

## **Examples of State Legislation**

This section contains examples of state legislation to encourage cancer prevention and early detection, improve treatment, and establish state programs to reduce the burden of cancer. These items are meant to assist other states by serving as *examples* of steps that states have taken, and should not be construed as ASTHO-recommended legislative language or policies. The selection of legislation included in this section was based on several criteria. These legislative language examples:

- were enacted into law;
- are self-contained within state statutes and therefore could be adapted easily by another state; and
- represent actions taken by a geographically-diverse collection of states.

### **Colorectal Cancer Screening Coverage Requirement**

#### **Sample Legislation: Colorectal cancer testing; coverage required**

(a) As used in this Code section, the term:

(1) "Health benefit policy" means any individual or group plan, policy, or contract for health care services issued, delivered, issued for delivery, executed, or renewed by an insurer in this state.

(2) "Insurer" means any person, corporation, or other entity authorized to provide health benefit policies under this title.

(b) Every health benefit policy shall provide coverage for colorectal cancer screening, examinations, and laboratory tests in accordance with the most recently published guidelines and recommendations established by the American Cancer Society, in consultation with the American College of Gastroenterology and the American College of Radiology, for the ages, family histories, and frequencies referenced in such guidelines and recommendations and deemed appropriate by the attending physician after conferring with the patient.

(c) The benefits provided in this Code section shall be subject to the same annual deductibles or coinsurance established for all other covered benefits within a given health benefit policy.

**Source:** GA. CODE ANN. § 33-24-56.3 (HB 1100, Act 908)

## Mammogram Coverage Requirement and Cost-sharing Limitations

### **Sample Legislation: Mammograms; coverage requirement and cost-sharing limits**

- (a) Insurers shall provide coverage for screening by low-dose mammography for the presence of occult breast cancer, as provided by this subchapter. Benefits provided shall cover the full cost of the mammography service, subject to a co-payment no greater than the co-payment applicable to care or services provided by a primary care physician under the insured's policy, provided that no co-payment shall exceed \$25.00. Mammography services shall not be subject to deductible or coinsurance requirements.
- (b) For females 40 years or older, coverage shall be provided for an annual screening. For females less than 40 years of age, coverage for screening shall be provided upon recommendation of a health care provider.
- (c) This section shall apply only to screening procedures conducted by test facilities accredited by the American College of Radiologists.
- (d) For purposes of this subchapter:
- (1) "Insurer" means any insurance company which provides health insurance as defined in section (insert section) of this title, nonprofit hospital and medical service corporations, and health maintenance organizations. The term does not apply to coverage for specified disease or other limited benefit coverage.
- (2) "Low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, screens, films and cassettes. The average radiation dose to the breast shall be the lowest dose generally recognized by competent medical authority to be practicable for yielding acceptable radiographic images.
- (3) "Screening" includes the low-dose mammography test procedure and a qualified physician's interpretation of the results of the procedure.

**Source:** VT. STAT. ANN. tit. 8 § 4100a. (VT SB 340, Act 160)

## Post-mammography Services

### **Sample Legislation: Mastectomy-related services**

- (1) If an insured has coverage that provides medical and surgical benefits with respect to a mastectomy, it shall provide coverage, with consultation of the attending physician and the patient, for:
- (a) reconstruction of the breast on which the mastectomy has been performed;
- (b) surgery and reconstruction of the breast on which the mastectomy was not performed to produce symmetrical appearance; and
- (c) prostheses and physical complications with regards to all stages of mastectomy, including lymphedemas.
- (2) (a) This section does not prevent an accident and health insurer from imposing cost-sharing

measures for health benefits relating to this coverage, if cost-sharing measures are not greater than those imposed on any other medical condition.

**Source:** UTAH CODE ANN. § 31A-22-630. (SB 190, c. 114)