1	HOUSE BILL NO. 238
2	AMENDMENT IN THE NATURE OF A SUBSTITUTE
3	(Proposed by the House Committee on Labor and Commerce
4	on)
5	(Patron Prior to SubstituteDelegate McQuinn)
6	A BILL to amend and reenact § 38.2-3418.7:1 of the Code of Virginia, relating to health insurance;
7	coverage for colorectal cancer screening.
8	Be it enacted by the General Assembly of Virginia:
9	1. That § 38.2-3418.7:1 of the Code of Virginia is amended and reenacted as follows:
10	§ 38.2-3418.7:1. Coverage for colorectal cancer screening.
11	A. Notwithstanding the provisions of § 38.2-3419, each insurer proposing to issue individual or
12	group accident and sickness insurance policies providing hospital, medical and surgical, or major medical
13	coverage on an expense-incurred basis; each corporation providing individual or group accident and
14	sickness subscription contracts; and each health maintenance organization providing a health care plan for
15	health care services shall provide coverage for colorectal cancer screening under any such policy, contract,
16	or plan delivered, issued for delivery, or renewed in this Commonwealth, on and after July 1, 2000.
17	B. Coverage for colorectal cancer screening, specifically screening with an annual fecal occult
18	blood test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiologic imaging,
19	examinations, and laboratory tests shall be provided in accordance with the most recently published
20	recommendations established by the American College of Gastroenterology, in consultation with the
21	American Cancer Society, for the ages, family histories, and frequencies referenced in such
22	recommendations U.S. Preventive Services Task Force for colorectal cancer screening for which a rating
23	of A or B is in effect with respect to the individual involved. A follow-up colonoscopy after a positive
24	noninvasive stool-based screening test or direct visualization screening test shall be covered.
25	C. The coverage provided under this section shall not be-more restrictive than or separate from
26	coverage provided for any other illness, condition or disorder for purposes of determining deductibles,

benefit year or lifetime durational limits, benefit year or lifetime dollar limits, lifetime episodes or
 treatment limits, copayment and coinsurance factors, and benefit year maximum for deductibles and
 copayments and coinsurance factors subject to any deductible, coinsurance, or any other cost-sharing
 requirements for services received from participating providers under the policy, contract, or plan.

D. The provisions of this section shall not apply to (i) short-term travel, accident only, limited or specified disease policies, other than cancer policies, (ii) short-term nonrenewable policies of not more than six months duration, or (iii) policies or contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans.

2. That the provisions of this act shall apply to individual or group accident and sickness insurance
policies, individual or group accident and sickness subscription contracts, or health care plans
delivered, issued for delivery, or renewed in the Commonwealth on and after January 1, 2025.

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