WEST VIRGINIA LEGISLATURE
REGULAR SESSION, 2000

ENROLLED
Committee Substitute for
SENATE BILL NO. 516

(By Senator Tomblin, Mr. President, et al)

PASSED March 11, 2000
In Effect ninety days from Passage
AN ACT to amend article sixteen, chapter five of the code of West Virginia, one thousand nine hundred thirty-one, as amended, by adding thereto a new section, designated section seven-a; to amend article fifteen, chapter thirty-three of said code by adding thereto a new section, designated section four-f; to amend article sixteen of said chapter by adding thereto a new section, designated section three-o; to amend article twenty-four of said chapter by adding thereto a new section, designated section seven-f; to amend article twenty-five of said chapter by adding thereto a new section,
designated section eight-e; and to amend article twenty-five-a of said chapter by adding thereto a new section, designated section eight-e, all relating to requiring insurance companies that provide health care coverage to provide for colorectal cancer examinations and laboratory tests for colorectal cancer.

Be it enacted by the Legislature of West Virginia:

That article sixteen, chapter five of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended by adding thereto a new section, designated section seven-a; that article fifteen, chapter thirty-three of said code be amended by adding thereto a new section, designated section four-f; that article sixteen of said chapter be amended by adding thereto a new section, designated section three-o; that article twenty-four of said chapter be amended by adding thereto a new section, designated section seven-f; that article twenty-five of said chapter be amended by adding thereto a new section, designated section eight-e; and that article twenty-five-a of said chapter be amended by adding thereto a new section, designated section eight-e, all to read as follows:

CHAPTER 5. GENERAL POWERS AND AUTHORITY OF THE GOVERNOR, SECRETARY OF STATE AND ATTORNEY GENERAL; BOARD OF PUBLIC WORKS; MISCELLANEOUS AGENCIES, COMMISSIONS, OFFICES, PROGRAMS, ETC.

ARTICLE 16. WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE ACT.

§5-16-7a. Additional mandated benefits; third party reimbursement for colorectal cancer examination and laboratory testing.

1 (a) Notwithstanding any provision of any policy, provision, contract, plan or agreement applicable to this article, reimbursement or indemnification for colorectal cancer examinations and laboratory testing may not be denied for
any nonsymptomatic person fifty years of age or older, or
a symptomatic person under fifty years of age, when
reimbursement or indemnity for laboratory or X-ray
services are covered under the policy and are performed
for colorectal cancer screening or diagnostic purposes at
the direction of a person licensed to practice medicine and
surgery by the board of medicine. The tests are as follows:
an annual fecal occult blood test, a flexible sigmoidoscopy
repeated every five years, a colonoscopy repeated every ten
years, and a double contrast barium enema repeated every
five years.

(b) A symptomatic person is defined as: (1) An individual
who experiences a change in bowel habits, rectal bleeding
or stomach cramps that are persistent, or (2) an individual
who poses a higher than average risk for colorectal cancer
because he or she has had colorectal cancer or polyps,
inflammatory bowel disease, or an immediate family
history of such conditions.

(c) The same deductibles, coinsurance, network restric-
tions and other limitations for covered services found in
the policy, provision, contract, plan or agreement of the
covered person may apply to colorectal cancer examina-
tions and laboratory testing.

CHAPTER 33. INSURANCE.

ARTICLE 15. ACCIDENT AND SICKNESS INSURANCE.

§33-15-4f. Third party reimbursement for colorectal cancer
examination and laboratory testing.

(a) Notwithstanding any provision of any policy, provi-
sion, contract, plan or agreement applicable to this article,
reimbursement or indemnification for colorectal cancer
examinations and laboratory testing may not be denied for
any nonsymptomatic person fifty years of age or older, or
a symptomatic person under fifty years of age, when
reimbursement or indemnity for laboratory or X-ray services are covered under the policy and are performed for colorectal cancer screening or diagnostic purposes at the direction of a person licensed to practice medicine and surgery by the board of medicine. The tests are as follows: an annual fecal occult blood test, a flexible sigmoidoscopy repeated every five years, a colonoscopy repeated every ten years and a double contrast barium enema repeated every five years.

(b) A symptomatic person is defined as: (i) An individual who experiences a change in bowel habits, rectal bleeding or stomach cramps that are persistent, or (ii) an individual who poses a higher than average risk for colorectal cancer because he or she has had colorectal cancer or polyps, inflammatory bowel disease, or an immediate family history of such conditions.

(c) The same deductibles, coinsurance, network restrictions and other limitations for covered services found in the policy, provision, contract, plan or agreement of the covered person may apply to colorectal cancer examinations and laboratory testing.

ARTICLE 16. GROUP ACCIDENT AND SICKNESS INSURANCE.

§33-16-3o. Third party reimbursement for colorectal cancer examination and laboratory testing.

(a) Notwithstanding any provision of any policy, provision, contract, plan or agreement applicable to this article, reimbursement or indemnification for colorectal cancer examinations and laboratory testing may not be denied for any nonsymptomatic person fifty years of age or older, or a symptomatic person under fifty years of age, when reimbursement or indemnity for laboratory or X-ray services are covered under the policy and are performed for colorectal cancer screening or diagnostic purposes at the direction of a person licensed to practice medicine and
surgery by the board of medicine. The tests are as follows:
an annual fecal occult blood test, a flexible sigmoidoscopy
repeated every five years, a colonoscopy repeated every ten
years and a double contrast barium enema repeated every
two years.

(b) A symptomatic person is defined as: (i) An individual
who experiences a change in bowel habits, rectal bleeding
or stomach cramps that are persistent, or (ii) an individual
who poses a higher than average risk for colorectal cancer
because he or she has had colorectal cancer or polyps,
inflammatory bowel disease, or an immediate family
history of such conditions.

(c) The same deductibles, coinsurance, network restric-
tions and other limitations for covered services found in
the policy, provision, contract, plan or agreement of the
covered person may apply to colorectal cancer examina-
tions and laboratory testing.

ARTICLE 24. HOSPITAL SERVICE CORPORATIONS, MEDICAL SERVICE
CORPORATIONS, DENTAL SERVICE CORPORATIONS
AND HEALTH SERVICE CORPORATIONS.

§33-24-7f. Third party reimbursement for colorectal cancer
examination and laboratory testing.

(a) Notwithstanding any provision of any policy, provi-
sion, contract, plan or agreement applicable to this article,
reimbursement or indemnification for colorectal cancer
examinations and laboratory testing may not be denied for
any nonsymptomatic person fifty years of age or older, or
a symptomatic person under fifty years of age, when
reimbursement or indemnity for laboratory or X-ray
services are covered under the policy and are performed
for colorectal cancer screening or diagnostic purposes at
the direction of a person licensed to practice medicine and
surgery by the board of medicine. The tests are as follows:
an annual fecal occult blood test, a flexible sigmoidoscopy
(b) A symptomatic person is defined as: (i) An individual who experiences a change in bowel habits, rectal bleeding or stomach cramps that are persistent, or (ii) an individual who poses a higher than average risk for colorectal cancer because he or she has had colorectal cancer or polyps, inflammatory bowel disease, or an immediate family history of such conditions.

(c) The same deductibles, coinsurance, network restrictions and other limitations for covered services found in the policy, provision, contract, plan or agreement of the covered person may apply to colorectal cancer examinations and laboratory testing.

ARTICLE 25. HEALTH CARE CORPORATIONS.

§33-25-8e. Third party reimbursement for colorectal cancer examination and laboratory testing.

(a) Notwithstanding any provision of any policy, provision, contract, plan or agreement applicable to this article, reimbursement or indemnification for colorectal cancer examinations and laboratory testing may not be denied for any nonsymptomatic person fifty years of age or older, or a symptomatic person under fifty years of age, when services are covered under the policy and are performed for colorectal cancer screening or diagnostic purposes at the direction of a person licensed to practice medicine and surgery by the board of medicine. The tests are as follows: an annual fecal occult blood test, a flexible sigmoidoscopy repeated every five years, a colonoscopy repeated every ten years and a double contrast barium enema repeated every five years.
(b) A symptomatic person is defined as: (i) An individual who experiences a change in bowel habits, rectal bleeding or stomach cramps that are persistent, or (ii) an individual who poses a higher than average risk for colorectal cancer because he or she has had colorectal cancer or polyps, inflammatory bowel disease, or an immediate family history of such conditions.

(c) The same deductibles, coinsurance, network restrictions and other limitations for covered services found in the policy, provision, contract, plan or agreement of the covered person may apply to colorectal cancer examinations and laboratory testing.

ARTICLE 25A. HEALTH MAINTENANCE ORGANIZATION ACT.

§33-25A-8e. Third party reimbursement for colorectal cancer examination and laboratory testing.

(a) Notwithstanding any provision of any policy, provision, contract, plan or agreement applicable to this article, reimbursement or indemnification for colorectal cancer examinations and laboratory testing may not be denied for any nonsymptomatic person fifty years of age or older, or a symptomatic person under fifty years of age, when reimbursement or indemnity for laboratory or X-ray services are covered under the policy and are performed for colorectal cancer screening or diagnostic purposes at the direction of a person licensed to practice medicine and surgery by the board of medicine. The tests are as follows: an annual fecal occult blood test, a flexible sigmoidoscopy repeated every five years, a colonoscopy repeated every ten years and a double contrast barium enema repeated every five years.

(b) A symptomatic person is defined as: (i) An individual who experiences a change in bowel habits, rectal bleeding or stomach cramps that are persistent, or (ii) an individual who poses a higher than average risk for colorectal cancer
because he or she has had colorectal cancer or polyps, inflammatory bowel disease, or an immediate family history of such conditions.

(c) The same deductibles, coinsurance, network restrictions and other limitations for covered services found in the policy, provision, contract, plan or agreement of the covered person may apply to colorectal cancer examinations and laboratory testing.
The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman Senate Committee

Chairman House Committee

Originated in the Senate.

In effect ninety days from passage.

Clerk of the Senate

Clerk of the House of Delegates

President of the Senate

Speaker House of Delegates

The within...this the... of 2000.

Governor