

OFFICE OF LEGISLATIVE RESEARCH
PUBLIC ACT SUMMARY



PA 11-83—sSB 923

*Insurance and Real Estate Committee
Appropriations Committee*

**AN ACT CONCERNING THE AMERICAN COLLEGE OF RADIOLOGY
AND COLORECTAL CANCER SCREENING RECOMMENDATIONS
AND HEALTH INSURANCE COVERAGE FOR COLONOSCOPIES**

SUMMARY: By law, certain health insurance policies must cover colorectal cancer screening, including (1) an annual fecal occult blood test and (2) colonoscopy, flexible sigmoidoscopy, or radiologic imaging, in accordance with American College of Gastroenterology (ACOG) recommendations regarding age, family history, and test frequency. This act requires ACOG to consult with the American College of Radiology, not just the American Cancer Society, when making screening recommendations.

The act also prohibits these insurance policies from imposing a coinsurance, copayment, deductible, or other out-of-pocket expense for any additional colonoscopy a physician orders for an insured person in a policy year. Other than this prohibition, benefits are subject to the same terms and conditions that apply to policy benefits. The act's prohibition does not apply to a high-deductible health plan designed to be compatible with federally qualified health savings accounts.

The individual and group health insurance policies covered by the act are those delivered, issued, amended, renewed, or continued in Connecticut that cover (1) basic hospital expenses; (2) basic medical-surgical expenses; (3) major medical expenses; and (4) hospital or medical services, including coverage under an HMO plan. Due to the federal Employee Retirement Income Security Act (ERISA), state insurance benefit mandates do not apply to self-insured plans.

EFFECTIVE DATE: January 1, 2012

OLR Tracking: ND:JKL:CR:df