CHAPTER 29

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(SB 30)

AN ACT relating to cancer prevention through insurance coverage for screening and appropriate genetic testing.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

- → SECTION 1. A NEW SECTION OF SUBTITLE 17A OF KRS CHAPTER 304 IS CREATED TO READ AS FOLLOWS:
- (1) As used in this section, "genetic test for cancer risk" means a blood, saliva, or tissue typing test that reliably determines the presence or absence of an inherited genetic characteristic that is generally accepted in the medical or scientific community as being associated with a statistically significant increased risk of cancer development.
- (2) (a) All health benefit plans issued or renewed on or after the effective date of this Act shall cover any genetic test for cancer risk that is recommended by any of the following, if the recommendation is consistent with the most recent version of genetic testing guidelines published by the National Comprehensive Cancer Network (NCCN):
 - 1. A physician, physician assistant, or genetic counselor licensed under KRS Chapter 311; or
 - 2. An advanced practice registered nurse licensed under KRS Chapter 314.
 - (b) The commissioner may extend the coverage required by paragraph (a) of this subsection to include recommendations that are consistent with the most recent version of genetic testing guidelines or criteria published by additional national medical societies, if the guidelines or criteria are determined by the commissioner to be relevant and reliable.
- (3) Coverage required by this section shall:
 - (a) Not be subject to a deductible, coinsurance, or any other cost-sharing requirements; and
 - (b) Include coverage at the health benefit plan's average in-network rate for out-of-network providers or laboratories if there are no in-network providers or laboratories available to provide the covered test.
- (4) This section shall not be construed to limit coverage required by Section 2 of this Act or any other law.
 - → Section 2. KRS 304.17A-257 is amended to read as follows:
- (1) A health benefit plan issued or renewed on or after January 1, 2016, shall provide coverage for all colorectal cancer examinations and laboratory tests specified in *the most recent version of the*[eurrent] American Cancer Society guidelines for complete colorectal cancer screening of asymptomatic individuals as follows:
 - (a) Coverage or benefits shall be provided for all colorectal *cancer*[screening] examinations and *laboratory* tests that are administered at a frequency identified in the most recent version of the American Cancer Society guidelines for complete colorectal cancer screening; and
 - (b) The covered individual shall be:
 - 1. Forty-five (45)[Fifty (50)] years of age or older; or
 - 2. Less than *forty-five* (45)[fifty (50)] years of age and at high risk for colorectal cancer according to *the most recent version of the*[current colorectal cancer screening guidelines of the] American Cancer Society *guidelines for complete colorectal cancer screening*.
- (2) Coverage *required by*[under] this section shall not be subject to a deductible, [or] coinsurance, *or any other cost-sharing requirements* for services received from participating providers under the health benefit plan.
- (3) This section shall not be construed to limit coverage required by Section 1 of this Act or any other law.
 - → Section 3. This Act takes effect on January 1, 2020.

Signed by Governor March 19, 2019.