

By Senator Sobel

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

23
24 Be It Enacted by the Legislature of the State of Florida:

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26 Section 1. It is the intent of the Legislature to help
27 reduce the state's inordinately high cancer burden through early
28 detection and treatment of colorectal cancer by ensuring
29 coverage for the full range of colorectal cancer screenings,

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30 including, but not limited to, colonoscopies, in health
31 insurance policies written in this state.

32 Section 2. Section 627.64173, Florida Statutes, is created
33 to read:

34 627.64173 Colorectal cancer screening coverage.-

35 (1) Any individual or group health insurance policy
36 providing coverage on an expense-incurred basis, any individual
37 or group service or indemnity type contract issued by a health
38 maintenance organization, any state medical assistance program
39 and its contracted insurers, whether providing services on a
40 managed care or fee-for-service basis, the state employees'
41 health insurance program, any self-insured group arrangement to
42 the extent not preempted by federal law, and any managed health
43 care delivery entity of any type or description which is
44 delivered, issued for delivery, continued, or renewed on or
45 after January 1, 2011, and which provides coverage to any
46 resident of this state shall provide benefits or coverage for
47 all colorectal cancer examinations and laboratory tests
48 specified in subsection (2) for colorectal cancer.

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

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

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

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

56 (d) The screening contained in the guidelines from the
57 United States Preventive Services Task Force or a double
58 contrast barium enema every 5 years as an alternative when

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59 indicated by a licensed physician.

60 (e) The screening contained in the guidelines from the
61 United States Preventive Services Task Force or a colonoscopy
62 every 10 years as an alternative when indicated by a licensed
63 physician.

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

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

67 (b) Less than 50 years of age and at high risk for
68 colorectal cancer.

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

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

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

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88 colorectal cancer.

89 (7) To encourage potentially lifesaving colorectal cancer
90 screenings, patients and health care providers may not be
91 required to meet burdensome criteria or overcome significant
92 obstacles to secure such coverage. An individual may not be
93 required to pay an additional deductible or coinsurance for
94 testing that is greater than an annual deductible or coinsurance
95 established for similar screening benefits. If the program or
96 contract does not cover a similar benefit, a deductible or
97 coinsurance may not be set at a level that materially diminishes
98 the value of colorectal cancer screening benefit required under
99 this section.

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

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

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

115 Section 4. This act shall take effect July 1, 2010.