

AMENDED IN ASSEMBLY MAY 31, 2016

AMENDED IN ASSEMBLY APRIL 27, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 1763

Introduced by Assembly Member Gipson

February 3, 2016

An act to add Section 1367.667 to the 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 amended, 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 without cost sharing 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 health care provider, as listed by the United States Preventative Services Task Force as a recommended screening strategy and at least at the frequency established pursuant to regulations issued by the federal Centers for Medicare and Medicaid Services for the Medicare program if the individual is at high risk for colorectal cancer, as determined by the health care provider.~~ *cancer*. The bill would prohibit a health care service plan contract or a health insurance policy from imposing cost sharing on an individual who is ~~50 between 50 and 75 years of age or older~~ for colonoscopies conducted for specified purposes. 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 without any cost sharing for all colorectal cancer
 7 screening examinations and laboratory tests assigned either a grade
 8 of A or a grade of B by the United States Preventive Services Task
 9 Force for individuals at average risk. If an enrollee is at high risk
 10 for colorectal ~~cancer as determined by the enrollee’s health care~~
 11 ~~provider,~~ *cancer*, the coverage required by *this* subdivision ~~(a)~~
 12 shall include additional colorectal cancer screening examinations

1 ~~and laboratory tests as recommended by the enrollee's health care~~
2 ~~provider. as listed by the United States Preventative Services Task~~
3 ~~Force as a recommended screening strategy and at least at the~~
4 ~~frequency established pursuant to regulations issued by the federal~~
5 ~~Centers for Medicare and Medicaid Services for the Medicare~~
6 ~~program.~~

7 (b) For an enrollee who is ~~50 years of age or older, between 50~~
8 ~~and 75 years of age~~, a health care service plan contract shall not
9 impose cost sharing on colonoscopies, including the removal of
10 polyps, when either of the following applies:

11 (1) The colonoscopy is a screening procedure not occasioned
12 by a recent positive test or procedure.

13 (2) The colonoscopy has been scheduled because of a positive
14 result on a test or procedure, other than a colonoscopy, assigned
15 either a grade of A or a grade of B by the United States Preventive
16 Services Task Force.

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

19 10123.205. (a) Every health insurance policy, except a
20 specialized health insurance policy, that is issued, amended, or
21 renewed on or after January 1, 2018, shall provide coverage without
22 cost sharing for all colorectal cancer screening examinations and
23 laboratory tests assigned either a grade of A or a grade of B by the
24 United States Preventive Services Task Force for individuals at
25 average risk. If an insured is at high risk for colorectal ~~cancer as~~
26 ~~determined by the insured's health care provider, cancer~~, the
27 coverage required by *this* subdivision ~~(a)~~ shall include additional
28 colorectal cancer screening examinations ~~and laboratory tests as~~
29 ~~recommended by the insured's health care provider. as listed by~~
30 ~~the United States Preventative Services Task Force as a~~
31 ~~recommended screening strategy and at least at the frequency~~
32 ~~established pursuant to regulations issued by the federal Centers~~
33 ~~for Medicare and Medicaid Services for the Medicare program.~~

34 (b) For an insured who is ~~50 years of age or older, between 50~~
35 ~~and 75 years of age~~, a health insurance policy shall not impose
36 cost sharing on colonoscopies, including the removal of polyps,
37 when either of the following applies:

38 (1) The colonoscopy is a screening procedure not occasioned
39 by a recent positive test or procedure.

1 (2) The colonoscopy has been scheduled because of a positive
2 result on a test or procedure, other than a colonoscopy, assigned
3 either a grade of A or a grade of B by the United States Preventive
4 Services Task Force.

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