

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:

25  
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, or 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, 2012, 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) Fifty years of age or older; or

67 (b) Younger 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, 2011.