## SENATE BILL No. 218

By Committee on Financial Institutions and Insurance

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AN ACT concerning insurance; providing coverage for colorectal cancer screening; amending K.S.A. 2006 Supp. 40-2,103 and 40-19c09 and repealing the existing sections.

Be it enacted by the Legislature of the State of Kansas:

New Section 1. (a) Any individual or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society or health maintenance organization which provides coverage for accident and health services and which is delivered, issued for delivery, amended or renewed on or after January 1, 2008, also, shall provide coverage for all colorectal cancer examinations and laboratory tests specified in current American cancer society guidelines for colorectal cancer screening of asymptomatic individuals. Coverage or benefits shall be provided for all such colorectal screening examinations and tests that are administered at a frequency identified in the current American cancer society guidelines for colorectal cancer. The coverage required under this section must meet the requirements set forth in paragraph (b). Benefits shall be provided under this section for a covered individual who is:

- (1) At least 50 years of age; or
- (2) less than 50 years of age and at high risk for colorectal cancer according to current colorectal cancer screening guidelines of the American cancer society.
- (b) To encourage colorectal cancer screening, patients and health care providers shall not be required to meet burdensome criteria or overcome significant obstacles to secure such coverage. No individual shall be required to pay an additional deductible or coinsurance for testing that is greater than an annual deductible or coinsurance established for similar benefits. If the program or contract does not cover a similar benefit, a deductible or coinsurance may not be set at a level that materially diminishes the value of the colorectal cancer benefit required. Reimbursement to health care providers for colorectal cancer screening provided under this section shall be equal to or greater than reimbursement to health care providers provided under title XVII of the social security act.
  - (c) The coverage required by this section shall be subject to the same

annual deductibles, copayments or coinsurance limits as established for all other covered benefits under the individual or group policy of accident and sickness insurance referred to in subsection (a).

(d) The provisions of this section shall apply to the state health care benefits program and municipal self-funded pools.

New Sec. 2. The provisions of section 1, and amendments thereto, shall not apply to any policy or certificate which provides coverage for any specified disease, specified accident or accident only coverage, credit, dental, disability income, hospital indemnity, long-term care insurance as defined by K.S.A. 40-2227, and amendments thereto, vision care or any other limited supplemental benefit nor to any medicare supplement policy of insurance as defined by the commissioner of insurance by rule and regulation, any coverage issued as a supplement to liability insurance, workers' compensation or similar insurance, automobile medical-payment insurance or any insurance under which benefits are payable with or without regard to fault, whether written on a group, blanket or individual basis.

Sec. 3. K.S.A. 2006 Supp. 40-2,103 is hereby amended to read as follows: 40-2,103. The requirements of K.S.A. 40-2,100, 40-2,101, 40-2,102, 40-2,104, 40-2,105, 40-2,114, 40-2,160, 40-2,165 through 40-2,170, inclusive, 40-2250, K.S.A. 2006 Supp. 40-2,105a and 40-2,105b, 40-2,105b and section 1, and amendments thereto, shall apply to all insurance policies, subscriber contracts or certificates of insurance delivered, renewed or issued for delivery within or outside of this state or used within this state by or for an individual who resides or is employed in this state.

Sec. 4. K.S.A. 2006 Supp. 40-19c09 is hereby amended to read as follows: 40-19c09. (a) Corporations organized under the nonprofit medical and hospital service corporation act shall be subject to the provisions of the Kansas general corporation code, articles 60 to 74, inclusive, of chapter 17 of the Kansas Statutes Annotated, applicable to nonprofit corporations, to the provisions of K.S.A. 40-214, 40-215, 40-216, 40-218, 40-219, 40-222, 40-223, 40-224, 40-225, 40-226, 40-229, 40-230, 40-231, 40-235, 40-236, 40-237, 40-247, 40-248, 40-249, 40-250, 40-251, 40-252, 40-254, 40-2,100, 40-2,101, 40-2,102, 40-2,103, 40-2,104, 40-2,105, 40-2,116, 40-2,117, 40-2,153, 40-2,154, 40-2,160, 40-2,161, 40-2,163 through 40-2,170, inclusive, 40-2a01 et seq., 40-2111 to 40-2116, inclusive, 40-2215 to 40-2220, inclusive, 40-2221a, 40-2221b, 40-2229, 40-2230, 40-2250, 40-2251, 40-2253, 40-2254, 40-2401 to 40-2421, inclusive, and 40-3301 to 40-3313, inclusive, K.S.A. 2006 Supp. 40-2,105a and 40-2,105b, 40-2,105b and section 1, and amendments thereto, except as the context otherwise requires, and shall not be subject to any other provisions of the insurance code except as expressly provided in this act.

(b) No policy, agreement, contract or certificate issued by a corpo-

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- 1 ration to which this section applies shall contain a provision which ex-2 cludes, limits or otherwise restricts coverage because medicaid benefits 3 as permitted by title XIX of the social security act of 1965 are or may be 4 available for the same accident or illness.
- 5 (c) Violation of subsection (b) shall be subject to the penalties pre-6 scribed by K.S.A. 40-2407 and 40-2411, and amendments thereto.
- 7 Sec. 5. K.S.A. 2006 Supp. 40-2,103 and 40-19c09 are hereby 8 repealed.
- 9 Sec. 6. This act shall take effect and be in force from and after its publication in the statute book.