

1 A bill to be entitled
2 An act relating to coverage for colorectal cancer
3 screening and diagnosis; amending s. 408.9091, F.S.;
4 revising the colorectal screening requirements for
5 specified plans under the Cover Florida Health Care
6 Access Program; creating s. 627.64192, F.S.; defining
7 the term "cost sharing"; requiring specified
8 individual health insurance policies to provide
9 coverage for specified colorectal cancer screening
10 tests, procedures, and examinations under certain
11 circumstances; prohibiting individual health insurers
12 from imposing any cost sharing for such coverage;
13 providing applicability; creating s. 627.6614, F.S.;
14 defining the term "cost sharing"; requiring specified
15 group, blanket, and franchise health insurance
16 policies to provide coverage for specified colorectal
17 cancer screening tests, procedures, and examinations
18 under certain circumstances; prohibiting group,
19 blanket, and franchise health insurers from imposing
20 any cost sharing for such coverage; creating s.
21 641.31093, F.S.; defining the term "cost sharing";
22 requiring specified health maintenance contracts to
23 provide coverage for specified colorectal cancer
24 screening tests, procedures, and examinations under
25 certain circumstances; prohibiting health maintenance

26 organizations from imposing any cost sharing for such
27 coverage; providing applicability; providing an
28 effective date.

29
30 Be It Enacted by the Legislature of the State of Florida:

31
32 **Section 1. Paragraph (a) of subsection (4) of section**
33 **408.9091, Florida Statutes, is amended to read:**

34 408.9091 Cover Florida Health Care Access Program.—

35 (4) PROGRAM.—The agency and the office shall jointly
36 establish and administer the Cover Florida Health Care Access
37 Program.

38 (a) General Cover Florida plan components must require
39 that:

40 1. Plans are offered on a guaranteed-issue basis to
41 enrollees, subject to exclusions for preexisting conditions
42 approved by the office and the agency.

43 2. Plans are portable such that the enrollee remains
44 covered regardless of employment status or the cost sharing of
45 premiums.

46 3. Plans provide for cost containment through limits on
47 the number of services, caps on benefit payments, and copayments
48 for services.

49 4. A Cover Florida plan entity makes all benefit plan and
50 marketing materials available in English and Spanish.

51 5. In order to provide for consumer choice, Cover Florida
 52 plan entities develop two alternative benefit option plans
 53 having different cost and benefit levels, including at least one
 54 plan that provides catastrophic coverage.

55 6. Plans without catastrophic coverage provide coverage
 56 options for services including, but not limited to:

57 a. Preventive health services, including immunizations,
 58 annual health assessments, well-woman and well-care services,
 59 and preventive screenings such as mammograms, cervical cancer
 60 screenings, ~~and noninvasive colorectal or prostate screenings,~~
 61 and colorectal cancer screenings in accordance with s.
 62 627.64192, s. 627.6614, or s. 641.31093.

63 b. Incentives for routine preventive care.

64 c. Office visits for the diagnosis and treatment of
 65 illness or injury.

66 d. Office surgery, including anesthesia.

67 e. Behavioral health services.

68 f. Durable medical equipment and prosthetics.

69 g. Diabetic supplies.

70 7. Plans providing catastrophic coverage, at a minimum,
 71 provide coverage options for all of the services listed under
 72 subparagraph 6.; however, such plans may include, but are not
 73 limited to, coverage options for:

74 a. Inpatient hospital stays.

75 b. Hospital emergency care services.

76 c. Urgent care services.

77 d. Outpatient facility services, outpatient surgery, and
78 outpatient diagnostic services.

79 8. All plans offer prescription drug benefit coverage, use
80 a prescription drug manager, or offer a discount drug card.

81 9. Plan enrollment materials provide information in plain
82 language on policy benefit coverage, benefit limits, cost-
83 sharing requirements, and exclusions and a clear representation
84 of what is not covered in the plan. Such enrollment materials
85 must include a standard disclosure form adopted by rule by the
86 Financial Services Commission, to be reviewed and executed by
87 all consumers purchasing Cover Florida plan coverage.

88 10. Plans offered through a qualified employer meet the
89 requirements of s. 125 of the Internal Revenue Code.

90 **Section 2. Section 627.64192, Florida Statutes, is created**
91 **to read:**

92 627.64192 Coverage for colorectal cancer screening and
93 diagnosis.-

94 (1) As used in this section, the term "cost sharing"
95 includes copayments, coinsurance, dollar limits, and deductibles
96 imposed on the covered person. The term does not include
97 premiums.

98 (2) (a) A health insurance policy issued, amended,
99 delivered, or renewed on or after January 1, 2026, must provide
100 coverage for a colorectal cancer screening test, procedure, or

101 examination conducted by a health care provider which is:
 102 1.a. Approved by the United States Food and Drug
 103 Administration and meets the requirements of the National
 104 Coverage Determination 210.3 made by the Centers for Medicare
 105 and Medicaid Services; or

106 b. In accordance with the most recent or most recently
 107 published guidelines and recommendations established by the
 108 American Cancer Society for the ages, family histories, and
 109 frequencies referenced in such guidelines and recommendations;
 110 and

111 2. Deemed appropriate by the attending physician after
 112 conferring with the patient.

113 (b) The health insurer may not impose any cost sharing on
 114 the insured for the coverage of a colorectal cancer screening
 115 test, procedure, or examination described in paragraph (a),
 116 regardless of whether the test, procedure, or examination is
 117 conducted by an in-network or out-of-network health care
 118 provider.

119 (3) This section does not apply to a nonrenewable health
 120 insurance policy written for a period of less than 6 months.

121 **Section 3. Section 627.6614, Florida Statutes, is created**
 122 **to read:**

123 627.6614 Coverage for colorectal cancer screening and
 124 diagnosis.—

125 (1) As used in this section, the term "cost sharing"

126 includes copayments, coinsurance, dollar limits, and deductibles
127 imposed on the covered person. The term does not include
128 premiums.

129 (2) (a) A health insurance policy issued, amended,
130 delivered, or renewed on or after January 1, 2026, must provide
131 coverage for a colorectal cancer screening test, procedure, or
132 examination conducted by a health care provider which is:

133 1.a. Approved by the United States Food and Drug
134 Administration and meets the requirements of the National
135 Coverage Determination 210.3 made by the Centers for Medicare
136 and Medicaid Services; or

137 b. In accordance with the most recent or most recently
138 published guidelines and recommendations established by the
139 American Cancer Society for the ages, family histories, and
140 frequencies referenced in such guidelines and recommendations;
141 and

142 2. Deemed appropriate by the attending physician after
143 conferring with the patient.

144 (b) The health insurer may not impose any cost sharing on
145 the insured for the coverage of a colorectal cancer screening
146 test, procedure, or examination described in paragraph (a),
147 regardless of whether the test, procedure, or examination is
148 conducted by an in-network or out-of-network health care
149 provider.

150 **Section 4. Section 641.31093, Florida Statutes, is created**

151 **to read:**

152 641.31093 Coverage for colorectal cancer screening and
153 diagnosis.-

154 (1) As used in this section, the term "cost sharing"
155 includes copayments, coinsurance, dollar limits, and deductibles
156 imposed on the covered person. The term does not include
157 premiums.

158 (2) (a) A health maintenance contract issued, amended,
159 delivered, or renewed on or after January 1, 2026, must provide
160 coverage for a colorectal cancer screening test, procedure, or
161 examination conducted by a health care provider which is:

162 1.a. Approved by the United States Food and Drug
163 Administration and meets the requirements of the National
164 Coverage Determination 210.3 made by the Centers for Medicare
165 and Medicaid Services; or

166 b. In accordance with the most recent or most recently
167 published guidelines and recommendations established by the
168 American Cancer Society for the ages, family histories, and
169 frequencies referenced in such guidelines and recommendations;
170 and

171 2. Deemed appropriate by the attending physician after
172 conferring with the patient.

173 (b) The health maintenance organization may not impose any
174 cost sharing on the subscriber for the coverage of a colorectal
175 cancer screening test, procedure, or examination described in

176 paragraph (a), regardless of whether the test, procedure, or
177 examination is conducted by an in-network or out-of-network
178 health care provider.

179 (3) This section does not apply to a nonrenewable
180 individual health maintenance contract written for a period of
181 less than 6 months.

182 **Section 5.** This act shall take effect July 1, 2025.