

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1991

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SENATE BILL 310\*  
Human Resources Committee Substitute Adopted 5/13/91

Short Title: Mammogram/Pap Smear Coverage.

(Public)

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Sponsors:

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Referred to:

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March 27, 1991

A BILL TO BE ENTITLED

AN ACT TO REQUIRE MAMMOGRAM AND PAP SMEAR COVERAGE IN HEALTH AND ACCIDENT INSURANCE POLICIES, IN HOSPITAL OR MEDICAL SERVICES PLANS, IN HMO PLANS, AND IN THE STATE EMPLOYEES COMPREHENSIVE MAJOR MEDICAL PLAN.

The General Assembly of North Carolina enacts:

Section 1. Chapter 58 of the General Statutes is amended by adding the following new section to read:

**"§ 58-51-57. Coverage for mammograms and pap smears.**

(a) Every policy or contract of accident or health insurance, and every preferred provider contract, policy, or plan as defined and regulated under G.S. 58-50-50 and G.S. 58-50-55, that is issued, renewed, or amended on or after January 1, 1992, shall provide coverage for pap smears and for low-dose screening mammography. The same deductibles, coinsurance, and other limitations as apply to other services covered under the policy, contract, or plan shall apply to coverage for pap smears and low-dose screening mammography.

(b) As used in this section, 'low-dose screening mammography' means a radiologic procedure for the early detection of breast cancer provided to an asymptomatic woman using equipment dedicated specifically for mammography, including a physician's interpretation of the results of the procedure.

(c) Coverage for low-dose screening mammography shall be provided as follows:

- 1           (1) One or more mammograms a year, as recommended by a physician,  
2 for any woman who is at risk for breast cancer. For purposes of this  
3 subdivision, a woman is at risk for breast cancer if any one or more of  
4 the following is true:  
5           a. The woman has a personal history of breast cancer;  
6           b. The woman has a personal history of biopsy-proven benign  
7 breast disease;  
8           c. The woman's mother, sister, or daughter has or has had breast  
9 cancer; or  
10          d. The woman has not given birth prior to the age of 30;  
11          (2) One baseline mammogram for any woman 35 through 39 years of age,  
12 inclusive;  
13          (3) A mammogram every other year for any woman 40 through 49 years  
14 of age, inclusive, or more frequently upon recommendation of a  
15 physician; and  
16          (4) A mammogram every year for any woman 50 years of age or older.  
17          (d) Reimbursement for a mammogram authorized under this section shall be  
18 made only if the facility in which the mammogram was performed meets  
19 mammography accreditation standards. Mammography accreditation standards shall be  
20 those established by the North Carolina Medical Care Commission unless such  
21 standards are not in effect, in which case standards established by the United States  
22 Department of Health and Human Services for Medicare/Medicaid coverage of  
23 screening mammography shall apply until Medical Care Commission standards become  
24 effective. Facilities that do not meet required mammography accreditation standards  
25 shall so inform the patient or the patient's legally responsible person prior to performing  
26 the mammogram.  
27          (e) Coverage for pap smears shall be provided for pap smears obtained once a  
28 year, or more frequently if recommended by a physician. Coverage shall include the  
29 examination, the laboratory fee, and the physician's interpretation of the laboratory  
30 results. Reimbursement for laboratory fees for screening pap smears shall be made only  
31 if the laboratory meets screening pap smear accreditation standards adopted by the  
32 North Carolina Medical Care Commission unless such standards are not in effect, in  
33 which case standards established by the United States Department of Health and Human  
34 Services for Medicare/Medicaid coverage of screening pap smears shall apply until  
35 Medical Care Commission standards become effective. Facilities utilizing services of  
36 laboratories that do not meet accreditation standards for screening pap smears shall,  
37 prior to performing the pap smear examination, inform the patient or the patient's  
38 legally responsible person that such laboratory fees will not be covered."  
39          Sec. 2. Chapter 58 of the General Statutes is amended by adding the  
40 following new section to read:  
41 **"§ 58-65-92. Coverage for mammograms and pap smears.**  
42          (a) Every insurance certificate or subscriber contract under any hospital service  
43 plan or medical service plan governed by this Article and Article 66 of this Chapter, and  
44 every preferred provider contract, policy, or plan as defined and regulated under G.S.

1 58-50-50 and G.S. 58-50-55, that is issued, renewed, or amended on or after January 1,  
2 1992, shall provide coverage for pap smears and for low-dose screening mammography.  
3 The same deductibles, coinsurance, and other limitations as apply to other services  
4 covered under the certificate or contract shall apply to coverage for pap smears and low-  
5 dose screening mammography.

6 (b) As used in this section, 'low-dose screening mammography' means a  
7 radiologic procedure for the early detection of breast cancer provided to an  
8 asymptomatic woman using equipment dedicated specifically for mammography,  
9 including a physician's interpretation of the results of the procedure.

10 (c) Coverage for low-dose screening mammography shall be provided as  
11 follows:

12 (1) One or more mammograms a year, as recommended by a physician,  
13 for any woman who is at risk for breast cancer. For purposes of this  
14 subdivision, a woman is at risk for breast cancer if any one or more of  
15 the following is true:

16 a. The woman has a personal history of breast cancer;

17 b. The woman has a personal history of biopsy-proven benign  
18 breast disease;

19 c. The woman's mother, sister, or daughter has or has had breast  
20 cancer; or

21 d. The woman has not given birth prior to the age of 30;

22 (2) One baseline mammogram for any woman 35 through 39 years of age,  
23 inclusive;

24 (3) A mammogram every other year for any woman 40 through 49 years  
25 of age, inclusive, or more frequently upon recommendation of a  
26 physician; and

27 (4) A mammogram every year for any woman 50 years of age or older.

28 (d) Reimbursement for mammograms authorized under this section shall be made  
29 only if the facility in which the mammogram was performed meets mammography  
30 accreditation standards. Mammography accreditation standards shall be those  
31 established by the North Carolina Medical Care Commission unless such standards are  
32 not in effect, in which case standards established by the United States Department of  
33 Health and Human Services for Medicare/Medicaid coverage of screening  
34 mammography shall apply until Medical Care Commission standards become effective.  
35 Facilities that do not meet required mammography accreditation standards shall so  
36 inform the patient or the patient's legally responsible person prior to performing the  
37 mammogram.

38 (e) Coverage for pap smears shall be provided for pap smears obtained once a  
39 year, or more frequently if recommended by a physician. Coverage shall include the  
40 examination, the laboratory fee, and the physician's interpretation of the laboratory  
41 results. Reimbursement for laboratory fees for screening pap smears shall be made only  
42 if the laboratory meets screening pap smear accreditation standards adopted by the  
43 North Carolina Medical Care Commission unless such standards are not in effect, in  
44 which case standards established by the United States Department of Health and Human

1 Services for Medicare/Medicaid coverage of screening pap smears shall apply until  
2 Medical Care Commission standards become effective. Facilities utilizing services of  
3 laboratories that do not meet accreditation standards for screening pap smears shall  
4 prior to performing the pap smear examination, inform the patient or the patient's  
5 legally responsible person that such laboratory fees will not be covered."

6 Sec. 3. Chapter 58 of the General Statutes is amended by adding the  
7 following new section to read:

8 **"§ 58-67-76. Coverage for mammograms and pap smears.**

9 (a) Every health care plan written by a health maintenance organization and in  
10 force, issued, renewed, or amended on or after January 1, 1992, that is subject to this  
11 Article, shall provide coverage for pap smears and for low-dose screening  
12 mammography. The same deductibles, coinsurance, and other limitations as apply to  
13 other services covered under the plan shall apply to coverage for pap smears and low-  
14 dose screening mammography.

15 (b) As used in this section, 'low-dose screening mammography' means a  
16 radiologic procedure for the early detection of breast cancer provided to an  
17 asymptomatic woman using equipment dedicated specifically for mammography,  
18 including a physician's interpretation of the results of the procedure.

19 (c) Coverage for low-dose screening mammography shall be provided as  
20 follows:

21 (1) One or more mammograms a year, as recommended by a physician,  
22 for any woman who is at risk for breast cancer. For purposes of this  
23 subdivision, a woman is at risk for breast cancer if any one or more of  
24 the following is true:

25 a. The woman has a personal history of breast cancer;

26 b. The woman has a personal history of biopsy-proven benign  
27 breast disease;

28 c. The woman's mother, sister, or daughter has or has had breast  
29 cancer; or

30 d. The woman has not given birth prior to the age of 30;

31 (2) One baseline mammogram for any woman 35 through 39 years of age,  
32 inclusive;

33 (3) A mammogram every other year for any woman 40 through 49 years  
34 of age, inclusive, or more frequently upon recommendation of a  
35 physician; and

36 (4) A mammogram every year for any woman 50 years of age or older.

37 (d) Reimbursement for mammograms authorized under this section shall be made  
38 only if the facility in which the mammogram was performed meets mammography  
39 accreditation standards. Mammography accreditation standards shall be those  
40 established by the North Carolina Medical Care Commission unless such standards are  
41 not in effect, in which case standards established by the United States Department of  
42 Health and Human Services for Medicare/Medicaid coverage of screening  
43 mammography shall apply until Medical Care Commission standards become effective.  
44 Facilities that do not meet required mammography accreditation standards shall so

1 inform the patient or the patient's legally responsible person prior to performing the  
2 mammogram.

3 (e) Coverage for pap smears shall be provided for pap smears obtained once a  
4 year, or more frequently if recommended by a physician. Coverage shall include the  
5 examination, the laboratory fee, and the physician's interpretation of the laboratory  
6 results. Reimbursement for laboratory fees for screening pap smears shall be made only  
7 if the laboratory meets screening pap smear accreditation standards adopted by the  
8 North Carolina Medical Care Commission unless such standards are not in effect, in  
9 which case standards established by the United States Department of Health and Human  
10 Services for Medicare/Medicaid coverage of screening pap smears shall apply until  
11 Medical Care Commission standards become effective. Facilities utilizing services of  
12 laboratories that do not meet accreditation standards for screening pap smears shall,  
13 prior to performing the pap smear examination, inform the patient or the patient's  
14 legally responsible person that such laboratory fees will not be covered."

15 Sec. 4. Effective January 1, 1992, G.S. 135-40.6(4) reads as rewritten:

16 "(4) Outpatient Benefits. – The Plan pays for services rendered in the  
17 outpatient department of a hospital, in a doctor's office, in an  
18 ambulatory surgical facility, or elsewhere as determined by the  
19 Executive Administrator, as follows:

- 20 a. Accidental injury: All covered services. Dental services are  
21 excluded except for oral surgery specifically listed in subsection  
22 (5)c of this section.
- 23 b. Operative procedures.
- 24 c. All hospital services for radiation therapy, treatment by use of  
25 x-rays, radium, cobalt and other radioactive substances.
- 26 d. Pathological examinations of tissue removed by resection or  
27 biopsy. ~~Routine Pap smears are not covered.~~
- 28 e. Charges for diagnostic x-rays, clinical laboratory tests, and  
29 other diagnostic tests and procedures such as  
30 electrocardiograms and electroencephalograms.
- 31 f. Low-dose screening mammography as defined in G.S. 58-51-  
32 57(b), and pap smears. Coverage for low-dose screening  
33 mammography and for pap smears shall be as follows:
  - 34 1. One or more mammograms a year, as recommended by a  
35 physician, for any woman who is at risk for breast  
36 cancer. For purposes of this sub-subdivision, a woman is  
37 at risk for breast cancer if any one or more of the  
38 following is true:
    - 39 I. The woman has a personal history of breast  
40 cancer;
    - 41 II. The woman has a personal history of biopsy-  
42 proven benign breast disease;
    - 43 III. The woman's mother, sister, or daughter has or  
44 has had breast cancer; or

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IV. The woman has not given birth prior to the age of 30;

2. One baseline mammogram for any woman 35 through 39 years of age, inclusive;

3. A mammogram every other year for any woman 40 through 49 years of age, inclusive, or more frequently upon recommendation of a physician; and

4. A mammogram every year for any woman 50 years of age or older.

5. Reimbursement for a mammogram authorized under this sub-subdivision shall be made only if the facility in which the mammogram was performed meets mammography accreditation standards. Mammography accreditation standards shall be those established by the North Carolina Medical Care Commission unless such standards are not in effect, in which case standards established by the United States Department of Health and Human Services for Medicare/Medicaid coverage of screening mammography shall apply until Medical Care Commission standards become effective. Facilities that do not meet required mammography accreditation standards shall so inform the patient or the patient's legally responsible person prior to performing the mammogram.

6. Coverage for pap smears shall be provided for pap smears obtained once a year, or more frequently if recommended by a physician. Coverage shall include the examination, the laboratory fee, and the physician's interpretation of the laboratory results. Reimbursement for laboratory fees for screening pap smears shall be made only if the laboratory meets screening pap smear accreditation standards adopted by the North Carolina Medical Care Commission unless such standards are not in effect, in which case standards established by the United States Department of Health and Human Services for Medicare/Medicaid coverage of screening pap smears shall apply until Medical Care Commission standards become effective. Facilities utilizing services of laboratories that do not meet accreditation standards for screening pap smears shall, prior to performing the pap smear examination, inform the patient or the patient's legally responsible person that such laboratory fees will not be covered.

1        Except as provided in sub-subdivision f. of this subdivision, no ~~No~~ benefits are  
2 provided for screening examinations and routine physical examinations to assess  
3 general health status in the absence of specific symptoms of active illness, routine office  
4 visits or for doctor's services for diagnostic procedures covered under surgical benefits."

5            Sec. 5. G.S. 143B-165 is amended by adding the following new subdivision  
6 to read:

7            "(12) The Commission shall adopt rules, including temporary rules  
8 pursuant to G.S. 150B-13, providing for the accreditation of  
9 facilities that perform mammography procedures. Accreditation  
10 standards shall address, but are not limited to, the quality of  
11 mammography equipment used and the skill levels and other  
12 qualifications of personnel who administer mammographies and  
13 personnel who interpret mammogram results. The Commission's  
14 standards shall be no less stringent than those adopted by the United  
15 States Department of Health and Human Services for  
16 Medicare/Medicaid coverage of screening mammography. The  
17 Commission shall adopt rules, including temporary rules pursuant to  
18 G.S. 150B-13, providing for the accreditation of facilities that  
19 perform laboratory tests for screening pap smears. The  
20 Commission's standards for laboratory accreditation shall be no less  
21 stringent than those adopted by the United States Department of  
22 Health and Human Services for Medicare/Medicaid coverage of  
23 screening pap smears."

24            Sec. 6. G.S. 58-54-10 is amended by adding the following new subsection to  
25 read:

26            "(e) Notwithstanding coverage provided by Medicare for mammograms and pap  
27 smears, every policy in force in this State shall provide coverage at least equal to the  
28 coverage required by G.S. 58-51-57."

29            Sec. 7. Nothing in this act shall apply to specified accident, specified disease,  
30 hospital indemnity, or long-term care health insurance policies.

31            Sec. 8. This act is effective upon ratification.