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BULLETIN

To: Life and Health Insurers
Nonprofit Health Service Plans
Health Maintenance Organizations

Re: New Colorectal Cancer Screening Mandate

Date: November 19, 2001

Bulletin No.: Life and Health 01-17

The purpose of this bulletin is to remind carriers that a new mandated benefit for colorectal cancer screening went into effect on July 1, 2001. Section 15-837 was added to the Insurance Article of the Annotated Code of Maryland and applies to the following carriers:

"(1) Insurers and nonprofit health service plans that provide hospital, medical, or surgical benefits to individuals or groups on an expense-incurred basis under health insurance policies or contracts that are issued or delivered in the State; and

(2) Health maintenance organizations that provide hospital, medical, or surgical benefits to individuals or groups under contracts that are issued or delivered in the State."

The new law requires that carriers provide coverage for colorectal cancer screening in accordance with the latest screening guidelines issued by the American Cancer Society ("ACS"). The current ACS guidelines indicate that beginning at age 50, both men and women should follow one of the five following screening options:

1. Yearly fecal occult blood test (FOBT);
2. Flexible sigmoidoscopy every 5 years;

3. Yearly fecal occult blood test plus flexible sigmoidoscopy every 5 years;
4. Double contrast barium enema every 5 years; or
5. Colonoscopy every 10 years.

If a carrier's policy or contract has deductibles, copayment requirements, or coinsurance requirements for other coverages, the carrier may subject the new colorectal screening benefit to these same requirements.

If you have any questions on this bulletin, please call the Life and Health Section of the Maryland Insurance Administration at (410) 468-2170 and mention this bulletin by number and date.

Wendy J. Taparanskas, Ph.D.
Associate Commissioner
Life and Health