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Bill Analysis

Legislative Service Commission

S.B. 50

124th General Assembly
(As Introduced)

Sens. Jacobson, DiDonato, Fingerhut, Harris, Mallory, Coughlin, Ryan

BILL SUMMARY

- Requires certain health care policies, contracts, agreements, plans, and the state's Medicaid program to provide benefits for prostate and colorectal examinations and laboratory tests for cancer.

CONTENT AND OPERATION

Benefits for prostate and colorectal examinations

The bill requires certain health care policies, contracts, agreements, plans, and the state's Medicaid plan to provide health care benefits for prostate and colorectal examinations and laboratory tests for cancer. These benefits must be provided to any person who is either of the following:

- (1) Fifty years of age or older;
- (2) Less than fifty years of age and at high risk for prostate cancer or colorectal cancer, according to the American Cancer Society's most recent cancer screening guidelines.

The benefits provided under the bill are for examinations and laboratory tests performed in accordance with the most recently published cancer screening guidelines of the American Cancer Society. The benefits are subject to the same terms and conditions, including copayments and deductible amounts, that apply to similar benefits provided under the health policies, contracts, or agreements.

Plans required to provide benefits under the bill

The benefits required by the bill must be provided by (1) individual and group health insuring corporation policies, contracts, and agreements, (2) policies of individual and group sickness and accident insurance, (3) public employee benefit plans, and (4) the state Medicaid plan.

Exemptions

The bill does not apply to sickness and accident insurance policies that cover only specific diseases or accidents or to any hospital indemnity, Medicare supplement, or other policy that offers only supplemental benefits.

Exemption from H.B. 478 requirements

The benefits provided for in this bill may be considered a coverage mandate (see **COMMENT**). Am. Sub. H.B. 478 of the 119th General Assembly provides that no mandated health benefits legislation enacted on or after January 14, 1993, can apply to any health benefits arrangement until the Superintendent of Insurance holds a public hearing and determines that the provision can be applied fully and equally in all respects to (1) employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA) and (2) employee benefit plans established or modified by the state or its political subdivisions.¹ (Section 3901.71, not in the bill.) The bill includes provisions exempting its requirements from this restriction.

COMMENT

Actuarial review

This bill may contain a "mandated benefit." Pursuant to Am. Sub. H.B. 405 of this General Assembly, the chairperson of a standing committee of either house of the General Assembly may, at any time, request that the Director of the Legislative Service Commission review a bill assigned to the chairperson's committee to determine whether the bill includes a mandated benefit. The director must review the bill and notify the chairperson of the director's determination. If the director determines that the bill includes a mandated benefit, the presiding officer of the house that is considering the bill may request that the director arrange for performance of an independent healthcare actuarial review of the mandated benefit. No later than 60 days after receiving the presiding officer's request, the director must submit the findings of the actuarial review to the chairperson of the committee to which the bill is assigned and to the committee's ranking minority member. (Sections 103.144 to 103.147, not in the bill.)

¹ *ERISA is a comprehensive federal statute governing the administration of employee benefit plans. ERISA generally precludes state regulation of benefits offered by private employers that self-insure their benefit programs. Larger employers frequently choose to establish their own health insurance plans for their employees in lieu of purchasing coverage from an insurer or health insuring corporation.*

HISTORY

ACTION	DATE	JOURNAL ENTRY
Introduced	02-20-01	pp. 144-145

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