By Senator Posey

24-1774A-07

A bill to be entitled

An act relating to colon cancer screening; creating s. 627.64191, F.S.; providing legislative intent; requiring health insurance policies to provide coverage for colorectal cancer examinations; providing minimum requirements for screening examinations for colorectal cancer and laboratory tests; providing eligibility criteria for receiving insurance coverage for colorectal cancer screening; requiring that screening strategies be covered by the insurer; requiring insurance coverage for persons who are at an average risk for colorectal cancer under certain circumstances; defining the phrase "individual at high risk for colorectal cancer"; providing that patients and health care providers are not required to meet burdensome criteria in order to secure insurance coverage for colorectal cancer screening; providing a requirement for reimbursement to health care providers for colorectal cancer screening; providing that a group health plan or health insurance issuer is not required to provide a referral to certain health care providers under certain circumstances; requiring that services provided as a part of an approved screening exam or treatment by a nonparticipating health care provider be reimbursed as provided under the policy or contract; providing that the act does

not apply to certain insurance policies;
providing an effective date.

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

Section 1. Section 627.64191, Florida Statutes, is created to read:

627.64191 Colon cancer screening insurance coverage; required options; cost-sharing; benefit notification; referrals; payment of nonparticipating providers.--

(1) LEGISLATIVE INTENT.--It is the intent of the Legislature to reduce the incidence and mortality of colorectal cancers in this state through better screening, thereby enhancing early detection and in many cases prevention of the disease.

(2) COVERAGE.--Any individual and group health insurance policy providing coverage on an expense-incurred basis, any individual or group service or indemnity type contract issued by a health maintenance organization, any state medical-assistance program and its contracted insurers, whether providing services on a managed care or fee-for-service basis, the state employees' health insurance program, any self-insured group arrangement to the extent not preempted by federal law, and any managed health care delivery entity of any type or description which delivered, issued for delivery, continued, or renewed on or after January 1, 2008, and which provides coverage to any resident of this state shall provide benefits or coverage for all colorectal cancer examinations and laboratory tests specified in paragraph (a) for colorectal cancer screenings of asymptomatic individuals.

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

1. A fecal occult blood test conducted annually.

2. A flexible sigmoidoscopy conducted every 5 years.

3. A combination of a fecal occult blood test conducted annually along with a flexible sigmoidoscopy conducted every 5 years.

4. The screening contained in the guidelines from the United States Preventive Services Task Force or a double contrast barium enema every 5 years as an alternative when indicated by a licensed physician.

5. The screening contained in the guidelines from the United States Preventive Services Task Force or a colonoscopy every 10 years as an alternative when indicated by a licensed physician.

(b) Benefits shall be provided under this section for a covered individual who is:

1. At least 50 years of age; or

2. Less than 50 years of age and at high risk for colorectal cancer.

(c) Any evidenced-based screening strategy identified in this section shall be covered by the insurer, with the choice of strategy determined by the covered individual in consultation with a licensed physician.

(d) For those individuals considered to be at average risk for colorectal cancer, coverage or benefits shall be provided for the choice of screening, if it is conducted in accordance with the specified frequency prescribed in this section and, for those individuals considered to be at high

risk for colorectal cancer, provided at a frequency deemed necessary by a licensed physician.

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

(3) COST-SHARING.--To encourage colorectal cancer screenings, patients and health care providers may not be required to meet burdensome criteria or overcome significant obstacles in order to secure such coverage. An individual may not be required to pay an additional deductible or coinsurance for testing which is greater than an annual deductible or coinsurance established for other covered benefits.

(4) REFERRALS TO PARTICIPATING PROVIDERS.--A group health plan or health insurance issuer is not required under this section to provide a referral to a nonparticipating health care provider unless the plan or issuer does not have an appropriate health care provider that is available and accessible to administer the screening exam and that is a participating health care provider with respect to such treatment.

(5) PAYMENT OF NONPARTICIPATING PROVIDERS.--If a plan or issuer refers an individual to a nonparticipating health care provider under this section, services provided as part of the approved screening exam or resultant treatment shall be reimbursed as provided under the policy or contract.

(6) EXCEPTIONS.--This section does not apply to any insurance policy that covers:

(a) A specified accident;

(b) A specified disease;

(c) Disability income;

(d) Medicare supplement; or

(e) Long-term care.

Section 2. This act shall take effect July 1, 2007.

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SENATE SUMMARY

Requires health insurance policies to provide coverage for colorectal cancer examinations. Provides minimum requirements for colorectal screening examinations and laboratory tests. Provides eligibility criteria for receiving insurance coverage for colorectal screening. Requires insurance coverage for persons who are at an average risk for colorectal cancer under certain circumstances. Defines the phrase "individual at high risk for colorectal cancer." Provides that patients and health care providers are not required to meet burdensome criteria to secure insurance coverage for colorectal cancer screening. Provides a requirement for reimbursement to health care providers for colorectal cancer screening. Provides that a group health plan or health insurance issuer is not required to provide a referral to certain health care providers under certain circumstances. Provides that services provided as a part of an approved screening exam or treatment by a nonparticipating health care provider are reimbursed. Provides for nonapplicability.