

# Colorectal Cancer Screening: A State-By State Snapshot

## Introduction

The colorectal cancer (CRC) screening landscape can vary greatly between states. Each state landscape reflects different laws, policies and regulations, assorted levels of resources and support, and ultimately, a range of screening rates and disease burden. Understanding the nuanced environment in each state across these varying factors can empower those seeking to create change. How does each state compare in terms of laws, grants, coverage and more? Which states are at the forefront? Where can a given state do better?

This resource is intended to serve as a snapshot of CRC screening in each state across a variety of factors. Color-coded backgrounds, figures and text provide a quick reference for how a state compares to others.

- States with a black background are states with laws in place that assure coverage for CRC screening.
- States with a white background do not currently have such laws.
- Figures and text in green indicate areas in which a state is excelling.
- Figures and text in red indicate opportunity for improvement.

The information contained in this chart is current as of July 2020. The information provided does not constitute legal advice and is provided only as an informational service.

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# ALABAMA



## Policies Covered by State Mandate

All group health benefit plans, policies, contracts, and certificates executed, delivered, issued for delivery, continued, or renewed in this state on or after August 1, 2004 shall offer, at the time of proposal, sale, or renewal of a policy subject to this chapter, to include colorectal cancer examinations within the coverage.

## Consumers Covered by State Mandate

Colorectal cancer examinations for covered persons who are 50 years of age or older, or for covered persons who are less than 50 years of age and at high risk for colorectal cancer according to current American Cancer Society colorectal cancer screening guidelines.

## CRC Screening Methods Covered by State Mandate

"Colorectal Cancer Examinations" is defined in the statute to include examinations and laboratory test specified in the current ACS guidelines for CRC screening for asymptomatic individuals.

Full statute language available [here](#).

|  |                                  |
|--|----------------------------------|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>                   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>ACS</b>                       |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>                   |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>             |
| Lives enrolled in non-ERISA plans  | <b>2,286,830</b>                 |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>64.0% (23<sup>rd</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>79.3% (T-24<sup>th</sup>)</b> |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>26% (49<sup>th</sup>)</b>     |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>4,299 *(1998-2015)</b>        |
| Medicaid Expansion state, Y/N?   | <b>NO</b>                        |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>                        |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>                        |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>                        |

# ALASKA



## Policies Covered by State Mandate

Except for a fraternal benefit society, a health care insurer that offers, issues for delivery, delivers, or renews in this state a health care insurance plan shall provide coverage for the costs of colorectal cancer screening examinations and laboratory tests under the schedule described in (b) of this section. The coverage required by this section is subject to standard policy provisions applicable to other benefits, including deductible or copayment provisions.

## Consumers Covered by State Mandate

Coverage provided under this section applies to a covered individual who is:

- (1) at least 50 years of age; or
- (2) less than 50 years of age and at high risk for colorectal cancer

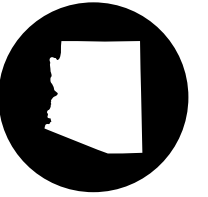
## CRC Screening Methods Covered by State Mandate

The minimum coverage required includes coverage for colorectal cancer examinations and laboratory tests specified in American Cancer Society guidelines for colorectal cancer screening of asymptomatic individuals. Coverage shall be provided for all colorectal screening examinations and tests that are administered at a frequency identified in the American Cancer Society guidelines for colorectal cancer. All screening options identified in (b) of this section shall be covered by the insurer, with the choice of option determined by the covered individual in consultation with a health care provider.

Full statute language available [here](#).

|  |  |
|--|--|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>ACS</b>   |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>   |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>   |
| Lives enrolled in non-ERISA plans  | <b>321,676</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>53.3% (50<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>73.1% (49<sup>th</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>34% (T-44<sup>th</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>632 *(1996-2015)</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Alaska Native Tribal Health Consortium</a> and <a href="#">Alaska Primary Care Association</a></b> |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |

# ARIZONA



## Summary

Arizona is the only state without a colorectal cancer screening mandate that does not mention age in its screening-related materials. It ranks in the bottom 10 nationally in CRC screening rates for ages 50 to 64. From 2016 to 2018, Arizona saw increases in screening rates of 2.6% among ages 50 to 64 and 2.5% among ages 65 to 75.

The Arizona Department of Health Services is a supporter of the national “80% in Every Community” initiative to prioritize improving colorectal cancer screening rates.

More details available [here](#).

|  |                                  |
|--|----------------------------------|
| CRC screening mandate, Y/N?  | <b>NO</b>                        |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>                        |
| State materials mention of age?  | <b>NO</b>                        |
| CRC screening methods promoted by state materials                        | <b>FIT or colonoscopy</b>        |
| Lives enrolled in non-ERISA plans  | <b>3,185,592</b>                 |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>59.6% (T-41<sup>st</sup>)</b> |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>76.4% (37<sup>th</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>45% (T-19<sup>th</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>4,064</b>                     |
| Medicaid Expansion state, Y/N?   | <b>YES</b>                       |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>                        |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>                        |

# ARKANSAS



## Policies Covered by State Mandate

A healthcare policy subject to this subchapter executed, delivered, issued for delivery, continued, or renewed in this state on or after August 1, 2005, shall include colorectal cancer examinations and laboratory tests within the healthcare policy's coverage.

## Consumers Covered by State Mandate

- (1) Covered persons who are 50 years of age or older;
- (2) Covered persons who are less than 50 years of age and at high risk for colorectal cancer according to American Cancer Society colorectal cancer screening guidelines as they existed on January 1, 2005;
- (3) Covered persons experiencing symptoms of colorectal cancer as determined by a physician licensed under the Arkansas Medical Practices Act

## CRC Screening Methods Covered by State Mandate

- (1) An annual fecal occult blood test utilizing the take-home multiple sample method, or an annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every five years;
- (2) A double-contrast barium enema every five years; or
- (3) A colonoscopy every 10 years; and
- (4) Any additional medically recognized screening tests for colorectal cancer required by the Director of the Department of Health, determined in consultation with appropriate healthcare organizations.

Full statute language available [here](#).

|  |  |
|--|--|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>OTHER</b>   |
| State mandate applies to Medicaid, Y/N?                                  | <b>YES</b>   |
| Details on process for updating state mandate                            | <b>Statute references Director of Dept. of Health as official to add tests to mandate</b>      |
| Lives enrolled in non-ERISA plans  | <b>1,722,960</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>58.8% (43<sup>rd</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>77.7% (30<sup>th</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>39% (T-38<sup>th</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>2,082</b>   |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>YES</b>   |
| If yes, what type of ACS CAN activity?                                   | <b>New legislation geared toward CRC prevention, early detection, and access to treatment.</b> |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">University of Arkansas System</a></b>                                      |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |
| Additional information   | <b>Hosted 2019 SE CRC Consortium Meeting</b>   |

# CALIFORNIA



## Policies Covered by State Mandate

Every individual or group health care service plan contract, except for a specialized health care service plan contract, that is issued, amended, delivered, or renewed on or after July 1, 2000, shall be deemed to provide coverage for all generally medically accepted cancer screening tests, subject to all terms and conditions that would otherwise apply.

## CRC Screening Methods Covered by State Mandate

All generally medically accepted cancer screening tests

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | <b>UNCLEAR</b>  |
| Mandate tied to ACS, USPSTF or other?                                    | <b>USPSTF</b>   |
| State mandate applies to Medicaid, Y/N?                                  | <b>NO</b>   |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>  |
| Lives enrolled in non-ERISA plans  | <b>29,160,530</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>64.8% (20<sup>th</sup>)</b>                                  |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>82.4% (6<sup>th</sup>)</b>                                   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>46% (T-15<sup>th</sup>)</b>                                  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>28,041</b>   |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">AltaMed Health Services Corporation</a></b> |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |

# COLORADO

## Policies Covered by State Mandate

(A) All individual and all group sickness and accident insurance policies, except supplemental policies covering a specified disease or other limited benefit, that are delivered or issued for delivery within the state by an entity subject to part 2 of this article;

(B) All individual and group health care service or indemnity contracts issued by an entity subject to part 3 or 4 of this article; and

(C) Any other individual or group health care coverage offered to residents of this state.

Insurers must provide coverage for the total cost of the preventive health care service specified in paragraph (B), which requires coverage in accordance with A or B recommendations of the task force.

## Consumers Covered by State Mandate

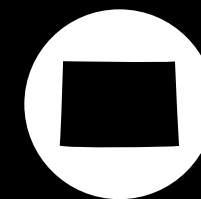
In addition to covered persons eligible for colorectal cancer screening coverage in accordance with A or B recommendations of the task force, colorectal cancer screening coverage required by this subparagraph (V) shall also be provided to covered persons who are at high risk for colorectal cancer as determined by the provider.

## CRC Screening Methods Covered by State Mandate

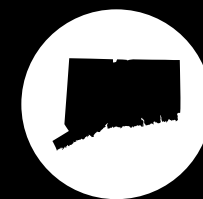
The coverage required by this subsection (18) must include preventive health care services for the following, in accordance with the A or B recommendations of the task force for the particular preventive health care service:  
(V)(A) Colorectal cancer screening coverage for tests for the early detection of colorectal cancer and adenomatous polyps.

Full statute language available [here](#).

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| Mandate mention of age? If yes, what age?                                | <b>NO</b>   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>USPSTF</b>   |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>  |
| Details on process for updating state mandate                            | <b>Every person or organization which seeks legislative action which would mandate a health coverage shall submit a report to the legislative committee of reference.</b> |
| Lives enrolled in non-ERISA plans  | <b>2,716,853</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>63.3% (29<sup>th</sup>)</b>  |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>77.3% (T-32<sup>nd</sup>)</b>  |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>40% (T-35<sup>th</sup>)</b>  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>3,408</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Colorado Department of Public Health</a></b>  |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |
| Additional information   | <b>Has statewide CRC screening navigation program</b>   |



# CONNECTICUT



## Policies Covered by State Mandate

Each individual health insurance policy providing coverage of the type specified in subdivisions (1), (2), (4), (11) and (12) of section 38a-469 delivered, issued for delivery, amended, renewed or continued in this state shall provide coverage for colorectal cancer screening.

No such policy shall impose: (1) a deductible for a procedure that a physician initially undertakes as a screening colonoscopy or screening sigmoidoscopy; or (2) a coinsurance, copayment, deductible or other out-of-pocket expense for any additional colonoscopy ordered in a policy year by a physician for the insured. These provisions shall not apply to a high deductible plan as that term is used in subsection (f) of section 38a-493.

## Consumers Covered by State Mandate

In accordance with the recommendations established by the American Cancer Society, based on the ages, family histories and frequencies provided in the recommendations. Except as specified in subsection (b) of this section, benefits under this section shall be subject to the same terms and conditions applicable to all other benefits under such policies.

## CRC Screening Methods Covered by State Mandate

Colorectal cancer screening including, but not limited to,

(1) an annual fecal occult blood test, and

(2) colonoscopy, flexible sigmoidoscopy or radiologic imaging, in accordance with the recommendations established by the American Cancer Society, based on the ages, family histories and frequencies provided in the recommendations.

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | Age tied to ACS recommendations                       |
| Mandate tied to ACS, USPSTF or other?                                    | ACS   |
| State mandate applies to Medicaid, Y/N?                                  | NO  |
| Details on process for updating state mandate                            | Included in "Policies Covered by State Mandate"       |
| Lives enrolled in non-ERISA plans  | 1,789,215   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | 71.2% (2 <sup>nd</sup> )                              |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | 80.6% (16 <sup>th</sup> )                             |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | 52% (7 <sup>th</sup> )                                |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | 3,158   |
| Medicaid Expansion state, Y/N?   | YES   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | NO  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | YES; Connecticut Peer Review Organization (Qualidigm) |
| Cost sharing waived for follow-up colonoscopy                            | NO  |



# DELAWARE

## Policies Covered by State Mandate

All group and blanket health insurance policies which are delivered or issued for delivery or renewed in this State on or after January 1, 2001, by any health insurer or health service corporation shall provide coverage for colorectal cancer screening. Every individual health, sickness or accident insurance policy contract or certificate which is delivered or issued for delivery in this State by any health insurer, health service corporation or health maintenance organization shall provide coverage for colorectal cancer screening under any such policy, contract or plan delivered, issued for delivery, or renewed in this State on or after January 1, 2001.

## Consumers Covered by State Mandate

For persons 50 years of age or older screening

## CRC Screening Methods Covered by State Mandate

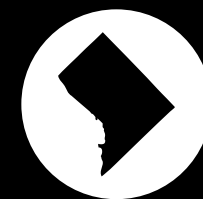
Screening with an annual fecal occult blood test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiologic imaging or other screening modalities, shall be provided as determined by the Secretary of Health and Social Services of this State after consideration of recommendations of the Delaware Cancer Consortium and the most recently published recommendations established by the American College of Gastroenterology, the American Cancer Society, the United States Preventive Services Task Force for the ages, family histories and frequencies referenced in such recommendations and deemed appropriate by the attending physician.

Full statute language available [here](#).

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|--|--|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>ACS and USPSTF</b>  |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>   |
| Details on process for updating state mandate                            | <b>Included in "CRC Screening Methods Covered by State Mandate"</b>  |
| Lives enrolled in non-ERISA plans  | <b>387,526</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>67.5% (12<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>80.5% (T-17<sup>th</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>69% (1<sup>st</sup>)</b>  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>804</b>   |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>  |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |
| Additional information   | <b>One of six states in which the CDC's Colorectal Cancer Control Program (CRCCP) provides direct screening services</b> |



# DISTRICT OF COLUMBIA



## Policies Covered by State Mandate

Every individual and group health insurance policy or service, including Medicaid, shall provide coverage for colorectal cancer screening for policyholders residing in the District of Columbia.

As American Cancer Society colorectal cancer screening guidelines are updated, every individual and group health insurance policy of service, including Medicaid, shall update their colorectal cancer screening benefits to comply with the American Cancer Society guidelines.

## CRC Screening Methods Covered by State Mandate

The screening shall be in compliance with American Cancer Society colorectal cancer screening guidelines.

Full statute language available [here](#).

|  |  |
|--|--|
| Mandate mention of age? If yes, what age?                                | Age tied to ACS recommendations  |
| Mandate tied to ACS, USPSTF or other?                                    | ACS  |
| State mandate applies to Medicaid, Y/N?                                  | YES  |
| Details on process for updating state mandate                            | The Commissioner may issue rules and regulations necessary to implement the provisions of this subchapter. |
| Lives enrolled in non-ERISA plans  | 1,108,729  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | 68.7% (10 <sup>th</sup> )  |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | 79.9% (22 <sup>nd</sup> )  |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | 46% (T-15 <sup>th</sup> )  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | 507 *(1997-2014)   |
| Medicaid Expansion state, Y/N?   | YES  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | NO   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | YES; <a href="#">District of Columbia Department of Health</a>   |
| Cost sharing waived for follow-up colonoscopy                            | NO   |

# FLORIDA



## Summary

Florida's Colorectal Cancer Control Program has implemented Evidence-Based Interventions (EBIs) among persons 50 to 75 years of age in an effort to increase colorectal cancer screening rates. Among the EBIs the state has developed in partnership with health systems include provider assessment and feedback, provider reminders, client reminders, and reducing structural barriers.

From 2016 to 2018, Florida saw a 2.8% increase in screening rates among ages 50 to 64 and ages 65 to 75. It has the nation's second-widest gap in screening rates between ages 65 to 75 (82.9%) and ages 50 to 64 (61.6%), a difference of more than 21 percent.

More details available [here](#).

|  |  |
|--|--|
| CRC screening mandate, Y/N?  | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Florida Department of Health</a></b>                       |
| State materials mention of age?  | <b>YES</b>   |
| Screening age promoted by state materials                                | <b>50-75</b>   |
| CRC screening methods promoted by state materials                        | <b>High sensitivity gFOBT (which includes FIT), sigmoidoscopy, colonoscopy</b> |
| Lives enrolled in non-ERISA plans  | <b>10,842,289</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>61.6% (T-36<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>82.9% (T-3<sup>rd</sup>)</b>  |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>44% (T-23<sup>rd</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>16,406</b>  |
| Medicaid Expansion state, Y/N?   | <b>NO</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |

# GEORGIA

## Policies Covered by State Mandate

"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 on or after July 1, 2002, including, but not limited to, those contracts executed by the Department of Community Health pursuant to paragraph (1) of subsection (d) of Code Section 31-2-4. The term "health benefit policy" does not include the following limited benefit insurance policies: accident only, CHAMPUS supplement, dental, disability income, fixed indemnity, long-term care, Medicare supplement, specified disease, vision, and nonrenewable individual policies written for a period of less than six months.

## CRC Screening Methods Covered by State Mandate

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.

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | Age tied to ACS recommendations   |
| Mandate tied to ACS, USPSTF or other?                                    | ACS   |
| State mandate applies to Medicaid, Y/N?                                  | NO  |
| Details on process for updating state mandate                            | <b>UNCLEAR - Department of Community Health has jurisdiction over state employee plans (which are included in the mandate) and also has general population health responsibilities.</b> |
| Lives enrolled in non-ERISA plans  | 4,531,695   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | 61.7% (34 <sup>th</sup> )   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | 80.8% (15 <sup>th</sup> )   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | 33% (T-46 <sup>th</sup> )   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | 8,533 *(1997-2015)  |
| Medicaid Expansion state, Y/N?   | NO  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | NO  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | YES; <a href="#">Georgia Center for Oncology Research and Education</a>   |
| Cost sharing waived for follow-up colonoscopy                            | NO  |



# HAWAII



## Policies Covered by State Mandate

Each policy of accident and health or sickness insurance providing coverage for health care, except for policies that only provide coverage for specified diseases or other limited benefit coverage, shall provide coverage for colorectal cancer screening by all A and B grade screening modalities as recommended by the United States Preventive Services Task Force.

## CRC Screening Methods Covered by State Mandate

Provide coverage for colorectal-cancer screening by all A and B grade screening modalities as recommended by the United States Preventive Services Task Force. Beginning March 1, 2011, all health insurance providers in Hawaii shall inform their insured about the risk associated with undiagnosed colorectal cancer and encourage the insured to consult with the insured's physician about available screening options.

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | <b>NO</b>   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>USPSTF</b>   |
| State mandate applies to Medicaid, Y/N?                                  | <b>NO</b>   |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>  |
| Lives enrolled in non-ERISA plans  | <b>1,282,207</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>70.2% (6<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>81.0% (13<sup>th</sup>)</b>  |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>39% (T-38<sup>th</sup>)</b>  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>1,421</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>YES</b>  |
| If yes, what type of ACS CAN activity?                                   | <b>As part of a national movement to improve the screening percentage to 80%, ACS CAN Hawaii-Pacific will be supporting a legislative initiative to help fund an educational awareness program for colorectal screenings.</b> |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>   |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |

# IDAHO



## Summary

Idaho ranks in the bottom 12 nationally in CRC screening rates for ages 50 to 64 and 65 to 75. However, it did see significant increases in screening rates among both age groups from 2016 to 2018. Idaho's screening rates among ages 50 to 64 increased by 4.1% and ages 65 to 75 by 3.2%, both among the states with the 10 biggest percentage jumps nationally in each age group.

The Idaho Department of Health and Welfare provides online training to health care providers in an effort to increase knowledge about colorectal cancer in Idaho and boost screening rates among patients. The training consists of a 3-part video series divided into the following courses:

- Importance and Impact of Colorectal Cancer Screening
- Utilize All Screening Options for Idahoans
- Increasing Colorectal Cancer Screening Rates in Idaho through Practice Improvement

More details available [here](#).

|  |   |
|--|---|
| CRC screening mandate, Y/N?  | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>   |
| State materials mention of age?  | <b>YES</b>  |
| Screening age promoted by state materials                                | <b>50-75</b>  |
| CRC screening methods promoted by state materials                        | <b>FOBT every year or sigmoidoscopy every five years + FOBT every three years or colonoscopy every 10 years</b> |
| Lives enrolled in non-ERISA plans  | <b>787,417</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>60.3% (40<sup>th</sup>)</b>  |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>75.8% (43<sup>rd</sup>)</b>  |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>37% (T-42<sup>nd</sup>)</b>  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>956</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |

# ILLINOIS



## Policies and CRC Screening Methods Covered by State Mandate

An individual or group policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 93rd General Assembly that provides coverage to a resident of this State must provide benefits or coverage for all colorectal cancer examinations and laboratory tests for colorectal cancer as prescribed by a physician, in accordance with the published American Cancer Society guidelines on colorectal cancer screening or other existing colorectal cancer screening guidelines issued by nationally recognized professional medical societies or federal government agencies, including the National Cancer Institute, the Centers for Disease Control and Prevention, and the American College of Gastroenterology.

Coverage required under this Section may not impose any deductible, coinsurance, waiting period, or other cost-sharing limitation that is greater than that required for other coverage under the policy.

Full statute language available [here](#).

Details on Department of Public Health's Colorectal Cancer Screening and Treatment Pilot Program available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | <b>NO</b>   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>ACS</b>  |
| State mandate applies to Medicaid, Y/N?                                  | <b>NO</b>   |
| Details on process for updating state mandate                            | <b>ILLINOIS GENERAL ASSEMBLY</b>  |
| Lives enrolled in non-ERISA plans  | <b>6,132,132</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>62.6% (31<sup>st</sup>)</b>  |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>74.8% (46<sup>th</sup>)</b>  |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>43% (T-27<sup>th</sup>)</b>  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>11,166</b>   |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">University of Chicago Medicine</a></b>  |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |
| Additional information   | <b>University of Chicago recently received an NCI ACCISS grant on CRC screening implementation.</b> |

# INDIANA



## Policies Covered by State Mandate

Individuals covered under a self-insurance program established under section 7(b) of this chapter to provide group health coverage; or entitled to services under a contract with a health maintenance organization (as defined in IC 27-13-1-19) that is entered into or renewed under section 7(c) of this chapter.

Self-insurance program established under section 7(b) of this chapter to provide health care coverage; or contract with a health maintenance organization that is entered into or renewed under section 7(c) of this chapter; must provide coverage for colorectal cancer examinations and laboratory tests for cancer for any nonsymptomatic covered individual.

## Consumers Covered by State Mandate

For a covered individual who is:

- (1) at least 45 years of age; or
- (2) less than 45 years of age and at high risk for colorectal cancer;

A covered individual may not be required to pay an additional deductible or coinsurance for the colorectal cancer examination and laboratory testing benefit required by this section that is greater than an annual deductible or coinsurance established for similar benefits under the self-insurance program or contract with a health maintenance organization under which the covered individual is covered or entitled to services.

Full statute language available [here](#) (NOTE: statute is updating in July 2020).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | <b>YES; 45</b>  |
| Mandate tied to ACS, USPSTF or other?                                    | <b>OTHER</b>  |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>  |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>  |
| Lives enrolled in non-ERISA plans  | <b>2,445,269</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>62.2% (T-32<sup>nd</sup>)</b>                                      |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>77.3% (T-32<sup>nd</sup>)</b>                                      |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>39% (T-38<sup>th</sup>)</b>  |
| Number of CRC cases among 20 to 49, per JNCI Article (1995-2015)         | <b>4,939 *1998-2015</b>   |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>YES</b>  |
| If yes, what type of ACS CAN activity?                                   | <b>Seeking action from residents to protect CRC screening funding</b> |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>   |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |



# IOWA



## Summary

The Iowa get screened (IGS) colorectal cancer program is administered by the department. The goal of the IGS program is to reduce the incidence, mortality and prevalence of colorectal cancer in Iowa by increasing the number of men and women who receive colorectal cancer screenings. Through the program, fecal immunochemical tests (FITs) and colonoscopies are provided to eligible Iowans. Along with providing screenings, the program also facilitates supportive services and referral for diagnosis and treatment to Iowans with abnormal screening results. Iowans who are eligible to enter the program must be 50 to 75 years of age, be underinsured or uninsured, have incomes of up to 300 percent of the federal poverty level (FPL) and have an average or increased risk for developing colorectal cancer.

Iowa saw a greater than 2% increase in screening rates from 2016 to 2018 among ages 50 to 64 and ages 65 to 75.

More details available [here](#).

|  |   |
|--|---|
| CRC screening mandate, Y/N?  | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Iowa Department of Public Health</a></b>    |
| State materials mention of age?  | <b>YES</b>  |
| Screening age promoted by state materials                                | <b>50-75</b>  |
| CRC screening methods promoted by state materials                        | <b>At-home stool tests, colonoscopy, flexible sigmoidoscopy</b> |
| Lives enrolled in non-ERISA plans  | <b>1,289,820</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>66.5% (16<sup>th</sup>)</b>                                  |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>78.2% (T-28<sup>th</sup>)</b>                                |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>49% (T-10<sup>th</sup>)</b>                                  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>2,554</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |

# KANSAS



## Summary

In the Kansas Department of Health and Environment’s 2017-2021 Kansas Cancer Prevention and Control Plan, the colorectal cancer objective is to increase screening rates in five years to 85% in the state. Kansas is focused on seven strategies to achieve this goal:

1. Provide technical assistance to help providers more easily track screening rates.
2. Develop and provide free professional education for health care providers on strategies for increasing clinic screening rates.
3. Identify provider preferences for health systems change strategies that would be most effective for increasing their CRC screening rates.
4. Expand FluFit (providing CRC screening kits at time of flu shots for age-appropriate patients) in rural areas or areas with larger populations of people who are Hispanic, or who have lower income or educational levels.
5. Develop and implement a social media campaign to promote CRC screening.
6. Work with state managed care providers to increase CRC screening among newly insured or uninsured patients.
7. Utilize community health workers to navigate low income men and women into CRC screening.

More details available [here](#).

|  |   |
|--|---|
| CRC screening mandate, Y/N?  | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Kansas Department of Health</a></b>   |
| State materials mention of age?  | <b>YES</b>  |
| Screening age promoted by state materials                                | <b>Adults aged 50 to 75 years who are up to date with USPSTF colorectal cancer screening guidelines (2014 KS BRFSS)</b> |
| CRC screening methods promoted by state materials                        | <b>One of the screening options recommended for colorectal cancer based on nationally recognized guidelines</b>         |
| Lives enrolled in non-ERISA plans  | <b>1,202,858</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>61.6% (T-36<sup>th</sup>)</b>  |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>76.1% (40<sup>th</sup>)</b>  |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>34% (T-44<sup>th</sup>)</b>  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>NOT AVAILABLE</b>  |
| Medicaid Expansion state, Y/N?   | <b>NO</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>YES</b>  |
| If yes, what type of ACS CAN activity?                                   | <b>Increase access to care</b>  |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |

# KENTUCKY



## Policies Covered by State Mandate

A health benefit plan issued or renewed on or after January 1, 2016, shall provide coverage for all colorectal cancer examinations and laboratory tests specified in the most recent version of the American Cancer Society guidelines for complete colorectal cancer screening of asymptomatic individuals as follows.

Coverage required by this section shall not be subject to a deductible, coinsurance, or any other cost-sharing requirements for services received from participating providers under the health benefit plan.

## Consumers Covered by State Mandate

The covered individual shall be:

- 1) 45 years of age or older; or
- 2) Less than 45 years of age and at high risk for colorectal cancer according to the most recent version of the American Cancer Society guidelines for complete colorectal cancer screening.

## CRC Screening Methods Covered by State Mandate

Coverage or benefits shall be provided for all colorectal cancer examinations and laboratory tests that are administered at a frequency identified in the most recent version of the American Cancer Society guidelines for colorectal cancer screening.

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | <b>YES; 45</b>  |
| Mandate tied to ACS, USPSTF or other?                                    | <b>ACS</b>  |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>  |
| Details on process for updating state mandate                            | <b>HEALTH INSURANCE ADVISORY COUNCIL</b>                      |
| Lives enrolled in non-ERISA plans  | <b>2,198,803</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>64.0% (23<sup>rd</sup>)</b>                                |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>78.6% (T-26<sup>th</sup>)</b>                              |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>44% (T-23<sup>rd</sup>)</b>                                |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>4,700</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Kentucky State Cabinet for Health</a></b> |
| Cost sharing waived for follow-up colonoscopy                            | <b>YES</b>  |
| Additional information   | <b>Host of 2020 SE CRC Consortium Meeting</b>                 |

# LOUISIANA

## Policies Covered by State Mandate

Any health coverage plan specified in Subsection C of this Section which is issued for delivery, delivered, renewed, or otherwise contracted for in this state on or after January 1, 2006, shall provide coverage for routine colorectal cancer screening.

## CRC Screening Methods Covered by State Mandate

As used in this Section, "routine colorectal cancer screening" shall mean a fecal occult blood test, flexible sigmoidoscopy, or colonoscopy provided in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations. "Routine colorectal cancer screening" shall not mean services otherwise excluded from coverage because they are deemed by a health coverage plan to be experimental or investigational.

As used in this Section, "health coverage plan" shall mean any hospital, health, or medical expense insurance policy, hospital or medical service contract, employee welfare benefit plan, contract or agreement with a health maintenance organization or a preferred provider organization, health and accident insurance policy, or any other insurance contract of this type, including a group insurance plan, a self-insurance plan, and the Office of Group Benefits programs.

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | Age tied to ACS recommendations   |
| Mandate tied to ACS, USPSTF or other?                                    | ACG in consultation with ACS  |
| State mandate applies to Medicaid, Y/N?                                  | UNCLEAR   |
| Details on process for updating state mandate                            | House and Senate Committee on Insurance                                       |
| Lives enrolled in non-ERISA plans  | 2,726,877   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | 64.4% (21 <sup>st</sup> )   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | 77.3% (T-32 <sup>nd</sup> )   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | 41% (T-32 <sup>nd</sup> )   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | 4,648   |
| Medicaid Expansion state, Y/N?   | YES   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | NO  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | YES; <a href="#">Louisiana State University Health Sciences Center</a>        |
| Cost sharing waived for follow-up colonoscopy                            | NO  |
| Additional information   | Stool DNA test and CT Colonography added to screening menu effective 9/15/08. |



# MAINE



## Policies Covered by State Mandate

For the purposes of this section, “colorectal cancer screening” means all colorectal cancer examinations and laboratory tests recommended by a health care provider in accordance with the most recently published colorectal cancer screening guidelines of a national cancer society.

If a colonoscopy is recommended by a health care provider as the colorectal cancer screening test in accordance with this section and a lesion is discovered and removed during that colonoscopy, the health care provider must bill the insurance company for a screening colonoscopy as the primary procedure.

## Consumers Covered by State Mandate

All individual health insurance policies and contracts must provide coverage for colorectal cancer screening for asymptomatic individuals who are:

A. At average risk for colorectal cancer according to the most recently published colorectal cancer screening guidelines of a national cancer society; or

B. At high risk for colorectal cancer.

## CRC Screening Methods Covered by State Mandate

All colorectal cancer examinations and laboratory tests recommended by a health care provider in accordance with the most recently published colorectal cancer screening guidelines of a national cancer society.

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | <b>YES; 45</b>  |
| Mandate tied to ACS, USPSTF or other?                                    | <b>OTHER</b>  |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>  |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>  |
| Lives enrolled in non-ERISA plans  | <b>686,258</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>70.4% (5<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>81.9% (7<sup>th</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>62% (2<sup>nd</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>1,106</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Maine Department of Health and Human Services</a></b> |
| Cost sharing waived for follow-up colonoscopy                            | <b>YES</b>  |

# MARYLAND



## Policies Covered by State Mandate

Insurers and nonprofit health service plans that provide hospital, medical, or surgical benefits to individuals or groups on an expense-incurred basis and HMOs that provide hospital, medical, or surgical benefits to individuals or groups.

Subject to paragraph (2) of this subsection, the coverage required under this section may be subject to a copayment or coinsurance requirement or deductible that an entity subject to this section imposes for similar coverages under the same policy or contract.

## CRC Screening Methods Covered by State Mandate

An entity subject to this section shall provide coverage for colorectal cancer screening in accordance with the latest screening guidelines issued by the American Cancer Society.

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | <b>NO</b>   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>ACS</b>  |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>  |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>                                      |
| Lives enrolled in non-ERISA plans  | <b>3,071,698</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>67.7% (11<sup>th</sup>)</b>                            |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>81.3% (T-10<sup>th</sup>)</b>                          |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>42% (T-30<sup>th</sup>)</b>                            |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>NO DATA</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Maryland Department of Health</a></b> |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |
| Additional information   | <b>Hosted 2019 SE CRC Consortium Meeting</b>              |

# MASSACHUSETTS



## Summary

Massachusetts is one of just two states that ranks in the top five for CRC screening rates among ages 50 to 64 and 65 to 75. Its 72.1% screening rate among ages 50 to 64 ranks 1<sup>st</sup>, and its 84.6% screening rate among adults 65-75 is 2<sup>nd</sup>.

According to the Massachusetts Department of Public Health, colorectal cancer is the third-leading cause of cancer death in Massachusetts. While the Massachusetts Department of Public Health does recommend at-home stool tests or colonoscopy for screening, it also encourages patients to talk to their health care provider about the best test for them.

More details available [here](#).

|  |  |
|--|--|
| CRC screening mandate, Y/N?  | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES</b> ; <a href="#">Massachusetts Department of Public Health</a> |
| State materials mention of age?  | <b>YES</b>   |
| Screening age promoted by state materials                                | <b>50+</b>   |
| CRC screening methods promoted by state materials                        | <b>At-home stool tests or colonoscopy</b>                              |
| Lives enrolled in non-ERISA plans  | <b>3,989,369</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>72.1% (1<sup>st</sup>)</b>  |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>84.6% (2<sup>nd</sup>)</b>  |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>56% (5<sup>th</sup>)</b>  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>5,396* (1997-2015)</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |

# MICHIGAN

## Summary

While Michigan does not have a state mandate for CRC screening, it is one of six states in which the CDC's Colorectal Cancer Control Program (CRCCP) provides direct screening services. The Michigan Colorectal Cancer Early Detection Program provides colorectal cancer screening services in limited areas to eligible men and women:

- Aged 50-64 years
- Low income (<= 250% of the Federal Poverty Level)
- Who have no symptoms
- Who are underinsured or uninsured

The Michigan Department of Health and Human Services has developed a Colorectal Cancer Navigation guide to utilizing evidence-based strategies in colorectal cancer screening. The intended outcome is to disseminate evidence-based strategies and interventions which could be implemented by providers to increase colorectal cancer screening rates.

Michigan ranked in the top 10 nationally in screening rate increases among ages 50 to 64 (+4.1%) and ages 65 to 75 (+2.9%) from 2016 to 2018.

More details available [here](#).



|  |  |
|--|--|
| CRC screening mandate, Y/N?  | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Michigan Department of Health and Human Services</a></b> |
| State materials mention of age?  | <b>YES</b>   |
| Screening age promoted by state materials                                | <b>50+</b>   |
| CRC screening methods promoted by state materials                        | <b>Stool test, flexible sigmoidoscopy, or colonoscopy</b>                    |
| Lives enrolled in non-ERISA plans  | <b>5,564,258</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>69.3% (8<sup>th</sup>)</b>  |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>81.4% (9<sup>th</sup>)</b>  |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>46% (T-15<sup>th</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>8,589</b>   |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>YES</b>   |
| If yes, what type of ACS CAN activity?                                   | <b>Increase funding for cancer prevention</b>                                |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |



# MINNESOTA

## Policies Covered by State Mandate

Every policy, plan, certificate, or contract referred to in subdivision 1 that provides coverage to a Minnesota resident must provide coverage for routine screening procedures for cancer and the office or facility visit, including mammograms, surveillance tests for ovarian cancer for women who are at risk for ovarian cancer as defined in subdivision 3, pap smears, and colorectal screening tests for men and women, when ordered or provided by a physician in accordance with the standard practice of medicine.

Full statute language available [here](#).



|  |  |
|--|--|
| Mandate mention of Age? If yes, what age?                                | <b>NO</b>  |
| Mandate tied to ACS, USPSTF or other?                                    | <b>NONE</b>  |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>   |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>   |
| Lives enrolled in non-ERISA plans  | <b>2,518,936</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>68.8% (9<sup>th</sup>)</b>  |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>81.3% (T-10<sup>th</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>43% (T-27<sup>th</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>NO DATA</b>   |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Minnesota Department of Health</a></b>   |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |
| Additional information   | <b>One of six states in which the CDC's Colorectal Cancer Control Program (CRCCP) provides direct screening services</b> |

# MISSISSIPPI



## Summary

The Mississippi State Department of Health highlights personal experiences of health care providers and patients through videos on its website to help educate the public on the importance of CRC screening and early detection.

Mississippi ranks in the bottom 10 nationally in CRC screening rates for ages 50 to 64 and 65 to 75.

The Department of Health recommends the following options for CRC screening:

- Have a Fecal Occult Blood Test (FOBT) annually.
- Have a sigmoidoscopy every five years, a colonoscopy or double contrast barium enema every five to 10 years. Have all non-cancerous polyps removed to help prevent colorectal cancer before it starts.
- Have a digital rectal exam every five to 10 years at the time of each screening sigmoidoscopy, colonoscopy or barium enema.
- If you have a personal or family history of colorectal cancer, benign colorectal polyps, inflammatory bowel disease, or breast, ovarian or endometrial cancer, talk to your health care professional about earlier and more frequent screening.

More details available [here](#).

|  |  |
|--|--|
| CRC screening mandate, Y/N?  | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>  |
| State materials mention of age?  | <b>YES</b>   |
| Screening age promoted by state materials                                | <b>50+</b>   |
| CRC screening methods promoted by state materials                        | <b>FIT, sigmoidoscopy, colonoscopy, double contrast barium enema</b> |
| Lives enrolled in non-ERISA plans  | <b>1,302,493</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>55.2% (46<sup>th</sup>)</b>                                       |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>75.6% (44<sup>th</sup>)</b>                                       |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>40% (T-35<sup>th</sup>)</b>                                       |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>1,928* (2004-2015)</b>  |
| Medicaid Expansion state, Y/N?   | <b>NO</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |

# MISSOURI



## Policies Covered by State Mandate

All individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed on or after August 28, 1999, and providing coverage to any resident of this state shall provide benefits or coverage for colorectal cancer screening.

## CRC Screening Methods Covered by State Mandate

A colorectal cancer examination and laboratory tests for cancer for any nonsymptomatic person covered under such policy or contract, in accordance with the current American Cancer Society guidelines.

Coverage and benefits related to the examinations and tests as required by this section shall be at least as favorable and subject to the same dollar limits, deductible, and co-payments as other covered benefits or services.

Full statute language available [here](#).

|  |  |
|--|--|
| Mandate mention of age? If yes, what age?                                | <b>NO</b>  |
| Mandate tied to ACS, USPSTF or other?                                    | <b>ACS</b>   |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>                                     |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>                               |
| Lives enrolled in non-ERISA plans  | <b>2,460,325</b>                                   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>63.7% (27<sup>th</sup>)</b>                     |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>79.8% (23<sup>rd</sup>)</b>                     |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>40% (T-35<sup>th</sup>)</b>                     |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>4,769* (1998-2015)</b>                          |
| Medicaid Expansion state, Y/N?   | <b>NO</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">University of Missouri</a></b> |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |

# MONTANA



## Summary

In 2014, the Montana Cancer Coalition released its Comprehensive Cancer Control Plan for 2016-2021. Among its objectives is to increase screening for CRC to 80% by 2021 through the following strategies:

1. Promote screening through culturally appropriate education and health equity approaches using one-on-one education, small media, and working directly with target populations.
2. Educate providers, Indian Health Service and Tribal Health on screening guidelines, insurance coverage, referrals, state programs, and access barriers.
3. Advocate for policy and practice changes within healthcare systems.

Montana ranks in the bottom 10 nationally in CRC screening rates for ages 50 to 64 and 65 to 75, but did see increases of at least 1% among both age groups from 2016 to 2018.

More details available [here](#).

|  |  |
|--|--|
| CRC screening mandate, Y/N?  | <b>NO</b>                              |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>                              |
| State materials mention of age?  | <b>YES</b>                             |
| Screening age promoted by state materials                                | <b>50-75</b>                           |
| CRC screening methods promoted by state materials                        | <b>Refers to CDC/USPSTF guidelines</b> |
| Lives enrolled in non-ERISA plans  | <b>502,916</b>                         |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>56.3% (45<sup>th</sup>)</b>         |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>74.7% (47<sup>th</sup>)</b>         |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>45% (T-19<sup>th</sup>)</b>         |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>700* (1996-2015)</b>                |
| Medicaid Expansion state, Y/N?   | <b>YES</b>                             |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>                              |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>                              |

# NEBRASKA



## Policies Covered by State Mandate

Any individual or group sickness and accident insurance policy, certificate, or subscriber contract delivered, issued for delivery, or renewed in this state and any hospital, medical, or surgical expense-incurred policy, except for short-term major medical policies of six months or less duration and policies that provide coverage for a specified disease or other limited-benefit coverage, and (b) any self-funded employee benefit plan to the extent not preempted by federal law shall include screening coverage for a colorectal cancer examination and laboratory tests.

## Consumers Covered by State Mandate

Any nonsymptomatic person 50 years of age and older covered under such policy, certificate, contract, or plan.

## CRC Screening Methods Covered by State Mandate

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. The screenings selected shall be as deemed appropriate by a health care provider and the patient.

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>  |
| Mandate tied to ACS, USPSTF or other?                                    | <b>NONE</b>   |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>  |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>                                      |
| Lives enrolled in non-ERISA plans  | <b>693,393</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>63.1% (30<sup>th</sup>)</b>                            |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>76.5% (36<sup>th</sup>)</b>                            |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>41% (T-32<sup>nd</sup>)</b>                            |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>1,476</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES (NOT IMPLEMENTED)</b>                              |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Nebraska Department of Health</a></b> |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |

# NEVADA

## Policies Covered by State Mandate

A health care plan issued by a managed care organization that provides coverage for the treatment of colorectal cancer must provide coverage for colorectal cancer screening in accordance with:

(a) The guidelines concerning colorectal cancer screening which are published by the American Cancer Society; or

(b) Other guidelines or reports concerning colorectal cancer screening which are published by nationally recognized professional organizations and which include current or prevailing supporting scientific data.

Full statute language available [here](#).

|  |  |
|--|--|
| Mandate mention of age? If yes, what age?                                | <b>NO</b>  |
| Mandate tied to ACS, USPSTF or other?                                    | <b>ACS</b>   |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>   |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>   |
| Lives enrolled in non-ERISA plans  | <b>1,466,485</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>53.8% (49<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>74.2% (48<sup>th</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>33% (T-46<sup>th</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>1,234* (1997-2010)</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>YES</b>   |
| If yes, what type of ACS CAN activity?                                   | <b>Coalition requested USPSTF to reconsider 2016 CRC screening recommendation before review in 2021</b>                  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>  |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |
| Additional information   | <b>One of six states in which the CDC's Colorectal Cancer Control Program (CRCCP) provides direct screening services</b> |



# NEW HAMPSHIRE



## Summary

The New Hampshire Colorectal Cancer Screening Program (NHCRCSPP) was developed at Dartmouth Hitchcock Medical Center in collaboration with the New Hampshire Department of Health and Human Services (NH DHHS) to increase high quality colorectal cancer screening for New Hampshire residents. It is funded by the CDC to work with healthcare systems, employers, healthcare plans, and media and community organizations to use proven strategies to increase screening and thereby decrease colorectal cancer in New Hampshire.

NHCRCSPP is working with healthcare systems, employers, healthcare plans, media and community organizations to implement proven evidence based initiatives to impact colorectal cancer in New Hampshire.

Only Massachusetts and Connecticut have higher CRC screening rates among adults ages 50 to 64.

More details available [here](#).

|  |  |
|--|--|
| CRC screening mandate, Y/N?  | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES;</b> <a href="#">Mary Hitchcock Memorial Hospital</a> |
| State materials mention of age?  | <b>YES</b>   |
| Screening age promoted by state materials                                | <b>50+</b>   |
| CRC screening methods promoted by state materials                        | <b>N/A</b>   |
| Lives enrolled in non-ERISA plans  | <b>503,915</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>71.1% (3<sup>rd</sup>)</b>                                |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>80.9% (14<sup>th</sup>)</b>                               |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>59% (3<sup>rd</sup>)</b>                                  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>1,021* (1999-2015)</b>                                    |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |

# NEW JERSEY



## Policies Covered by State Mandate

Every individual policy that provides hospital or medical expense benefits shall provide benefits to any named insured or other person covered thereunder for expenses incurred in conducting colorectal cancer screening at regular intervals.

## Consumers Covered by State Mandate

For persons age 50 and over or any age with high risk

## CRC Screening Methods Covered by State Mandate

The methods of screening for which benefits shall be provided shall include: a screening fecal occult blood test, flexible sigmoidoscopy, colonoscopy, barium enema, or any combination thereof; or the most reliable, medically recognized screening test available.

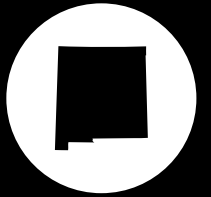
The method and frequency of screening to be utilized shall be in accordance with the most recent published guidelines of the American Cancer Society and as determined medically necessary by the covered person's physician, in consultation with the covered person.

Full statute language available [here](#).

|  |  |
|--|--|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>ACS</b>   |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>   |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>   |
| Lives enrolled in non-ERISA plans  | <b>3,776,364</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>59.6% (T-41<sup>st</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>82.6% (5<sup>th</sup>)</b>  |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>44% (T-23<sup>rd</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>8,098</b>   |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>YES</b>   |
| If yes, what type of ACS CAN activity?                                   | <b>ACS CAN will advocate for \$2M in funding toward the NJ Commission on Cancer Research beyond 2019 and to preserve \$9.5M in funding for the NJ Cancer Education and Early Detection Program. (Provides low-income uninsured NJ residents with cancer screening including mammograms, pap tests and colonoscopies)</b> |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>  |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |



# NEW MEXICO



## Policies Covered by State Mandate

A blanket or group health policy, health care plan or certificate of health insurance that is delivered, issued for delivery or renewed in this state shall provide coverage for colorectal screening for determining the presence of precancerous or cancerous conditions and other health problems.

## CRC Screening Methods Covered by State Mandate

The coverage shall make available colorectal cancer screening, as determined by the health care provider in accordance with the evidence-based recommendations established by the United States Preventive Services Task Force.

Full statute language available [here](#).

|  |                                  |
|--|----------------------------------|
| Mandate mention of age? If yes, what age?                                | <b>NO</b>                        |
| Mandate tied to ACS, USPSTF or other?                                    | <b>USPSTF</b>                    |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>                   |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>             |
| Lives enrolled in non-ERISA plans  | <b>1,135,572</b>                 |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>56.9% (44<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>76.0% (T-41<sup>st</sup>)</b> |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>49% (T-10<sup>th</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>1,228* (1995-2012)</b>        |
| Medicaid Expansion state, Y/N?   | <b>YES</b>                       |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>                        |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>                        |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>                        |

# NEW YORK



## Summary

While New York does not have a state mandate for CRC screening, it is one of six states in which the CDC's Colorectal Cancer Control Program (CRCCP) provides direct screening services. Free colorectal cancer screening tests are available for eligible, uninsured and underinsured New York residents through the New York State Cancer Services Program. Those seeking treatment may be eligible for coverage through the New York State Medicaid Cancer Treatment Program (NYS MCTP).

New York's screening rate among ages 50 to 64 increased by 1.9% from 2016 to 2018, while ages 65 to 75 decreased by 0.5% over the same period.

More details available [here](#).

|  |   |
|--|---|
| CRC screening mandate, Y/N?  | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">New York Department of Health</a></b> |
| State materials mention of age?  | <b>YES</b>  |
| Screening age promoted by state materials                                | <b>50+</b>  |
| CRC screening methods promoted by state materials                        | <b>FOBT/FIT, flex sigmoidoscopy, colonoscopy</b>          |
| Lives enrolled in non-ERISA plans  | <b>12,574,540</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>64.9% (T-18<sup>th</sup>)</b>                          |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>78.2% (T-28<sup>th</sup>)</b>                          |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>50% (9<sup>th</sup>)</b>                               |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>17,280</b>   |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |

# NORTH CAROLINA

## Policies Covered by State Mandate

Accident and health insurance policy or certificate; a nonprofit hospital or medical service corporation contract; a health maintenance organization subscriber contract; a plan provided by a multiple employer welfare arrangement; or a plan provided by another benefit arrangement, to the extent permitted by ERISA

## Consumers Covered by State Mandate

For any nonsymptomatic covered individual who is:

- (1) At least 50 years of age, or
- (2) Less than 50 years of age and at high risk for colorectal cancer according to the most recently published colorectal cancer screening guidelines of the American Cancer Society or guidelines adopted by the North Carolina Advisory Committee on Cancer Coordination and Control.

Full statute language available [here](#).



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|--|--|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>ACS or guidelines adopted by the North Carolina Advisory Committee on Cancer Coordination and Control</b> |
| State mandate applies to Medicaid, Y/N?                                  | <b>NO</b>  |
| Details on process for updating state mandate                            | <b>North Carolina Advisory Committee on Cancer Coordination and Control appears to have influence</b>        |
| Lives enrolled in non-ERISA plans  | <b>4,385,283</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>64.9% (T-18<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>81.7% (8<sup>th</sup>)</b>  |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>43% (T-27<sup>th</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>8,682</b>   |
| Medicaid Expansion state, Y/N?   | <b>NO</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">North Carolina Department of Health and Human Services</a></b>                           |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |
| Additional information   | <b>UNC has received NCI ACCISS Grant</b>   |

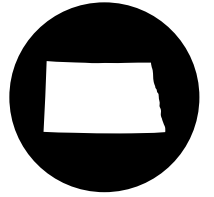
# NORTH DAKOTA

## Summary

The North Dakota Colorectal Cancer Roundtable (NDCCRT) is dedicated to increasing the use of proven CRC screening tests among the entire population for whom screening is appropriate. Its website provides resources to educate health systems staff and providers, raise awareness with the public, and share the latest data. NDCCRT supports the national "80% in Every Community" initiative and has had more than 20 health organizations across the state sign the pledge.

From 2016 to 2018, North Dakota saw increases in screening rates of 2.3% among ages 50 to 64 and 2.5% among ages 65 to 75.

More details available [here](#).



|  |  |
|--|--|
| CRC screening mandate, Y/N?  | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES;</b> <a href="#">Quality Health Associates of North Dakota</a>  |
| State materials mention of age?  | <b>YES</b>   |
| Screening age promoted by state materials                                | <b>50+, but mentions ACS guideline to screen at 45</b>   |
| CRC screening methods promoted by state materials                        | <b>FIT, Cologuard, colonoscopy</b>   |
| Lives enrolled in non-ERISA plans  | <b>373,479</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>61.7% (34<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>76.3% (T-38<sup>th</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>51% (8<sup>th</sup>)</b>  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>461* (1998-2015)</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>YES</b>   |
| If yes, what type of ACS CAN activity?                                   | <b>ACS CAN will work to maintain/increase funding for colorectal cancer screening, treatment, and patient navigation programs.</b> |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |

# OHIO

## Summary

Ohio's statewide CRC efforts are supported by the Ohio Partners for Cancer Control (OPCC). The Colorectal Cancer Initiative is among the organization's primary objectives. To help increase screening rates, OPCC has launched several initiatives including recognition and provider intervention.

The Blue Star Program recognizes hospital systems making extraordinary measures to advance initiatives that support the goal to screen 80% of adults 50 and over. OPCC is also piloting a state-wide FluFIT project by offering home tests to patients at the time of their annual flu shots.

Ohio is one of only nine states that saw decreases in screening rates among ages 50 to 64 (-1%) and 65 to 75 (-0.2%) from 2016 to 2018.

More details available [here](#).



|  |  |
|--|--|
| CRC screening mandate, Y/N?  | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>  |
| State materials mention of age?  | <b>YES</b>   |
| Screening age promoted by state materials                                | <b>50-75</b>   |
| CRC screening methods promoted by state materials                        | <b>Blood stool test in the past year; sigmoidoscopy in the past five years plus FOBT in the past three years; colonoscopy in the past 10 years</b> |
| Lives enrolled in non-ERISA plans  | <b>5,121,266</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>61.4% (39<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>76.3% (T-38<sup>th</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>42% (T-30<sup>th</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>9,375* (1997-2015)</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |

# OKLAHOMA

## Policies Covered by State Mandate

Any health benefit plan, including the State and Education Employees Group Health Insurance Plan, that is offered, issued or renewed in this state on or after January 1, 2002, which provides medical and surgical benefits, shall offer coverage for colorectal cancer examinations and laboratory tests for cancer for any nonsymptomatic covered individual, in accordance with standard, accepted published medical practice guidelines for colorectal cancer screening.

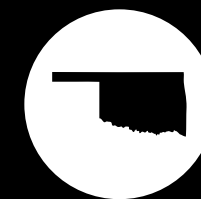
## Consumers Covered by State Mandate

(1) At least 50 years of age; or

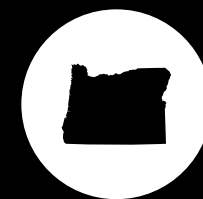
(2) Less than 50 years of age and at high risk for colorectal cancer according to the standard, accepted published medical practice guidelines.

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>  |
| Mandate tied to ACS, USPSTF or other?                                    | <b>NONE</b>   |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>  |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>  |
| Lives enrolled in non-ERISA plans  | <b>1,637,158</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>54.9% (47<sup>th</sup>)</b>  |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>75.2% (45<sup>th</sup>)</b>  |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>25% (T-50<sup>th</sup>)</b>  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>3,217* (1997-2015)</b>   |
| Medicaid Expansion state, Y/N?   | <b>NO</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>YES</b>  |
| If yes, what type of ACS CAN activity?                                   | <ul style="list-style-type: none"> <li>• <b>CRC Screening</b></li> <li>• <b>Free screening for uninsured</b></li> <li>• <b>Under the Affordable Care Act, private insurance plans are required to cover CRC screening for adults aged 50 - 75 with no cost share</b></li> <li>• <b>80% by 2018 supporter</b></li> </ul> |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>   |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |



# OREGON



## Policies Covered by State Mandate

A health benefit plan, as defined in ORS 743B.005, shall provide coverage for all colorectal cancer screening examinations and laboratory tests assigned either a grade of A or a grade of B by the United States Preventive Services Task Force.

## Consumers Covered by State Mandate

If an insured is 50 years of age or older, an insurer may not impose cost sharing on the coverage required by subsection (1) of this section.

## CRC Screening Methods Covered by State Mandate

The coverage shall include, at a minimum:

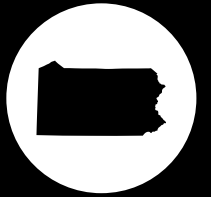
- (1) Fecal occult blood tests;
- (2) Colonoscopies, including the removal of polyps during a screening procedure; or
- (3) Double contrast barium enemas; and
- (4) A colonoscopy, including the removal of polyps during the procedure, if the insured has a positive result on any fecal test assigned either a grade of A or a grade of B by the United States Preventive Services Task Force.

If an insured is at high risk for colorectal cancer, the coverage required by subsection (1) of this section shall include colorectal cancer screening examinations and laboratory tests as recommended by the treating physician.

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>                                      |
| Mandate tied to ACS, USPSTF or other?                                    | <b>OTHER</b>  |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>                                      |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>                                |
| Lives enrolled in non-ERISA plans  | <b>2,522,830</b>                                    |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>66.6% (T-14<sup>th</sup>)</b>                    |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>80.1% (T-19<sup>th</sup>)</b>                    |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>46% (T-15<sup>th</sup>)</b>                      |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>2,706* (1996-2015)</b>                           |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Oregon Health Authority</a></b> |
| Cost sharing waived for follow-up colonoscopy                            | <b>YES</b>  |

# PENNSYLVANIA



## Policies Covered by State Mandate

Any group health, sickness or accident policy or subscriber contract or certificate offered to groups of 51 or more employees issued by an entity, HMOs, hospital plans, professional health services plans.

## Consumers Covered by State Mandate

Coverage for nonsymptomatic covered individuals who are 50 years of age or older and covered individuals under 50 years who are at high risk.

## CRC Screening Methods Covered by State Mandate

FOBT, sigmoidoscopy, colonoscopy, screening barium enema, and "Screening test consistent with approved medical standards and practices to detect colon cancer."

Full statute language available [here](#).

|  |                                  |
|--|----------------------------------|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>                   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>ACS</b>                       |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>                   |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>             |
| Lives enrolled in non-ERISA plans  | <b>6,785,730</b>                 |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>66.9% (13<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>78.6% (T-26<sup>th</sup>)</b> |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>44% (T-23<sup>rd</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>11,623</b>                    |
| Medicaid Expansion state, Y/N?   | <b>YES</b>                       |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>                        |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>                        |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>                        |



# RHODE ISLAND



## Policies Covered by State Mandate

Every individual or group hospital or accident and sickness insurance policy, medical expense insurance policy or individual or group hospital or medical services plan contract delivered, issued for delivery, or renewed in this state shall provide coverage for prostate and colorectal screening examinations and laboratory tests for cancer for any nonsymptomatic person covered under that policy or contract, in accordance with the current American Cancer Society guidelines.

## Consumers Covered by State Mandate

Insureds 45 years of age or older

## CRC Screening Methods Covered by State Mandate

Screening tests as recommended by healthcare provider in accordance with the most recently published guidelines of national cancer society.

If an insured is 45 years of age or older, an insurer may not impose cost sharing on the coverage required by subsection (a) of this section and the coverage shall include, at a minimum:

- (1) Fecal occult blood tests;
- (2) Colonoscopies, including the removal of polyps during a screening procedure; or
- (3) Double contrast barium enemas; and
- (4) A colonoscopy, including the removal of polyps during the procedure, if the insured has a positive result on any fecal test

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | <b>YES; 45</b>  |
| Mandate tied to ACS, USPSTF or other?                                    | <b>ACS</b>  |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>  |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>  |
| Lives enrolled in non-ERISA plans  | <b>612,300</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>71.0% (4<sup>th</sup>)</b>                                 |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>84.9% (1<sup>st</sup>)</b>                                 |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>55% (6<sup>th</sup>)</b>                                   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>953</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Rhode Island Department of Health</a></b> |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |

# SOUTH CAROLINA

## Summary

The South Carolina Department of Health and Environmental Control promotes free CRC screenings to eligible patients through the Center for Colon Cancer Research at the Colon Cancer Network. It also notes that state employees and their spouses covered under the State Health Plan (PEBA) may not have to pay for CRC screenings through PEBA Perks.

PEBA Perks has removed a patient's out-of-pocket cost for diagnostic colonoscopies and routine screenings, including the pre-surgical consultation, the generic prep kit, the procedure itself and associated anesthesia. The Standard and Savings Plans follow the age recommendations set by the United States Preventive Services Task Force for routine colonoscopies.

More details available [here](#).



|  |  |
|--|--|
| CRC screening mandate, Y/N?  | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">University of South Carolina</a></b>   |
| State materials mention of age?  | <b>YES</b>   |
| Screening age promoted by state materials                                | <b>45-75</b>   |
| CRC screening methods promoted by state materials                        | <b>Colonoscopy or FIT</b>  |
| Lives enrolled in non-ERISA plans  | <b>2,287,407</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>63.5% (28<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>80.5% (T-17<sup>th</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>45% (T-19<sup>th</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>4,221* (1997-2015)</b>  |
| Medicaid Expansion state, Y/N?   | <b>NO</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>YES</b>   |
| If yes, what type of ACS CAN activity?                                   | <b>ACS CAN will work to maintain funding of \$1 million for colorectal cancer screening, treatment, and patient navigation programs administered through the University of South Carolina Center for Colon Cancer Prevention</b> |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |

# SOUTH DAKOTA



## Summary

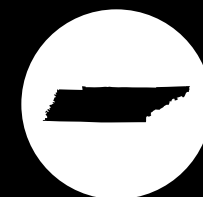
The South Dakota Department of Health has launched several initiatives geared toward improving CRC screening rates:

- **FluFIT** – FluFIT programs help clinics increase access to colorectal cancer screening by offering home tests to patients at the time of their annual flu shots. FLuFIT is recommended by many national organizations including the National Colorectal Cancer Roundtable, National Cancer Institute, and American Cancer Society.
- **Colorectal Cancer Capacity study completed by SDSU** – The purpose of the study was to evaluate the state of South Dakota’s current CRC screening practices and capacity indicators.
- **SDSU completes Healthcare Provider Knowledge, Attitudes, Practices, and Beliefs about Colorectal Cancer Screening** – The purpose of this project was to explore healthcare provider knowledge, attitudes, practices, and beliefs related to CRC screening.

More details available [here](#).

|  |   |
|--|---|
| CRC screening mandate, Y/N?  | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">South Dakota Department of Health</a></b> |
| State materials mention of age?  | <b>YES</b>  |
| Screening age promoted by state materials                                | <b>50-75</b>  |
| CRC screening methods promoted by state materials                        | <b>FIT, Cologuard, colonoscopy, flexible sigmoidoscopy</b>    |
| Lives enrolled in non-ERISA plans  | <b>332,527</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>63.8% (T-25<sup>th</sup>)</b>                              |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>76.0% (T-41<sup>st</sup>)</b>                              |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>45% (T-19<sup>th</sup>)</b>                                |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>484* (2001-2015)</b>                                       |
| Medicaid Expansion state, Y/N?   | <b>NO</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |

# TENNESSEE



## Policies Covered by State Mandate

All individual and group health insurance policies providing coverage on an expense incurred basis, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered or issued on or after January 1, 2004, in this state shall include, or shall offer to prospective policyholders and existing policyholders on renewal, as an optional benefit, coverage for colorectal cancer examinations and laboratory tests specified in current American Cancer Society guidelines or federal Preventive Services Task Force guidelines for colorectal cancer screening of asymptomatic individuals.

Full statute language available [here](#).

|  |                                |
|--|--------------------------------|
| Mandate mention of age? If yes, what age?                                | <b>NO</b>                      |
| Mandate tied to ACS, USPSTF or other?                                    | <b>ACS or USPSTF</b>           |
| State mandate applies to Medicaid, Y/N?                                  | <b>NO</b>                      |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>           |
| Lives enrolled in non-ERISA plans  | <b>2,979,311</b>               |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>61.5% (38<sup>th</sup>)</b> |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>81.2% (12<sup>th</sup>)</b> |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>38% (41<sup>st</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>3,776* (2004-2015)</b>      |
| Medicaid Expansion state, Y/N?   | <b>NO</b>                      |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>                      |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>                      |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>                      |

# TEXAS



## Policies Covered by State Mandate

The Texas Insurance Code now mandates coverage for colorectal cancer screening services by health plans. This policy applies to most health plans issued or renewed on or after Jan. 1, 2002. The health plans also must give written notice regarding coverage to each person enrolled in the plan.

## Consumers Covered by State Mandate

Enrollees who are 50 or older and at normal risk for developing colon cancer.

## CRC Screening Methods Covered by State Mandate

The minimum coverage required includes:

(1) A fecal-occult blood test performed annually and a flexible sigmoidoscopy performed every five years; or

(2) A colonoscopy performed every 10 years.

A 2009 bulletin from the TX DOI ([# B-0006-09](#)) indicates that stool DNA tests are now acceptable forms of CRC screening and "Texas Insurance Code §1363.003 requires a medically recognized screening examination for the detection of colorectal cancer in certain situations."

Full statute language available [here](#).

|  |  |
|--|--|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>NONE</b>  |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>   |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>   |
| Lives enrolled in non-ERISA plans  | <b>10,168,820</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>54.0% (48<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>71.6% (50<sup>th</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>36% (43<sup>rd</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>20,091</b>  |
| Medicaid Expansion state, Y/N?   | <b>NO</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">University of Texas Health Science Center at Houston</a></b> |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |

# UTAH

## Summary

Utah's Colorectal Cancer Control Program pays for the following:

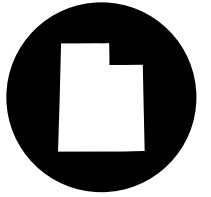
1. Screening Tests and Procedures: colonoscopy every ten years, biopsy/polypectomy during colonoscopy, moderate sedation for colonoscopy, the use of propofol only if prior approval is obtained, and office visits related to the tests listed above.
2. Diagnostic Follow-up Services: office visits related to screening and diagnostic tests, total colon exam with colonoscopy, biopsy/polypectomy during colonoscopy, moderate sedation for colonoscopy, the use of propofol only if prior approval is obtained, and pathology fees.
3. Surveillance: surveillance colonoscopies will be reimbursed at appropriate intervals as determined by the recommending clinician, the program, or the program's Medical Advisory Board (MAB).

To be eligible to receive services from the Utah Cancer Control Program, an individual:

- (a) must be aged 50 to 64 years old;
- (b) must have income at or below 250% of Federal Poverty Level;
- (c) must have no insurance, inadequate insurance coverage that does not pay for these services, or cannot afford the insurance co-pay.
- (d) must be a current Utah resident.

More details available [here](#).

|  |  |
|--|--|
| CRC screening mandate, Y/N?  | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">University of Utah</a></b>   |
| State materials mention of age?  | <b>NO</b>  |
| Screening age promoted by state materials                                | <b>NONE</b>  |
| CRC screening methods promoted by state materials                        | <b>Colonoscopy every 10 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</b> |
| Lives enrolled in non-ERISA plans  | <b>1,301,021</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>64.2% (22<sup>nd</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>80.1% (T-19<sup>th</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>29% (48<sup>th</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>1,660</b>   |
| Medicaid Expansion state, Y/N?   | <b>YES (Adopted, but not yet implemented)</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |



# VERMONT



## Policies Covered by State Mandate

Insurance companies that provide health insurance, nonprofit hospital and medical services corporations, and health maintenance organizations (but not to plans with coverage for specified disease or other limited benefit coverage).

Colorectal cancer screening services performed under contract with the insurer shall not be subject to any co-payment, deductible, coinsurance, or other cost-sharing requirement. In addition, an insured shall not be subject to any additional charge for any service associated with a procedure or test for colorectal cancer screening, which may include one or more of the following: (1) removal of tissue or other matter; (2) laboratory services; (3) physician services; (4) facility use; and (5) anesthesia.

## Consumers Covered by State Mandate

50 years of age or older

## CRC Screening Methods Covered by State Mandate

(1) Annual fecal occult blood testing plus one flexible sigmoidoscopy every five years; or

(2) One colonoscopy every 10 years.

For an insured who is at high risk for colorectal cancer, colorectal cancer screening examinations and laboratory tests as recommended by the treating physician.

Full statute language available [here](#).

|  |  |
|--|--|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>NONE</b>  |
| State mandate applies to Medicaid, Y/N?                                  | <b>Separate Medicaid mandate covers Cologuard effective 6.29.2018 for ages 45-85</b> |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>   |
| Lives enrolled in non-ERISA plans  | <b>286,216</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>66.6% (T-14<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>77.5% (31<sup>st</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>57% (4<sup>th</sup>)</b>  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>509* (1996-2015)</b>  |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Vermont Agency of Human Services</a></b>                         |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |

# VIRGINIA



## Policies Covered by State Mandate

Each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical or major medical coverage on an expense-incurred basis; each corporation providing individual or group accident and sickness subscription contracts; and each health maintenance organization providing a health care plan for health care services shall provide coverage for colorectal cancer screening under any such policy, contract or plan delivered, issued for delivery or renewed in this Commonwealth, on and after July 1, 2000.

## Consumers Covered by State Mandate

Shall be provided in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations.

## CRC Screening Methods Covered by State Mandate

Coverage for colorectal cancer screening, specifically screening with an annual fecal occult blood test, flexible sigmoidoscopy or colonoscopy, or in appropriate circumstances radiologic imaging, shall be provided in accordance with the most recently published recommendations established by the American College of Gastroenterology, in consultation with the American Cancer Society, for the ages, family histories, and frequencies referenced in such recommendations.

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | <b>NO</b>   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>American College of Gastroenterology, in consultation with ACS</b> |
| State mandate applies to Medicaid, Y/N?                                  | <b>NO</b>   |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>  |
| Lives enrolled in non-ERISA plans  | <b>3,247,820</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>63.8% (T-25<sup>th</sup>)</b>                                      |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>80.0% (21<sup>st</sup>)</b>  |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>41% (T-32<sup>nd</sup>)</b>  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>5,810* (1998-2015)</b>   |
| Medicaid Expansion state, Y/N?   | <b>YES</b>  |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>   |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |



# WASHINGTON

## Policies Covered by State Mandate

Health plans issued or renewed on or after July 1, 2008, must provide benefits or coverage for colorectal cancer 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.

## Consumers Covered by State Mandate

To a covered individual who is:

- (1) At least 50 years old; or
- (2) Less than 50 years old and at high risk or very high risk for colorectal cancer according to such guidelines or recommendations.

## CRC Screening Methods Covered by State Mandate

For any of the colorectal screening examinations and tests in the selected guidelines or recommendations, at a frequency identified in such guidelines or recommendations, as deemed appropriate by the patient's physician after consultation with the patient.

Full statute language available [here](#).

|  |  |
|--|--|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>   |
| Mandate tied to ACS, USPSTF or other?                                    | <b>USPSTF or CDC</b>   |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>   |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>   |
| Lives enrolled in non-ERISA plans  | <b>3,989,037</b>   |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>65.7% (17<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>79.3% (T-24<sup>th</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>48% (T-12<sup>th</sup>)</b>   |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>5,184</b>   |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">Washington Department of Health</a></b>  |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |
| Additional information   | <b>One of six states in which the CDC's Colorectal Cancer Control Program (CRCCP) provides direct screening services</b> |



# WEST VIRGINIA



## Policies Covered by State Mandate

Notwithstanding any provision of any policy, provision, contract, plan or agreement applicable to this article, reimbursement or indemnification for colorectal cancer examinations and laboratory testing may not be denied.

## Consumers Covered by State Mandate

Any nonsymptomatic person 50 years of age or older, or a symptomatic person under 50 years of age, when reimbursement or indemnity for laboratory or X-ray services are covered under the policy and are performed for colorectal cancer screening or diagnostic purposes at the direction of a person licensed to practice medicine and surgery by the board of medicine.

## CRC Screening Methods Covered by State Mandate

The tests are as follows:

- (1) An annual fecal occult blood test;
- (2) A flexible sigmoidoscopy repeated every five years;
- (3) A colonoscopy repeated every ten years;
- (4) A double contrast barium enema repeated every five years.

Full statute language available [here](#).

|  |  |
|--|--|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>                                       |
| Mandate tied to ACS, USPSTF or other?                                    | <b>NONE</b>  |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>                                       |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>                                 |
| Lives enrolled in non-ERISA plans  | <b>878,636</b>                                       |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>62.2% (T-32<sup>nd</sup>)</b>                     |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>76.6% (35<sup>th</sup>)</b>                       |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>48% (T-12<sup>th</sup>)</b>                       |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>1,984</b>   |
| Medicaid Expansion state, Y/N?   | <b>YES</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>  |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>YES; <a href="#">West Virginia University</a></b> |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>  |

# WISCONSIN

## Policies Covered by State Mandate

Except as provided in par. (c), every disability insurance policy, and every self-insured health plan of the state or a county, city, village, town, or school district, that provides coverage of any diagnostic or surgical procedures shall provide coverage of colorectal cancer examinations and laboratory tests, in accordance with guidelines specified by the commissioner by rule under par. (d) 1. and 3.

## Consumers Covered by State Mandate

- (1) An insured or enrollee who is 50 years of age or older.
- (2) An insured or enrollee who is under 50 years of age and at high risk for colorectal cancer, as specified by the commissioner by rule under par. (d) 2. and 3.

## CRC Screening Methods Covered by State Mandate

The latest [promulgation](#) by the Commissioner states that "Insurers are required to provide coverage for all cancer screening tests or procedures if specific colorectal cancer screening tests or procedures are approved by the selected guideline and provide coverage for all cancer screening tests or procedures covered under Medicare."

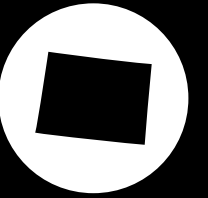
Section Ins 3.35 (3) (b), Wis. Adm. Code, requires that insurers no less than annually review the designated guidelines for modifications and additions and update the benefits offered for the detection of colorectal cancer to be reflective of the guideline standards selected by the insurer. This will ensure that consumers are receiving the most up-to-date cancer screenings that have been determined to be effective in early detection of colon cancer.

Full statute language available [here](#).

|  |   |
|--|---|
| Mandate mention of age? If yes, what age?                                | <b>YES; 50</b>  |
| Mandate tied to ACS, USPSTF or other?                                    | <b>OTHER</b>  |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>  |
| Details on process for updating state mandate                            | <b>The commissioner, in consultation with the secretary of health services and after considering nationally validated guidelines, including guidelines issued by ACS for colorectal cancer screening, shall promulgate rules. Details <a href="#">HERE</a>.</b> |
| Lives enrolled in non-ERISA plans  | <b>2,861,542</b>  |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>70.0% (7<sup>th</sup>)</b>   |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>82.9% (T-3<sup>rd</sup>)</b>   |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>48% (T-12<sup>th</sup>)</b>  |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>4,645</b>  |
| Medicaid Expansion state, Y/N?   | <b>NO</b>   |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>   |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>   |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>   |



# WYOMING



## Policies Covered by State Mandate

All group and blanket disability insurance policies providing coverage on an expense incurred basis, group service or indemnity type contracts issued by a nonprofit corporation, group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed health care delivery entities of any type or description, that are delivered, issued for delivery, continued or renewed on or after July 1, 2001, and providing coverage to any resident of this state shall provide benefits or coverage for: A colorectal cancer examination and laboratory tests for cancer for any nonsymptomatic person covered under the policy or contract.

Full statute language available [here](#).

|  |                                |
|--|--------------------------------|
| Mandate mention of age? If yes, what age?                                | <b>NO</b>                      |
| Mandate tied to ACS, USPSTF or other?                                    | <b>NONE</b>                    |
| State mandate applies to Medicaid, Y/N?                                  | <b>UNCLEAR</b>                 |
| Details on process for updating state mandate                            | <b>NOT AVAILABLE</b>           |
| Lives enrolled in non-ERISA plans  | <b>143,468</b>                 |
| 50 to 64 CRC screening rate (2018 BRFSS data)                            | <b>51.5% (51<sup>st</sup>)</b> |
| 65 to 75 CRC screening rate (2018 BRFSS data)                            | <b>68.5% (51<sup>st</sup>)</b> |
| Federally Qualified Health Center (FQHC) screening rate (2018 HRSA data) | <b>25% (T-50<sup>th</sup>)</b> |
| Number of CRC cases among 20 to 49, per JNCI article (1995-2015)         | <b>391</b>                     |
| Medicaid Expansion state, Y/N?   | <b>NO</b>                      |
| CRC legislative activity, according to ACS CAN website, Y/N?             | <b>NO</b>                      |
| Colorectal Cancer Control Program (CRCCP) grantee?, Y/N?                 | <b>NO</b>                      |
| Cost sharing waived for follow-up colonoscopy                            | <b>NO</b>                      |

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