

ASSEMBLY BILL

No. 1763

Introduced by Assembly Member Gipson

February 3, 2016

An act to add Section 1367.667 to Health and Safety Code, and to add Section 10123.205 to the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 1763, as introduced, Gipson. Health care coverage: colorectal cancer: screening and testing.

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires individual and group health care service plan contracts and health insurance policies to provide coverage for all generally medically accepted cancer screening tests and requires those contracts and policies to also provide coverage for the treatment of breast cancer. Existing law requires an individual or small group health care service plan contract or insurance policy issued, amended, or renewed on or after January 1, 2014, to, at a minimum, include coverage for essential health benefits, which include preventive services, pursuant to the federal Patient Protection and Affordable Care Act.

This bill would require a health care service plan contract or a health insurance policy, except as specified, that is issued, amended, or renewed on or after January 1, 2018, to provide coverage for colorectal cancer screening examinations and laboratory tests, as specified. The bill would

require the coverage to include additional colorectal cancer screening examinations and laboratory tests recommended by the treating physician if the individual is at high risk for colorectal cancer. The bill would prohibit a health care service plan contract or a health insurance policy from imposing cost sharing on this coverage for an individual who is 50 years of age or older. Because a willful violation of the bill's requirements relative to health care service plans would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
 State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1367.667 is added to the Health and
- 2 Safety Code, to read:
- 3 1367.667. (a) Every health care service plan contract, except
- 4 a specialized health care service plan contract, that is issued,
- 5 amended, or renewed on or after January 1, 2018, shall provide
- 6 coverage for all colorectal cancer screening examinations and
- 7 laboratory tests assigned either a grade of A or a grade of B by the
- 8 United States Preventive Services Task Force for individuals at
- 9 average risk. The coverage shall include, at a minimum, all of the
- 10 following:
- 11 (1) High sensitivity fecal occult blood tests (FOBT).
- 12 (2) Flexible sigmoidoscopy with high sensitivity FOBT.
- 13 (3) Colonoscopies, including the removal of polyps during a
- 14 screening procedure.
- 15 (b) (1) If an enrollee is at high risk for colorectal cancer, the
- 16 coverage required by subdivision (a) shall include additional
- 17 colorectal cancer screening examinations and laboratory tests as
- 18 recommended by the treating physician.
- 19 (2) For purposes of this subdivision, an individual is at high
- 20 risk for colorectal cancer if the individual has any of the following:
- 21 (A) A family medical history of colorectal cancer.
- 22 (B) A prior occurrence of cancer or precursor neoplastic polyps.

1 (C) A prior occurrence of a chronic digestive disease condition,
2 including, but not limited to, inflammatory bowel disease, Crohn's
3 disease, or ulcerative colitis.

4 (D) Other predisposing factors.

5 (c) For an enrollee who is 50 years of age or older, a health care
6 service plan contract shall not impose cost sharing on either of the
7 following:

8 (1) The coverage required by this section.

9 (2) Colonoscopies, including the removal of polyps during a
10 screening procedure, if the enrollee has a positive result on any
11 fecal test assigned either a grade of A or a grade of B by the United
12 States Preventive Services Task Force.

13 (d) Paragraph (3) of subdivision (a) shall not apply to a high
14 deductible health plan, as described in Section 223 of Title 26 of
15 the United States Code.

16 SEC. 2. Section 10123.205 is added to the Insurance Code, to
17 read:

18 10123.205. (a) Every health insurance policy, except a
19 specialized health insurance policy, that is issued, amended, or
20 renewed on or after January 1, 2018, shall provide coverage for
21 all colorectal cancer screening examinations and laboratory tests
22 assigned either a grade of A or a grade of B by the United States
23 Preventive Services Task Force for individuals at average risk.
24 The coverage shall include, at a minimum, all of the following:

25 (1) High sensitivity fecal occult blood tests (FOBT).

26 (2) Flexible sigmoidoscopy with high sensitivity FOBT.

27 (3) Colonoscopies, including the removal of polyps during a
28 screening procedure.

29 (b) (1) If an insured is at high risk for colorectal cancer, the
30 coverage required by subdivision (a) shall include additional
31 colorectal cancer screening examinations and laboratory tests as
32 recommended by the treating physician.

33 (2) For purposes of this subdivision, an individual is at high
34 risk for colorectal cancer if the individual has any of the following:

35 (A) A family medical history of colorectal cancer.

36 (B) A prior occurrence of cancer or precursor neoplastic polyps.

37 (C) A prior occurrence of a chronic digestive disease condition,
38 including, but not limited to, inflammatory bowel disease, Crohn's
39 disease, or ulcerative colitis.

40 (D) Other predisposing factors.

1 (c) For an insured who is 50 years of age or older, a health
2 insurance policy shall not impose cost sharing on either of the
3 following:

4 (1) The coverage required by this section.

5 (2) Colonoscopies, including the removal of polyps during a
6 screening procedure, if the insured has a positive result on any
7 fecal test assigned either a grade of A or a grade of B by the United
8 States Preventive Services Task Force.

9 (d) Paragraph (3) of subdivision (a) shall not apply to a high
10 deductible health plan, as described in Section 223 of Title 26 of
11 the United States Code.

12 SEC. 3. No reimbursement is required by this act pursuant to
13 Section 6 of Article XIII B of the California Constitution because
14 the only costs that may be incurred by a local agency or school
15 district will be incurred because this act creates a new crime or
16 infraction, eliminates a crime or infraction, or changes the penalty
17 for a crime or infraction, within the meaning of Section 17556 of
18 the Government Code, or changes the definition of a crime within
19 the meaning of Section 6 of Article XIII B of the California
20 Constitution.