

ASSEMBLY BILL

No. 1520

Introduced by Assembly Member Levine
(Principal coauthor: Senator Allen)

February 19, 2021

An act to amend Section 1367.64 of the Health and Safety Code, and to amend Section 10123.83 of the Insurance Code, relating to health care coverage.

LEGISLATIVE COUNSEL'S DIGEST

AB 1520, as introduced, Levine. Health care coverage: prostate cancer: screening.

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 the screening and diagnosis of prostate cancer, when medically necessary and consistent with good professional practice. Existing law specifies that it does not prevent the application of deductible or copayment provisions for those services. Existing law requires an individual or small group health care service plan contract or health insurance policy 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 prohibit a health care service plan or a health insurance policy issued, amended, renewed, or delivered on or after January 1, 2022, from applying a deductible, copayment, or coinsurance to

coverage for preventive care screening services for prostate cancer for an enrolled or insured who is 55 years of age or older or is 40 years of age or older and is high risk, as defined.

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 1367.64 of the Health and Safety Code
2 is amended to read:

3 1367.64. (a) Every individual or group health care service
4 plan contract, except for a specialized health care service plan
5 contract, that is issued, amended, or renewed on or after January
6 1, 1999, shall be deemed to provide coverage for the screening
7 and diagnosis of prostate cancer, including, but not limited to,
8 prostate-specific antigen testing and digital rectal examinations,
9 when medically necessary and consistent with good professional
10 practice.

11 (b) Nothing in this section shall be construed to establish a new
12 mandated benefit or to prevent application of deductible or
13 copayment provisions in a policy or plan, nor shall this section be
14 construed to require that a policy or plan be extended to cover any
15 other procedures under an individual or a group health care service
16 plan contract. Nothing in this section shall be construed to authorize
17 an enrollee to receive the services required to be covered by this
18 section if those services are furnished by a nonparticipating
19 provider, unless the enrollee is referred to that provider by a
20 participating physician or nurse practitioner providing care.

21 (c) (1) *Notwithstanding subdivision (b), a health care service*
22 *plan contract, except a specialized health care service plan*
23 *contract, that is issued, amended, or renewed on or after January*
24 *1, 2022, shall not apply a deductible, copayment, or coinsurance*

1 *to coverage for preventive care screening services for prostate*
2 *cancer for an enrollee who meets either of the criteria in paragraph*
3 *(2).*

4 *(2) This subdivision applies to both of the following:*

5 *(A) A person with a prostate who is 55 years of age or older.*

6 *(B) (i) A person with a prostate who is 40 years of age or older*
7 *and who is high risk.*

8 *(ii) "High risk" includes a person with a prostate who is*
9 *AfricanAmerican, has a family history of prostate cancer, a genetic*
10 *predisposition to prostate cancer, or is a veteran.*

11 *(3) For high deductible plans, this subdivision is subject to*
12 *federal guidance on the preventive care safe harbor for the absence*
13 *of a preventive care deductible provided for under 26 U.S.C.*
14 *223(c)(2)(C).*

15 SEC. 2. Section 10123.835 of the Insurance Code is amended
16 to read:

17 10123.835. (a) Every individual or group policy of disability
18 insurance that covers hospital, medical, or surgical benefits that
19 is issued, amended, or renewed on or after January 1, 1999, shall
20 be deemed to provide coverage for the screening and diagnosis of
21 prostate cancer, including, but not limited to, prostate-specific
22 antigen testing and digital rectal examinations, when medically
23 necessary and consistent with good professional practice.

24 (b) Nothing in this section shall be construed to require an
25 individual or group policy to cover the surgical and other
26 procedures known as radical prostatectomy, external beam radiation
27 therapy, radiation seed implants, and combined hormonal therapy,
28 or to prevent application of deductible or copayment provisions
29 contained in the policy, nor shall this section be construed to
30 require that coverage under an individual or group policy be
31 extended to any other procedures.

32 (c) This section shall not apply to specified accident, specified
33 disease, hospital indemnity, Medicare supplement, or long-term
34 care health insurance policies.

35 (d) (1) *Notwithstanding subdivision (b), an individual or group*
36 *policy of disability insurance that covers hospital, medical, or*
37 *surgical benefits that is issued, amended, or renewed on or after*
38 *January 1, 2022, shall not apply a deductible, copayment, or*
39 *coinsurance to coverage for preventive care screening services*

1 *for prostate cancer for an insured who meets either of the criteria*
2 *in paragraph (2).*

3 *(2) This subdivision applies to both of the following:*

4 *(A) A person with a prostate who is 55 years of age or older.*

5 *(B) (i) A person with a prostate who is 40 years of age or older*
6 *and who is high risk.*

7 *(ii) "High risk" includes a person with a prostate who is*
8 *AfricanAmerican, has a family history of prostate cancer, a genetic*
9 *predisposition to prostate cancer, or is a veteran.*

10 *(3) For high deductible plans, this subdivision is subject to*
11 *federal guidance on the preventive care safe harbor for the absence*
12 *of a preventive care deductible provided for under 26 U.S.C.*
13 *223(c)(2)(C).*

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