BILL FOR AN ACT**

1  
2 Relating to colorectal cancer screening; creating new provisions; and amending ORS 743A.124.

3 **Be It Enacted by the People of the State of Oregon:**

4 **SECTION 1.** ORS 743A.124, as amended by section 1, chapter 9, Oregon Laws 2014, is amended  
5 to read:

6 743A.124. (1) [*An insurer offering a health insurance policy that covers hospital, medical or sur-*  
7 *gical expenses, other than coverage limited to expenses from accidents or specific diseases,*] **A health**  
8 **benefit plan, as defined in ORS 743.730,** shall provide coverage for all colorectal cancer screening  
9 examinations and laboratory tests assigned either a grade of A or a grade of B by the United States  
10 Preventive Services Task Force.

11 (2) If an insured is 50 years of age or older, an insurer may not impose cost sharing on the  
12 coverage required by subsection (1) of this section and the coverage shall include, at a minimum:

13 (a)(A) Fecal occult blood tests;

14 [(b)] (B) Colonoscopies, including the removal of polyps during a screening procedure; or

15 [(c)] (C) Double contrast barium enemas[.]; **and**

16 **(b) A colonoscopy, including the removal of polyps during the procedure, if the insured**  
17 **has a positive result on any fecal test assigned either a grade of A or a grade of B by the**  
18 **United States Preventive Services Task Force.**

19 (3) If an insured is at high risk for colorectal cancer, the coverage required by subsection (1)  
20 of this section shall include colorectal cancer screening examinations and laboratory tests as re-  
21 commended by the treating physician.

22 (4) For the purposes of subsection (3) of this section, an individual is at high risk for colorectal  
23 cancer if the individual has:

24 (a) A family medical history of colorectal cancer;

25 (b) A prior occurrence of cancer or precursor neoplastic polyps;

26 (c) A prior occurrence of a chronic digestive disease condition such as inflammatory bowel dis-  
27 ease, Crohn's disease or ulcerative colitis; or

**NOTE:** Matter in **boldfaced** type in an amended section is new; matter [*italic and bracketed*] is existing law to be omitted.  
New sections are in **boldfaced** type.

1 (d) Other predisposing factors.  
2 [(5) Health care service contractors, as defined in ORS 750.005, and trusts carrying out a multiple  
3 employer welfare arrangement, as defined in ORS 750.301, are also subject to this section.]  
4 (5) Subsection (2)(b) of this section does not apply to a high deductible health plan de-  
5 scribed in 26 U.S.C. 223.  
6 **SECTION 2.** The amendments to ORS 743A.124 by section 1 of this 2015 Act apply to:  
7 (1) A plan issued on or after January 1, 2017;  
8 (2) A plan renewed on or after January 1, 2017, beginning on the date of renewal; and  
9 (3) A plan that, according to its terms, would renew on or after January 1, 2017, but is  
10 renewed prior to January 1, 2017, beginning on January 1, 2017.  
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