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# FISCAL IMPACT REPORT

SPONSOR	R Bar	reras	ORIGINAL DAT LAST UPDATE		НВ	510/aHCPAC
SHORT TITLE Colorectal Screening Insurance Coverage				ige	SB	
ANAL					YST	Wilson
APPROPRIATION (dollars in thousands)						
Appropriation				Recurring or Non-Rec		Fund Affected
	FY07		FY08			
			NFI			

#### SOURCES OF INFORMATION

LFC Files

Responses Received From
Department of Health (DOH)
Health Policy Commission (HPC)
Human Services Department (HSD)
Public Education Department (PED)

## **SUMMARY**

## Synopsis of HCPAC Amendment

The House Consumer and Public Affairs Committee amendment to House Bill 510 changes all references to "national medical standards" to "the evidence-based recommendations established by the United States preventative services task force".

#### Synopsis of Original Bill

House Bill 510 requires an individual or group health insurance policy, health care plan and certificate of health insurance that is delivered, issued for delivery or renewed in this state to provide coverage for colorectal cancer (CRC) screening for determining the presence of precancerous or cancerous conditions and other health problems.

The coverage shall make available colorectal cancer screening, as determined by the health care provider in accordance with national medical standards.

The bill specifies that the provisions mandating the screening are not to be applied to travel, accident, or limited and specific-disease policies.

# FISCAL IMPLICATIONS

There are no fiscal impacts for state agencies as a result of the provisions of this bill.

#### **SIGNIFICANT ISSUES**

According to the DOH the National CRC Research Alliance gave New Mexico a grade of F due to lack of legislation requiring insurance providers to cover CRC screening. Currently, about 17 states have legislation mandating health plan coverage for CRC screening. The best legislation specifically defines which types of CRC screening are covered and references accepted screening guidelines, allowing the legislation to include coverage of future advances in screening methods.

HB 510 will extend insurance coverage of CRC screening to New Mexicans currently covered by the aforementioned insurers. In 2004, nearly 38% of New Mexico adults age 50 and older reported never having had a colorectal cancer screening examination using fecal occult blood testing, sigmoidoscopy or colonoscopy. In 2006, an estimated 860 new cases of colorectal cancer were diagnosed and 320 people died from the disease in New Mexico. Screening and early detection for CRC can diagnose cancers earlier, when they are more responsive to treatment, and can also prevent the disease.

A recent analysis by the American Cancer Society shows that colorectal cancer screening rates have risen faster and are significantly higher in states that have passed these coverage laws. From 1999 to 2001, colorectal cancer screening rates were similar in all states. As these laws had time to take effect, the rates of screening rose significantly higher in states with coverage laws than those states without such laws.

Incidence rates for colorectal cancer are highest among non-Hispanic white men and lowest among American Indian women. Mortality rates are highest among black men and lowest among American Indian women. Incidence has been steadily declining for most racial or ethnic subgroups except for Hispanic and American Indian men. For Hispanic men, the incidence of colorectal cancer doubled over the last 30 years, while in American Indian men it tripled.

#### ADMINISTRATIVE IMPLICATIONS

The Insurance Department of the Public Regulation Commission will enforce the provisions of this bill as part of its ongoing responsibilities.

DW/nt