

1 AN ACT relating to coverage for colorectal cancer examinations and laboratory
2 tests and declaring an emergency.

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

4 ➔Section 1. KRS 304.17A-257 is amended to read as follows:

5 (1) A health benefit plan shall provide coverage for all colorectal cancer examinations
6 and laboratory tests specified in the most recent version of *a Centers for Medicare*
7 *and Medicaid Services national coverage determination or nationally recognized*
8 *clinical practice guidelines, including guidelines published by* the American
9 Cancer Society *and the National Comprehensive Cancer Network and*
10 *recommendations of the United States Preventive Services Task Force,*
11 ~~guidelines~~ for individuals referenced in paragraph (b)1. of this subsection and the
12 most recent version of the United States Multi-Society Task Force on Colorectal
13 Cancer guidelines for individuals referenced in paragraph (b)2. of this subsection
14 for complete colorectal cancer screening of asymptomatic individuals as follows:

15 (a) Coverage or benefits shall:

- 16 1. Include coverage for all United States Food and Drug Administration-
17 approved bowel preparation prescribed in connection with a colorectal
18 cancer examination or laboratory test; and
- 19 2. Be provided for all colorectal cancer examinations and laboratory tests
20 administered at a frequency identified in the relevant guidelines; and

21 (b) The covered individual shall be:

- 22 1. Forty-five (45) years of age or older; or
- 23 2. Less than forty-five (45) years of age and at high risk for colorectal
24 cancer.

25 (2) (a) Except as provided in paragraph (b) of this subsection, the coverage required
26 by this section shall not be subject to:

- 27 1. Prior authorization; or

1 2. A deductible, coinsurance, or any other cost-sharing requirements for
2 services received from participating providers under the health benefit
3 plan.

4 (b) If the application of any requirement of paragraph (a)2. of this subsection
5 would be the sole cause of a health benefit plan's failure to qualify as a Health
6 Savings Account-qualified High Deductible Health Plan under 26 U.S.C. sec.
7 223, as amended, then the requirement shall not apply to that health benefit
8 plan until the minimum deductible under 26 U.S.C. sec. 223, as amended, is
9 satisfied.

10 (3) This section shall not be construed to limit coverage required by KRS 304.17A-259
11 or any other law.

12 ➔Section 2. Section 1 of this Act applies to health benefit plans issued or
13 renewed on or after the effective date of this Act.

14 ➔Section 3. If the Cabinet for Health and Family Services or the Department for
15 Medicaid Services determines that a state plan amendment, waiver, or any other form of
16 authorization or approval from any federal agency to implement Section 1 of this Act's
17 application to KRS 205.522 is necessary to prevent the loss of federal funds or to comply
18 with federal law, the cabinet or department:

19 (1) Shall, within 90 days after the effective date of this Act, request the necessary
20 federal authorization or approval to implement Section 1 of this Act's application to KRS
21 205.522; and

22 (2) May only delay implementation of Section 1 of this Act's application to KRS
23 205.522 for which federal authorization or approval was deemed necessary until the
24 federal authorization or approval is granted.

25 ➔Section 4. Sections 1 and 3 of this Act shall constitute the specific authorization
26 required under KRS 205.5372(1).

27 ➔Section 5. Whereas adequate coverage for colorectal cancer examinations and

1 laboratory tests is critical for the health of the citizens of the Commonwealth, an
2 emergency is declared to exist, and this Act takes effect upon its passage and approval by
3 the Governor or upon its otherwise becoming a law.