

By Senator Ring

32-03760A-08

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1 A bill to be entitled

2 An act relating to cancer screening; providing legislative
3 intent; creating s. 627.64173, F.S.; requiring certain
4 health insurance policies, health maintenance organization
5 contracts, health insurance programs, group arrangements,
6 and managed health care delivery entities providing
7 coverage to state residents to provide coverage for
8 certain colorectal cancer examinations and laboratory
9 tests for colorectal cancer; providing requirements for
10 the colorectal screening examination; specifying covered
11 individuals; requiring coverage of certain evidence-based
12 screening strategies; providing a definition; prohibiting
13 patients and providers from being required to meet certain
14 requirements in order to secure coverage; prohibiting
15 certain deductible or coinsurance requirements; specifying
16 absence of any requirement to make nonparticipating
17 provider referrals under certain circumstances; providing
18 for payment of nonparticipating providers; excluding
19 application to certain insurance policies; providing an
20 effective date.

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

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24 Section 1. It is the intent of the Legislature to help
25 reduce the state's inordinately high cancer burden through early
26 detection and treatment of colon cancer through ensuring coverage
27 for the full range of colon cancer screenings, including
28 colonoscopies, in health insurance policies written in this
29 state.

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30 Section 2. Section 627.64173, Florida Statutes, is created
31 to read:

32 627.64173 Colorectal cancer screening coverage.--

33 (1) Any individual and group health insurance policy
34 providing coverage on an expense-incurred basis or any individual
35 or group service or indemnity type contract that is issued by a
36 health maintenance organization, a state medical assistance
37 program and its contracted insurers whether providing services on
38 a managed care or fee-for-service basis, the state employees'
39 health insurance program, a self-insured group arrangement to the
40 extent not preempted by federal law, or a managed health care
41 delivery entity of any type or description which policy or
42 contract is delivered, issued for delivery, continued, or renewed
43 on or after January 1, 2009, and which provides coverage to any
44 resident of this state shall provide benefits or coverage for all
45 colorectal cancer examinations and laboratory tests specified in
46 subsection (2) for colorectal cancer.

47 (2) A colorectal screening examination and laboratory test
48 to be covered under this section must include, at a minimum:

49 (a) A fecal occult blood test conducted annually.

50 (b) A flexible sigmoidoscopy conducted every 5 years.

51 (c) A combination of a fecal occult blood test conducted
52 annually along with a flexible sigmoidoscopy conducted every 5
53 years.

54 (d) The screening contained in the guidelines from the
55 United States Preventive Services Task Force or a double contrast
56 barium enema every 5 years as an alternative when indicated by a
57 licensed physician.

58 (e) The screening contained in the guidelines from the

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59 United States Preventive Services Task Force or a colonoscopy
60 every 10 years as an alternative when indicated by a licensed
61 physician.

62 (3) Benefits under this section shall be provided to a
63 covered individual who is:

64 (a) At least 50 years of age; or

65 (b) Younger than 50 years of age and at high risk for
66 colorectal cancer.

67 (4) Any evidence-based screening strategy identified in
68 this section shall be covered by the insurer, with the choice of
69 strategy determined by the covered individual in consultation
70 with a licensed physician.

71 (5) For those individuals considered to be at average risk
72 for colorectal cancer, coverage or benefits shall be provided for
73 the choice of screening if it is conducted in accordance with the
74 specified frequency prescribed in this section and, for those
75 individuals considered to be at high risk for colorectal cancer,
76 provided at a frequency deemed necessary by a licensed physician.

77 (6) As used in this section, the term "individual at high
78 risk for colorectal cancer" means any individual who, because of
79 family history; prior experience of cancer or precursor
80 neoplastic polyps; a history of chronic digestive disease
81 condition, including inflammatory bowel disease, Crohn's disease,
82 or ulcerative colitis; the presence of any appropriate recognized
83 gene markers for colorectal cancer; or other predisposing
84 factors, faces a higher than normal risk for colorectal cancer.

85 (7) To encourage potentially lifesaving colorectal cancer
86 screenings, patients and health care providers may not be
87 required to meet burdensome criteria or overcome significant

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88 obstacles in order to secure such coverage. An individual may not
89 be required to pay an additional deductible or coinsurance for
90 testing which is greater than an annual deductible or coinsurance
91 established for similar screening benefits. If the program or
92 contract does not cover a similar benefit, a deductible or
93 coinsurance may not be set at a level that materially diminishes
94 the value of colorectal cancer screening benefit required under
95 this section.

96 (8) A group health plan or health insurance issuer is not
97 required under this section to provide a referral to a
98 nonparticipating health care provider unless the plan or issuer
99 does not have an appropriate health care provider that is
100 available and accessible to administer the screening examination
101 and that is a participating health care provider with respect to
102 such treatment.

103 (9) If a plan or issuer refers an individual to a
104 nonparticipating health care provider under this section,
105 services provided as part of the approved screening examination
106 or resultant treatment shall be reimbursed as provided under the
107 policy or contract.

108 Section 3. This act does not apply to any insurance policy
109 that solely covers a specified accident, a specified disease,
110 disability income, Medicare supplement, or long-term care.

111 Section 4. This act shall take effect July 1, 2008.