

1 AMENDMENT TO SENATE BILL 1417

2 AMENDMENT NO. _____. Amend Senate Bill 1417 on page 1,
3 line 18, by changing "individual, in" to "individual."; and
4 on page 1 by replacing lines 19 through 26 with the
5 following:

6 "Coverage required under this Section shall provide a
7 covered individual, in consultation with his or her
8 physician, with a choice of cancer examinations and
9 laboratory tests, but only in accordance with the following
10 frequency and type:

11 (1) For persons age 50 and over:

12 (A) either a fecal occult blood test or
13 immunochemical fecal blood test conducted annually,
14 or

15 (B) a flexible sigmoidoscopy conducted every 5
16 years, or

17 (C) a fecal occult blood test or
18 immunochemical fecal blood test conducted annually
19 in addition to a flexible sigmoidoscopy conducted
20 every 5 years, or

21 (D) a double contrast barium enema conducted
22 every 5 years, or

23 (E) a colonoscopy conducted every 10 years.

1 Coverage under this subdivision (1) permits
2 additional screening only if the frequency period for the
3 prior examination or test has expired.

4 (2) For persons at high risk for colorectal cancer,
5 either a fecal occult blood test or immunochemical fecal
6 blood test, a flexible sigmoidoscopy, a double contrast
7 barium enema, or a colonoscopy at a frequency determined
8 by the covered individual in consultation with his or her
9 physician and in accordance with generally accepted
10 medical standards.

11 An "individual at high risk for colorectal cancer" is an
12 individual who, because of family history, prior experience
13 of cancer or precursor neoplastic polyps, a history of
14 chronic digestive disease (including inflammatory bowel
15 disease, Crohn's Disease, or ulcerative colitis), the
16 presence of any appropriate recognized gene markers for
17 colorectal cancer, or other predisposing factors, faces a
18 high risk of colorectal cancer."