A bill to be entitled

An act relating to health insurance; creating s. 627.64173, F.S.; providing legislative intent; requiring each health insurance policy in the state to provide coverage for certain colorectal cancer screenings and tests; specifying required examinations and tests; specifying covered individuals; providing for frequency of examinations and tests; providing a definition; providing requirements for sharing costs of examinations and tests; requiring notification of benefits; providing criteria for referrals; providing requirements for payments; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 627.64173, Florida Statutes, is created to read:

627.64173 Coverage for colorectal cancer screening.--

(1) INTENT.--It is the intent of the Legislature to reduce the incidence and mortality of colorectal cancers in this state through screening, enhancing early detection, and treatment.

(2) COVERAGE.--Each individual and group health insurance policy providing coverage on an expense-incurred basis; an individual or group service or indemnity type contract issued by a health maintenance organization; a policy of the state medical assistance program and its contracted insurers, whether providing services on a managed care or fee-for-service basis; a policy of the state employees' health insurance program; a

policy of a self-insured group arrangement to the extent not preempted by federal law; and a policy of a managed health care delivery entity of any type or description that is delivered, issued for delivery, continued, or renewed on or after January 1, 2008, and providing coverage to any resident of this state must provide benefits and coverage for all colorectal cancer screening examinations and laboratory tests specified in paragraph (a) for colorectal cancer screenings of asymptomatic individuals.

(a) The colorectal cancer screening examinations and laboratory tests to be covered pursuant to this section shall include, at a minimum:

1. A fecal occult blood test conducted annually.

2. A flexible sigmoidoscopy conducted every 5 years.

3. A combination of a fecal occult blood test conducted annually together with a flexible sigmoidoscopy conducted every 5 years.

4. A colonoscopy conducted every 10 years.

5. A double contrast barium enema conducted every 5 years.

6. Any additional medically recognized screening tests for colorectal cancer as required by the State Health Officer, in consultation with appropriate organizations.

(b) Benefits shall be provided under this section for 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.

(c) All colorectal cancer screening examinations and laboratory tests identified in this section shall be covered by the insurer, with the choice of examination or test determined by the covered individual in consultation with a health care provider.

(d) For those individuals considered to be at average risk for colorectal cancer, coverage or benefits shall be provided for the choice of screening, provided the screening is conducted in accordance with the specified frequency prescribed in this section, or for those individuals considered to be at high risk for colorectal cancer, provided at a frequency deemed necessary by a health care provider.

(e) For the purposes of this section, the term "individual at high risk for colorectal cancer" means:

1. An individual who, because of family history; prior experience of cancer or precursor neoplastic polyps; a history of chronic digestive disease condition, including inflammatory bowel disease, Crohn's Disease, or ulcerative colitis; the presence of any appropriate recognized gene markers for colorectal cancer; or other predisposing factors faces a higher than normal risk for colorectal cancer.

2. An individual who meets any expanded definition as generally recognized by prevailing medical science and as may be defined by the State Health Officer, in consultation with appropriate organizations.

(3) COST SHARING.--To encourage colorectal cancer screenings, individuals and health care providers must not be required to meet criteria or significant obstacles to secure

coverage. An individual shall not be required to pay an additional deductible or coinsurance for testing that is greater than an annual deductible or coinsurance established for similar benefits. If the program or contract does not cover a similar benefit, a deductible or coinsurance may not be set at a level that materially diminishes the value of the colorectal cancer benefit required. Reimbursement to health care providers for colorectal cancer screenings provided under this section shall be equal to or greater than the reimbursement to health care providers provided under Title XVII of the Social Security Act, Medicare.

(4) BENEFIT NOTIFICATION.--Each health insurance carrier or health benefit plan shall notify enrollees annually of colorectal cancer screenings covered by the enrollees' health benefit plan as well as notify enrollees of generally accepted screening guidelines. Such notification shall be delivered by mail, unless the enrollee and health insurance carrier have agreed upon another method of notification.

(5) REFERRALS TO PARTICIPATING PROVIDERS.--A group health plan or health insurance carrier is not required under this section to provide for a referral to a nonparticipating health care provider, unless the plan or issuer does not have an appropriate health care provider that is available and accessible to administer the screening examination and is a participating health care provider with respect to such treatment.

(6) PAYMENT OF NONPARTICIPATING PROVIDERS.--If a plan or issuer refers an individual to a nonparticipating health care

provider pursuant to this section, services provided as part of the approved screening examination and laboratory tests or resultant treatment, if any, shall be provided at no additional cost to the individual beyond what the individual would otherwise pay for services rendered by such a participating health care provider.

Section 2. This act shall take effect July 1, 2007.