By Senator Trumbull

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A bill to be entitled

An act relating to coverage for colorectal cancer screening and diagnosis; amending s. 408.9091, F.S.; revising the colorectal screening requirements for specified plans under the Cover Florida Health Care Access Program; creating s. 627.64192, F.S.; defining the term "cost sharing"; requiring specified individual health insurance policies to provide coverage for specified colorectal cancer screening tests, procedures, and examinations under certain circumstances; prohibiting individual health insurers from imposing any cost sharing for such coverage; providing applicability; creating s. 627.6614, F.S.; defining the term "cost sharing"; requiring specified group, blanket, and franchise health insurance policies to provide coverage for specified colorectal cancer screening tests, procedures, and examinations under certain circumstances; prohibiting group, blanket, and franchise health insurers from imposing any cost sharing for such coverage; creating s. 641.31093, F.S.; defining the term "cost sharing"; requiring specified health maintenance contracts to provide coverage for specified colorectal cancer screening tests, procedures, and examinations under certain circumstances; prohibiting health maintenance organizations from imposing any cost sharing for such coverage; providing applicability; providing an effective date.

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

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

408.9091 Cover Florida Health Care Access Program.—

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

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

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

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

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

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

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

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

a. Preventive health services, including immunizations, annual health assessments, well-woman and well-care services,

and preventive screenings such as mammograms, cervical cancer screenings, ~~and~~ noninvasive ~~colorectal or~~ prostate screenings, and colorectal cancer screenings in accordance with s. 627.64192, s. 627.6614, or s. 641.31093.

b. Incentives for routine preventive care.

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

d. Office surgery, including anesthesia.

e. Behavioral health services.

f. Durable medical equipment and prosthetics.

g. Diabetic supplies.

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

a. Inpatient hospital stays.

b. Hospital emergency care services.

c. Urgent care services.

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

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

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

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

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

627.64192 Coverage for colorectal cancer screening and diagnosis.—

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

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

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

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

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

(b) The health insurer may not impose any cost sharing on the insured for the coverage of a colorectal cancer screening test, procedure, or examination described in paragraph (a), regardless of whether the test, procedure, or examination is

conducted by an in-network or out-of-network health care provider.

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

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

627.6614 Coverage for colorectal cancer screening and diagnosis.—

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

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

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

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

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

(b) The health insurer may not impose any cost sharing on the insured for the coverage of a colorectal cancer screening

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

Section 4. Section 641.31093, Florida Statutes, is created to read:

641.31093 Coverage for colorectal cancer screening and diagnosis.—

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

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

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

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

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

(b) The health maintenance organization may not impose any cost sharing on the subscriber for the coverage of a colorectal

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

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

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