

304.17A-257 Coverage under health benefit plan for colorectal cancer examinations and laboratory tests.

- (1) A health benefit plan shall provide coverage for all colorectal cancer examinations and laboratory tests specified in the most recent version of the American Cancer Society guidelines for individuals referenced in paragraph (b)1. of this subsection and the most recent version of the United States Multi-Society Task Force on Colorectal Cancer guidelines for individuals referenced in paragraph (b)2. of this subsection for complete colorectal cancer screening of asymptomatic individuals as follows:
 - (a) Coverage or benefits shall:
 1. Include coverage for all United States Food and Drug Administration-approved bowel preparation prescribed in connection with a colorectal cancer examination or laboratory test; and
 2. Be provided for all colorectal cancer examinations and laboratory tests administered at a frequency identified in the relevant guidelines; and
 - (b) The covered individual shall be:
 1. Forty-five (45) years of age or older; or
 2. Less than forty-five (45) years of age and at high risk for colorectal cancer.
- (2)
 - (a) Except as provided in paragraph (b) of this subsection, the coverage required by this section shall not be subject to:
 1. Prior authorization; or
 2. A deductible, coinsurance, or any other cost-sharing requirements for services received from participating providers under the health benefit plan.
 - (b) If the application of any requirement of paragraph (a)2. of this subsection would be the sole cause of a health benefit plan's failure to qualify as a Health Savings Account-qualified High Deductible Health Plan under 26 U.S.C. sec. 223, as amended, then the requirement shall not apply to that health benefit plan until the minimum deductible under 26 U.S.C. sec. 223, as amended, is satisfied.
- (3) This section shall not be construed to limit coverage required by KRS 304.17A-259 or any other law.

Effective: January 1, 2026

History: Amended 2025 Ky. Acts ch. 158, sec. 1, effective January 1, 2026. -- Amended 2019 Ky. Acts ch. 29, sec. 2, effective January 1, 2020. -- Amended 2015 Ky. Acts ch. 10, sec. 1, effective January 1, 2016; and ch. 56, sec. 1, effective January 1, 2016. -- Created 2008 Ky. Acts ch. 107, sec. 1, effective July 15, 2008.

Legislative Research Commission Note (1/1/2026). 2025 Ky. Acts ch. 158, sec. 2, provides that the amendments to this statute in that Act shall apply to health benefit plans issued or renewed on or after January 1, 2026.

Legislative Research Commission Note (1/1/2026). 2025 Ky. Acts ch. 158, sec. 3, provides that:

"(1) For purposes of 45 C.F.R. sec. 155.170, the benefits required under KRS

304.17A-257 prior to January 1, 2026, shall be considered by the state as "[a] benefit required by state action taking place on or before December 31, 2011" and thus the state shall not consider or identify the benefits required under KRS 304.17A-257 prior to [January 1, 2026] as being in addition to the essential health benefits required under federal law.

(2) The commissioner of insurance and any other state official or state agency shall:

- (a) Comply with the requirements of this section; and
- (b) Not take any action that is in violation of or in conflict with this section."