

States that Mandate Colorectal Screening Coverage & Health Department Recommendation, if no State Law

Updated January 2019

State	State Link	Policies Covered	Consumers Covered	Services Covered	Guidelines
Alabama (AL S 403)	<u>CRC Screening Law:</u> <u>State of Alabama</u>	All health benefit plans on or after August 1, 2004.	Colorectal cancer examinations for covered persons who are 50 years of age or older, or for persons who are less than 50 years of age and at high risk for colorectal cancer.	American Cancer Society colorectal screening guidelines.	ACS
Alaska (21.42.395)	<u>CRC Screening Law:</u> <u>State of Alaska</u>	All health insurance plans EXCEPT for a fraternal benefit society.	Persons at least 50 years of age, or less than 50 years of age and at high risk for colorectal cancer. Choice of option determined by the covered individual in consultation with the health care provider.	<ol style="list-style-type: none"> 1. FOBT annually 2. Flexible sigmoidoscopy every 5 years 3. Colonoscopy every 10 years 4. Double contrast Barium Enema. 5. Any additional medically recognized screening tests for colorectal cancer as required by the commissioner of health and social services. 	ACS
Arizona Health Department Recommendation	<u>Arizona CRC</u> <u>Health Department</u> <u>Recommendation</u>	No state mandate found but they do state the following in their site: The CDC, the American Cancer Society, National Colorectal Cancer Roundtable, and Health Resources Services Administration have kicked off the "80% by 2018" initiative to prioritize colorectal cancer screenings nationwide.		AZ State Health Department initiative encouraging residents to get screening FOBT and colonoscopy.	ACS
Arkansas (HB 271, Act 2236)	<u>CRC Screening Law:</u> <u>State of Arkansas</u>	All healthcare policies including indemnity and managed care plans. Includes policies issued by fraternal benefit societies, Arkansas Medicaid, State employees and public school teachers health insurance programs. Impacts all plans on or after August 1, 2005.	Colorectal cancer examinations for covered persons who are 50 years of age or older, or for persons who are less than 50 years of age and at high risk for colorectal cancer.	<ol style="list-style-type: none"> 1. FOBT annually 2. Flexible sigmoidoscopy every 5 years 3. Colonoscopy every 10 years 4. Double contrast Barium Enema. 5. Any additional medically recognized screening tests for colorectal cancer as required by the commissioner of health and social services. 	ACS
California (AB 1763)	<u>CRC Screening Law:</u> <u>State of California</u>	All individual and group plans.	All covered individuals.	Mandate covers ALL medically accepted cancer screening tests as recommended by USPSTF.	USPSTF
Colorado (Title 10 § 10-16-04)	<u>CRC Screening Law:</u> <u>State of Colorado</u>	Policies and contracts that are delivered, issued, renewed, or reinstated on or after January 1, 2010, must provide coverage for the total cost of the preventive health care services specified.	In addition to covered persons eligible for colorectal cancer screening coverage in accordance with A or B recommendations of the task force, colorectal cancer screening coverage required by this subparagraph (V) shall also be provided to covered persons who are at high risk for colorectal cancer, including covered persons who have a family medical history of colorectal cancer; a prior occurrence of cancer or precursor neoplastic polyps; a prior occurrence of a chronic digestive disease condition such as inflammatory bowel disease, Crohn's disease, or ulcerative colitis; or other predisposing factors as determined by the provider.	USPSTF recommendations.	USPSTF
Connecticut (Public Act No. 01-171)	<u>CRC Screening Law:</u> <u>State of Connecticut</u>	All health benefit plans on or after October 1, 2001.	Coverage for colorectal cancer screening based on ACS guidelines for age, family history.	1. FOBT annually, Flexible sigmoidoscopy, Colonoscopy or radiologic imaging, in accordance with the recommendations established by the American College of Gastroenterology, after consultation with the American Cancer Society.	ACS

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Delaware (Title 18 Chap 32, Sub ChapIII §3562)	<u>CRC Screening Law:</u> <u>State of Delaware</u>	All health policies.	Colorectal cancer examinations for covered persons who are 50 years of age or older, or for persons who are less than 50 years of age and at high risk for colorectal cancer.	Added Virtual Colonoscopy for colorectal cancer screening on December 1, 2009.	ACS/USPSTF
District of Columbia (31-2931)	<u>CRC Screening Law:</u> <u>District of Columbia</u>	Every individual and group health benefits plan.	In accordance with guidelines of American Cancer Society.	In accordance with guidelines of American Cancer Society.	ACS
Florida Health Department Recommendation	<u>Florida CRC</u> <u>Health Department</u> <u>Recommendation</u>	No state mandate - providing state department of health recommendation.		The Colorectal Cancer Control Program's purpose is to increase colorectal cancer (CRC) screening rates among a defined target population of persons 50-75 years of age by implementing evidence-based interventions and other strategies in partnership with health systems to institute organized screening programs.	NCCRT initiative
Georgia (33-24-56.3)	<u>CRC Screening Law:</u> <u>State of Georgia</u>	All health plans on or after July 1, 2002.	Refer to guidelines for recommended ages and family history.	Every benefit plan shall provide coverage for colorectal screening in accordance with most recently published guidelines and recommendations established by the American Cancer Society, in consultation with the American College of Radiology.	ACS
Hawaii (SB 2599)	<u>CRC Screening Law:</u> <u>State of Hawaii</u>	All individual and group plans.	Individuals age 50-75.	In accordance with the evidence-based recommendations established by the United States Preventive Services Task Force.	USPSTF
Idaho Health Department Recommendation	<u>Idaho CRC</u> <u>Health Department</u> <u>Recommendation</u>	No state mandate - providing state department of health recommendation.	Comprehensive Cancer Control of Idaho.	USPSTF recommendations.	USPSTF
Illinois (SB 1417)	<u>CRC Screening Law:</u> <u>State of Illinois</u>	All health care policies.	Refer to guidelines for recommended ages and family history.	Every benefit plan shall provide coverage for colorectal screening in accordance with most recently published guidelines and recommendations established by the American Cancer Society, in consultation with the American College of Radiology.	ACS/ACR
Indiana (HB 1293)	<u>CRC Screening Law:</u> <u>State of Indiana</u>	All healthcare plans including self-insurance programs for state employees.	Colorectal cancer examinations for covered persons who are 50 years of age or older, or for persons who are less than 50 years of age and at high risk for colorectal cancer.	American Cancer Society colorectal screening guidelines.	ACS
Iowa Department of Health	<u>Iowa CRC</u> <u>Health Department</u> <u>Recommendation</u>	No state mandate - providing state department of health recommendation.	Iowa Get Screened.	Describes programs and directs residents to screening centers.	ACS
Kansas Health Department	<u>Kansas CRC</u> <u>Health Department</u> <u>Recommendation</u>	No state mandate - providing state department of health recommendation.	Kansas Health Matters - Archived data.	FOBT testing by mail available.	No guideline reference

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Kentucky (KRS §304.17A-257)	<u>CRC Screening Law:</u> <u>State of Kentucky</u>	All health care plans on or after January 1, 2009.	Colorectal cancer examinations for covered persons who are 50 years of age or older, or for persons who are less than 50 years of age and at high risk for colorectal cancer.	American Cancer Society colorectal screening guidelines.	ACS
Louisiana (HB 36 Act 505)	<u>CRC Screening Law:</u> <u>State of Louisiana</u>	All health care plans on or after January 1, 2006.	Refer to guidelines for recommended ages and family history.	FOBT, Flexible Sigmoidoscopy, Colonoscopy, in accordance with the most recent published recommendations established by the American College of Gastroenterologists, in consultation with the American Cancer Society.	ACS
Maine (24-A M.R.S. § 2763)	<u>CRC Screening Law:</u> <u>State of Maine</u>	Group and individual insurer.	Individuals 50 years and older; or less than 50 and high risk for colorectal cancer based on ACS guidelines.	Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of American cancer society.	ACS
Maryland (HB 190/SB 100)	<u>CRC Screening Law:</u> <u>State of Maryland</u>	All healthcare plans.	Refer to guidelines for recommended ages and family history.	DNA Stool test and CT Colonography added to screening menu effective September 15, 2008.	National Cancer Institute
Massachusetts Health Department Recommendation	<u>Massachusetts CRC</u> <u>Health Department</u> <u>Recommendation</u>	No state mandate - providing state department of health recommendation.	Men and women who are 50 or older; If you have a personal or family history of polyps or colon cancer, you may need to start getting screened earlier; African Americans have a greater risk for colon cancer. If you're African American, it is especially important to be screened.	fecal occult blood test (FOBT) or fecal immunochemical test (FIT).	No guideline reference
Michigan Health Department Recommendation	<u>Michigan CRC</u> <u>Health Department</u> <u>Recommendation</u>	No state mandate - providing state department of health recommendation.	Men and women: Aged 50-64 years, Low income (<= 250% of the Federal Poverty Level), Who have no symptoms, Who are underinsured or uninsured.	Colonoscopy for Average and Increased-risk clients; Fecal Immunochemical Test (FIT), optional for Average-risk clients.	Michigan Department of Health and Human Services has developed a guide to navigation utilizing evidence-based strategies in colorectal cancer screening.
Minnesota (62A.30)	<u>CRC Screening Law:</u> <u>State of Minnesota</u>	All individual and group plans.	Individuals defined by the standard practice of medicine.	In accordance to standard practices of medicine.	No guideline reference
Mississippi Health Department Recommendation	<u>Mississippi CRC</u> <u>Health Department</u> <u>Recommendation</u>	No state mandate found.	Recommend residents over 50 be screened.	Identifies screening tests: FOBT, colonoscopy and virtual colonoscopy.	No guideline reference
Missouri (376.1250)	<u>CRC Screening Law:</u> <u>State of Missouri</u>	All healthcare plans on or after August 28, 1999.	Refer to guidelines for recommended ages and family history.	Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of national cancer society.	National Cancer Institute

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Updated January 2019

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Montana (HB 0325)	<u>CRC Screening Law:</u> <u>State of Montana</u>	All individual and group plans.	Individuals 50 and older, those less than 50 at risk for colon cancer.	ACS recommendations.	ACS
Nebraska (44-7, 102)	<u>CRC Screening Law:</u> <u>State of Nebraska</u>	All individual and group plans.	Individuals over 50.	Such screening coverage shall include a maximum of one screening fecal occult blood test annually and a flexible sigmoidoscopy every five years, a colonoscopy every ten years, or a barium enema every five to ten years, or any combination, or the most reliable, medically recognized screening test available.	No guideline reference
Nevada (NRS 695G.168)	<u>CRC Screening Law:</u> <u>State of Nevada</u>	All healthcare plans on or after October 1, 2003.	Refer to guidelines for recommended ages and family history.	Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of national cancer society.	National Cancer Institute
New Hampshire Health Department Recommendation	<u>New Hampshire CRC Health Department Recommendation</u>	No state mandate - providing state department of health recommendation.	Recommend residents over 50 be screened.	NHCRCSP is working with healthcare systems, employers, healthcare plans, media and community organizations to implement proven evidence based initiatives to impact colorectal cancer in NH.	No guideline reference
New Jersey (17B:26-2.1u)	<u>CRC Screening Law:</u> <u>State of New Jersey</u>	All plans including individual, employer based and small business healthcare plans. Includes all HMO/PPOs.	Colorectal cancer examinations for covered persons who are 50 years of age or older, or for persons who are less than 50 years of age and at high risk for colorectal cancer.	1. FOBT annually 2. Flexible sigmoidoscopy every 5 years 3. Colonoscopy every 10 years 4. Double contrast Barium Enema. 5. Any additional medically recognized screening tests for colorectal cancer as required by the commissioner of health and social services.	ACS
New Mexico (59A 22.47)	<u>CRC Screening Law:</u> <u>State of New Mexico</u>	All individual and group plans.	For anyone determined by health care provider.	In accordance with the evidence-based recommendations established by the United States preventive services task force.	USPSTF
New York Health Department Recommendation	<u>New York CRC Health Department Recommendation</u>	No state mandate - providing state department of health recommendation.	Individuals 50 and older, those less than 50 at risk for colon cancer.	Identifies the following screening tests: FOBT, Sigmoidoscopy, Colonoscopy.	No guideline reference
North Carolina (§ 58-3-179)	<u>CRC Screening Law:</u> <u>State of North Carolina</u>	All healthcare plans.	Colorectal cancer examinations for covered persons who are 50 years of age or older, or for persons who are less than 50 years of age and at high risk for colorectal cancer.	Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of national cancer society.	ACS
North Dakota Health Department Recommendation	<u>North Dakota CRC Health Department Recommendation</u>	No state mandate - providing state department of health recommendation.	ND Colorectal Cancer Roundtable.	Fact sheet with risks and screening recommendations.	ACS

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Ohio (HB 556)	<u>CRC Screening Law:</u> <u>State of Ohio</u>	All healthcare plans.	Colorectal cancer examinations for covered persons who are 50 years of age or older, or for persons who are less than 50 years of age and at high risk for colorectal cancer.	ACS recommendations.	ACS
Oklahoma (§36-6060.8a)	<u>CRC Screening Law:</u> <u>State of Oklahoma</u>	All individual and group plans.	Individuals defined by ACS as average and high risk.	Plans required to offer coverage for colorectal examinations and laboratory tests in accordance with accepted published medical practice guidelines.	ACS
Oregon (ORS 742A.124)	<u>CRC Screening Law:</u> <u>State of Oregon</u>	HMOs and all individual and group plans, that cover medical, surgical and hospital costs, after Jan. 1, 2006.	Individuals age 50 and over and high risk as recommended by a physician.	In accordance with ACS screening options.	ACS
Pennsylvania (40 P.S. § 764i)	<u>CRC Screening Law:</u> <u>State of Pennsylvania</u>	All health insurance policies group health, sickness or accident policy or subscriber contract or certificate offered to groups of fifty-one (51) or more employees.	Nonsymptomatic covered individuals who are fifty (50) years of age or older.	A colonoscopy or any combination of colorectal cancer screening tests in accordance with the American Cancer Society guidelines on screening for colorectal cancer published as of January 1, 2008.	ACS
Rhode Island (§27-18-58)	<u>CRC Screening Law:</u> <u>State of Rhode Island</u>	All healthcare plans.	Refer to guidelines for recommended ages and family history.	Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of national cancer society.	ACS
South Carolina Health Department Recommendation	<u>South Carolina CRC</u> <u>Health Department</u> <u>Recommendation</u>	No state mandate - providing state department of health recommendation.	Screening should start at age 50 and continue until age 75 for most men and women. Routine screening between ages 76-85 is not recommended.	ACS and USPCTF recommendations.	ACS/USPSTF
South Dakota Health Department Recommendation	<u>South Dakota CRC</u> <u>Health Department</u> <u>Recommendation</u>	No state mandate - providing state department of health recommendation.	Get Screened Initiative.	Fact sheet with risks and screening recommendations.	National Colorectal Cancer Roundtable, National Cancer Institute, and American Cancer Society
Tennessee (§57-7-2363)	<u>CRC Screening Law:</u> <u>State of Tennessee</u>	All healthcare plans on or after January 1, 2004.	Refer to guidelines for recommended ages and family history.	Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of national cancer society.	National Cancer Institute
Texas (§1363.001)	<u>CRC Screening Law:</u> <u>State of Texas</u>	All healthcare plans.	Refer to guidelines for recommended ages and family history.	DNA Stool test and CT Colonography added to screening menu effective January 30, 2009.	ACS
Utah (R384-200 (d))	<u>CRC Screening Law:</u> <u>State of Utah</u>	All healthcare plans.	Not stated.	Screening Tests and Procedures: colonoscopy every ten years, biopsy/polypectomy during colonoscopy, moderate sedation for colonoscopy, the use of propofol only if prior approval is obtained, and office visits related to the tests listed above. The program does not pay for CT Colonography, or virtual colonoscopy, as a primary screening test.	ACS

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Vermont (Title 08 Chapter 107, Subchapter 10 §4100g)	<u>CRC Screening Law:</u> <u>State of Vermont</u>	All individual and group plans.	Persons 50 years or older or otherwise determined as high risk.	Annual fecal occult blood testing with a flexible sigmoidoscopy every five years or a colonoscopy every 10 years.	No guideline reference
Virginia (§38.2-3418.7:1)	<u>CRC Screening Law:</u> <u>State of Virginia</u>	All healthcare plans on or after July 1, 2000.	Refer to guidelines for recommended ages and family history.	FOBT, Flexible Sigmoidoscopy, Colonoscopy, in accordance with the most recent published recommendations established by the American College of Gastroenterologists, in consultation with the American Cancer Society.	ACS
Washington (48-43.043)	<u>CRC Screening Law:</u> <u>State of Washington</u>	All individual and group plans.	Individuals at high risk under 50 years old or anyone over 50 years old.	Examinations and laboratory tests consistent with the guidelines or recommendations of the United States preventive services task force or the federal centers for disease control and prevention (CDC).	USPSTF
West Virginia (§33-25A-8e)	<u>CRC Screening Law:</u> <u>State of West Virginia</u>	All individual and group plans.	Persons age 50 and over; Symptomatic persons less than 50 years of age when reimbursement or indemnity for laboratory or X-ray services are covered under the policy.	Annual fecal occult blood test, flexible sigmoidoscopy every 5 years, colonoscopy every 10 years and a double contrast barium enema every 5 years.	No guideline reference
Wisconsin (SB 163)	<u>CRC Screening Law:</u> <u>State of Wisconsin</u>	All healthcare plans, including state, county and city employee plans.	Colorectal cancer examinations for covered persons who are 50 years of age or older, or for persons who are less than 50 years of age and at high risk for colorectal cancer.	Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of national cancer society.	National Cancer Institute
Wyoming (HB0026)	<u>CRC Screening Law:</u> <u>State of Wyoming</u>	HMOs and all group plans.	Nonsymptomatic individuals.	Colorectal cancer examination and laboratory tests.	No guideline reference